

**APPLICATION  
FOR  
ALCOHOLIC BEVERAGE LICENSE**



1. Type of Application: (Check One)  New  Amended

2. License Information:

a. Type of License: (Check All That Apply)

On-Premise Consumption  Off-Premise Consumption

b. Type of Sales (Check All That Apply)

|   | Quarterly Fees |   | Number of Quarters | = | License Fee Due |
|---|----------------|---|--------------------|---|-----------------|
| <input type="checkbox"/> Beer only                        | \$ 125.00      | X |                    | = |                 |
| <input type="checkbox"/> Wine only                        | \$ 125.00      | X |                    | = |                 |
| <input type="checkbox"/> Beer and Wine                    | \$ 250.00      | X |                    | = |                 |
| <input type="checkbox"/> Distilled Spirits (Liquor only)  | \$ 1,250.00    | X |                    | = |                 |
| <input type="checkbox"/> Distilled Spirits, Beer and Wine | \$ 1,500.00    | X |                    | = |                 |
| <input type="checkbox"/> Distillery, Brewery or Brewpub   | \$ 250.00      | X |                    | = |                 |
| Package License (w/On-Premises Consumption License)       |                |   |                    |   |                 |
| <input type="checkbox"/> Art Shop                         | \$ 1,000.00    | X |                    | = |                 |

3. Type of Business: (Check One)

- Eating Establishment w/Full Service Kitchen
- Brewpub
- Brewery with Taproom
- Hotel/Motel In-Room Service
- Private Club
- Sports Club
- Indoor Commercial Recreation Establishment
- Distillery with Taproom
- Performance Facility
- Downtown Pub
- Mobile Food Vendor Eating Establishment
- Retail Package Dealer (Convenience Store, Grocery)

4. Business Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location: \_\_\_\_\_  
street number street name suite number

Mailing Address: \_\_\_\_\_  
street number street name suite/apt  
city state zip code

5. Parcel Number \_\_\_\_\_

**APPLICATION  
FOR  
ALCOHOLIC BEVERAGE LICENSE**



**6. Contact Information:**

Please list the contact person regarding license changes, taxes, etc.

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
street number street name suite/apt city state zip code

Business Phone Number \_\_\_\_\_

Contact Cell Number \_\_\_\_\_

**6. Type of Ownership**

- Sole Owner
- Partnership
- Private Held Corporation
- Public Held Corporation
- Public Held Corporation subject to SEC Regulations
- Other (please explain) \_\_\_\_\_

**a. For Sole Ownership Only:**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
street number street name suite/apt city state zip code

(\*Attach Partnership Agreement to this Application)

**b. For Partnership Only:**

Date Partnership Formed: \_\_\_\_\_

List partners:

Name and Address

General,

Limited,  
Silent

Participation  
Percentage

| Name and Address | General,<br>Limited,<br>Silent | Participation<br>Percentage |
|------------------|--------------------------------|-----------------------------|
|                  |                                |                             |
|                  |                                |                             |
|                  |                                |                             |
|                  |                                |                             |

**APPLICATION  
FOR  
ALCOHOLIC BEVERAGE LICENSE**



**c. For Corporation Only:**

Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
street number street name suite/apt city state zip code

a. Date of Incorporation: \_\_\_\_\_ Place of Incorporation: \_\_\_\_\_

b. Is the Corporation owned by a parent corporation or held by a holding company? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

List officers, directors and/or principal shareholders with 20% or more of the stock

| Name | Position | Interest % |
|------|----------|------------|
|      |          |            |
|      |          |            |
|      |          |            |
|      |          |            |

**8. General Information:**

a. Does the owner and/or individual partner, shareholder, director or officer have any financial interest in any manufacturer or wholesale of alcoholic beverage? \_\_\_\_\_

b. Has the owner and/or individual partner, shareholder, director or officer received any financial aid or assistance from any manufacturer of alcoholic beverages? \_\_\_\_\_

c. If you answered yes to either of the above, please explain:

\_\_\_\_\_

\_\_\_\_\_

d. List all other businesses engaged in the sale of alcoholic beverages that you the owner, or any individual, partner, shareholder, officer or director is interested in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past.

| Name | Name of Business | Interest |
|------|------------------|----------|
|      |                  |          |
|      |                  |          |
|      |                  |          |
|      |                  |          |

APPLICATION  
FOR  
ALCOHOLIC BEVERAGE LICENSE



1. Is this location within a commercial Zoning District (C-2A, C-3 or OTCD)? \_\_\_\_\_
2. Does the completed building or the proposed building comply with the ordinances of Gwinnett County, regulations of the State Revenue Commissioner and the laws of the State of Georgia? \_\_\_\_\_
3. Attach copies of the following information as it applies to this application:
  - a. A certified scale drawing of the proposed premises by a registered land surveyor or professional engineer, showing the distance from churches and schools.
  - b. A certificate by a registered land surveyor or professional engineer, showing that the location complies with the distance requirement from churches and schools.
  - c. Evidence of ownership of the building or proposed building or a copy of the lease if applicable.
  - d. A copy of the franchise agreement or contract, if applicable.
  - e. Plans:
    - i. If Building is COMPLETE, copies of detailed plans of said building and outside premises as well as a copy of the floor plan
    - ii. If Building is PROPOSED, copies of proposed plans and specifications as well as the building permit application

**PLANNING AND ZONING USE ONLY**

|            |
|------------|
| Action:    |
| Date:      |
| Signature: |
| Comments:  |

APPLICATION  
FOR  
ALCOHOLIC BEVERAGE LICENSE



**STATEMENT OF PERSONAL HISTORY**

**Business Information**

Trade Name of Business that this statement is for: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
street number street name

\_\_\_\_\_ city state zip code

**Applicant Information**

Name: \_\_\_\_\_  
last first middle

Residence: \_\_\_\_\_  
street number street name

\_\_\_\_\_ city state zip code

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Your relationship with this business:

Sole Owner       Partner: ( ) General ( ) Limited ( ) Silent  
 Director       Officer  
 Manager       Employee  
 Principal Stockholder       Other \_\_\_\_\_

Percentage of ownership or interest, if any: \_\_\_\_\_

Are you a: check one:  
 US Citizen       Legal Alien       Other (please explain) \_\_\_\_\_

I. State any other names which you have used (maiden names, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc.) Specify which and indicate dates. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION  
FOR  
ALCOHOLIC BEVERAGE LICENSE**



2. List all places of residence for the past ten years (most recent first).

| From<br>(month/year) | To | Address | City, State |
|----------------------|----|---------|-------------|
|                      |    |         |             |
|                      |    |         |             |
|                      |    |         |             |
|                      |    |         |             |

3. List employment record for the last ten years (most recent first).

| From<br>(month/year) | To | Employer Name | Occupation<br>Duties Performed | Salary | Reason<br>For Leaving |
|----------------------|----|---------------|--------------------------------|--------|-----------------------|
|                      |    |               |                                |        |                       |
|                      |    |               |                                |        |                       |
|                      |    |               |                                |        |                       |
|                      |    |               |                                |        |                       |
|                      |    |               |                                |        |                       |

4. Do you have any financial interest or are you employed in any other wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages? \_\_\_\_\_

If yes, list names, locations and amount of interest in each:

| Name | Address | Amount of Interest |
|------|---------|--------------------|
|      |         |                    |
|      |         |                    |
|      |         |                    |

5. Have you ever had any financial interest in an alcoholic beverage business that was denied a license? \_\_\_\_\_

If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Has any alcoholic beverage business in which you have been related to in any way (had financial interest in or been employed by, either currently or in the past) ever been cited for any violation of the rules and regulations of the state revenue commissioner relating to the sale and distribution of alcoholic beverages? \_\_\_\_\_

If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

APPLICATION  
FOR  
ALCOHOLIC BEVERAGE LICENSE



7. Have you bought or sold any alcoholic beverage business in the last ten years? \_\_\_\_\_  
If yes, please describe (date, license number, persons and considerations involved).

---

---

8. Have you ever had any financial interest in an alcoholic beverage business that was denied a license? \_\_\_\_\_  
If yes, describe. \_\_\_\_\_

9. Has any alcoholic beverage business in which you have been related to in any way (had financial interest in or been employed by, either currently or in the past) ever been cited for any violation of the rules and regulations of the state revenue commissioner relating to the sale and distribution of alcoholic beverages? \_\_\_\_\_  
If yes, describe. \_\_\_\_\_

---

10. Have you ever been arrested, or held by federal, state or other law-enforcement authorities, for any violation of federal, state, county or municipal law, regulation or ordinance? (Do NOT include traffic violations. All other charges, including DUI's, must be listed even if they were dismissed. State reason you were charged or held, date, place and disposition. If no arrest was made, state "No Arrest". After the last entry, state "No other arrests")

---

---

---

---

---

11. Have you had any license under the regulatory powers of the City of Suwanee and/or Gwinnett County denied, suspended or revoked within two (2) years prior to the filing of this application?

---

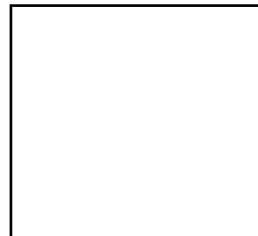
---

---

---

---

12. Attach photograph (front view) taken within the past year.



**SECTION III – CERTIFICATION**

**NOTE:** Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

The undersigned hereby certifies that he/she is \_\_\_\_\_ of \_\_\_\_\_  
the authorized representative name of business

and is authorized to sign this application. The undersigned further certifies that:

The City of Suwanee Alcoholic Beverage Ordinance has been read and understood and a copy will be maintained on the premises, and each and every employee will be required to be familiar with said regulations;

All laws, rules and regulations of the United States, the State of Georgia and the City of Suwanee now enforced or which may hereafter be promulgated or enacted regulation and governing the sale of alcoholic beverages will be complied with; and

Any license issued shall cover the period of one year commencing the first day of January and expiring December 31, and that no license shall be assignable or transferable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that I am liable to penalties of the law (both fine and imprisonment) should any false or fraudulent statement of representation be made in connection with this application.

I solemnly swear that the facts stated in the above and foregoing application for a license in the City of Suwanee, Georgia are true and correct.

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Received by Staff Member

\_\_\_\_\_  
Date Received