

Alcohol License

MUST BE COMPLETED & RETURNED PRIOR TO _____

1. MAILING NAME AND ADDRESS:

2. CHECK ONE

Renewal _____
Amended _____
New _____ date: _____
Closed _____ date: _____

3.

Restaurant, serving beer, wine and liquor	\$5,000
Restaurant, serving beer and/or wine	\$3,000
Lounge, located in hotel with restaurant	\$3,000
Lounge, adjacent to and connected with restaurant	\$1,000
Sale of packaged malt beverages	\$1,000
Sale of packaged vinous beverages	\$ 500
Combined sale of package malt and vinous beverages	\$1,500

Type of Business: _____

Total Due..... \$ _____

4. Dominant Line of Business:

5. I (name) _____

being the title _____

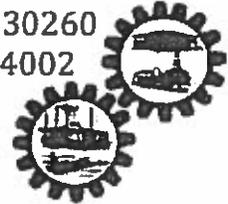
of the business firm named, do hereby register and apply for a license, and furthermore, do hereby certify that the information provided is true, correct, and complete.

SIGNATURE

PHONE #

City of Morrow

1500 Morrow Road
Morrow, GA 30260
770 - 961 - 4002



6. BUSINESS NAME AND LOCATION

7. PHONE NUMBER OF THIS LOCATION

8. OWNERS, PARTNERS, OFFICERS, ETC. (If incorporated list offices & directors)

Name:

Home Address:

Home Phone:

SSN #:

Title:

Name:

Home Address:

Home Phone:

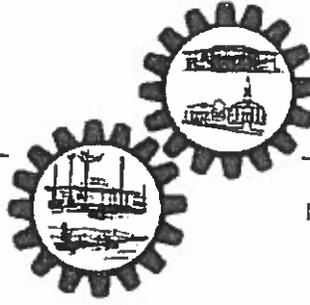
SSN #:

Title:

LICENSE IS NON-TRANSFERABLE.
INEFFECTIVE UPON CHANGE OF OWNERSHIP.

City of Morrow

Geared for Quality Growth



www.cityofmorrow.com

1500 MORROW ROAD
MORROW, GEORGIA 30260

Office: (770) 961-4002

Fax: (770) 960-3002

Check List For Alcohol Application

- 1 Application (supplied by city)
- 2 Diagram of Layout
- 3 Copy of Lease Agreement
- 4 Copy of City Business License
- 5 Fire Safety Inspection Report
- 6 Health Inspection Report
- 7 Consent Form for background investigation (supplied by city)
- 8 Copy of Valid ID
- 9 Financial Statement
- 10 Application processing fee \$ 500.00 (non-refundable if application is not approving for any reason)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Notice: If there is more than one owner(s) of the company # 7-10 must provide each owner document.

STATE OF GEORGIA
CLAYTON COUNTY

CITY OF MORROW
ALCOHOLIC BEVERAGE LICENSE APPLICATION

FOR OFFICE USE ONLY:

Date Received: _____ City License Number: _____
Investigation Fee Paid: _____ State License Number: _____
License Fee Paid: _____ Date Denied: _____
Date Approved: _____ Reason Denied: _____

Reviewed By:

Police Department _____
Zoning Administrator _____
Business License Administrator _____
Fire Marshall _____
Other _____

Type of Facility	Seating Capacity	No. of Rooms
_____ Hotel	_____	_____
_____ Motel	_____	_____
_____ Restaurant	_____	_____
_____ Lounge	_____	_____
_____ Retail Dealer	_____	_____

Address/Location of Facility: _____

Application for: _____ Liquor _____ Beer _____ Wine

INSTRUCTIONS: Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such sheet is attached. When completed, it must be dated, signed and verified under oath by the Applicant and filed with the City Manager, together with all supporting papers and the investigation fee of \$500.

APPLICANT/LICENSEE

1. Full name: _____ SS# _____
Address _____ DOB _____
City _____ State _____ Zip Code _____
Drivers License # _____ Position/Title _____
Telephone # (Business) _____ (Home) _____

2. Business for which the license is applied for:
Business/Corporate Name _____
Trade Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
3. Type of Ownership:
Sole Ownership _____ Partnership _____ Corporation _____
4. Ownership Information:
- a. Name and address for the past 10 years of each person that has ownership or interest in this business, and indicate percentage of ownership:

- b. If a corporation, was the corporation incorporated in the State of Georgia and/or is it registered to do business in the State of Georgia? _____ Give the following information for the registered agent to receive legal process:
Name: _____
Address: _____
City: _____ State _____ Zip Code _____
Telephone: _____
- c. Has any person, partner or stockholder been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude? _____
If yes, explain. _____

- d. Has any person, firm, partnership or corporation, which would have an interest in the license, ever violated a Federal, State, County or City law, statute or ordinance, or any regulation regarding alcoholic beverage, their sale distribution or manufacture? _____
If yes, explain. _____

- e. Has any person, firm, partnership or corporation, which would have an interest in the license, ever had an alcoholic beverage or business license suspended or revoked by the State of Georgia, or any political subdivision thereof? _____
If yes, explain. _____

- f. Does the business operation or, where applicable, corporation have any interest in a wholesale license, retail license or retail consumption? _____
If yes, explain. _____

5. List the names and addresses of all persons who have any interest whatsoever in the ownership of the business, together with any interest each person or any member of his or her immediate family has in any other business licensed to sell alcoholic beverages. _____

6. List the names and addresses of all persons having any whole, partial, beneficial or other interest in and to the land and building on and in which the store is located. _____

7. List the amount of rental paid for the land and building and the manner in which the rent is determined and to whom and at what intervals it is paid. _____

8. How much of the capital of this business is borrowed and from whom? _____

9. What is the direct distance (line of sight) from business to nearest:
a. Church ground _____ Residence _____
b. School ground _____ Licensed package dealer _____
10. List the name and address of the general manager of the particular business location: _____

11. List all other liquor, beer or wine businesses that your general manager is interested in, employed by or associated with. _____

12. Name, address and date of birth of each employee working at the particular business location. _____

13. There must be submitted with this application a personal financial statement from all persons interested in the ownership of the business applying for a license to sell alcoholic beverages. Such statements shall be deemed to be incorporated into and made a part of this application and any false statement shall not only constitute false swearing under the criminal laws of this state, but shall also constitute cause for the revocation of any license issued pursuant to this application. Indicate the number of statements attached hereto. _____

14. There must be attached to this application a certificate from a registered surveyor as to the radial distance from this place of business to the nearest school, church, library, private residence, alcoholic treatment center and any retail package dealer. Check here if survey is attached. _____
15. There must be attached to this application a set of fingerprint cards and a photograph for all persons interested in the ownership of the business applying for a license to sell alcoholic beverages. Check here if fingerprint cards and photograph(s) are attached. _____
16. There must be attached to this application a blueprint or scale drawing of the business facility which describes each entrance or exit to or from the place of business, and particularly any passage-way between the place of business and any other adjacent place of business. Check here if blueprint or scale drawing is attached. _____
17. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, or any personal statement which is made a part of this application, such change must be reported to this City within thirty (30) days. The failure to make such report shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood. _____

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attachments submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the statements and answers made herein and that any false answer and/or statement herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

As applicant and/or license holder, I have read the Ordinance and all amendments pertaining to the Ordinance governing the sale of alcoholic beverages in the City of Morrow, Georgia.

Signature

Date

OWNERSHIP/INTEREST INFORMATION SHEET

Full Name _____ SS# _____
Address _____
City _____ State _____ Zip Code _____
Sex _____ Race _____ Drivers License # _____ State _____
County _____ Position/Title _____
Telephone # (Business) _____ (Home) _____

1. Indicate whether you are the owner, co-owner, corporate officer, other _____
Indicate percentage of ownership _____
2. Are you a citizen of the United States of America? _____
If not, are you a permanent registered alien? _____
Registration Number _____ Native Country _____
3. Within the 10 years immediately preceding the date of the application, have you been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude? _____
If yes, explain _____
4. Do you have an interest in any wholesale dealer license? _____
If so, explain _____
5. Do you have an interest in any retail dealer license? _____
If so, explain _____
6. Do you have an interest in any retail consumption license? _____
If so, explain _____
7. Are you an elected or appointed officer, agent, or employee of the City of Morrow? _____ Does your spouse or minor children have any interest in any license to sell alcoholic beverages in the City of Morrow? _____

VERIFICATION

I, _____, do hereby swear and affirm under oath subject to the penalties of the State of Georgia for false swearing, that the statements, answers and information given by me on this form and any attachments thereto are true and correct.

Signature

Date

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public

VERIFICATION

State of Georgia
City of Morrow

I, _____, do solemnly swear and affirm, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City of Morrow Alcoholic Beverage License are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Print Name

Signature

Date

Sworn to and subscribed
before me this _____
day of _____,
20_____.

Notary Public

ALCOHOLIC BEVERAGE LICENSES - CLASSES OF BUSINESSES

Business/Corporate Name _____
DBA _____
Business Location _____
City _____ State _____ Zip Code _____

Section 9-2-29 (Ratio)

- (1) Restaurant licenses for distilled spirits and/or malt beverages and wine; 50 percent alcoholic beverage to 50 percent food.
- (2) A hotel which derives at least 50 percent of its total annual gross income from the rental of rooms for overnight lodging may operate a lounge and obtain a license to sell alcoholic beverages for consumption on the premises, only if the hotel meets the requirements of Section 9-2-2(8).

Estimate: Percentage of alcoholic beverage sales: _____
Percentage of food sales: _____

- (3) Retail dealer licensees shall maintain at least a \$15,000 inventory of food, household supplies and periodicals. Tobacco and automotive supplies may not be included for purposes of computing total inventory.

Estimated Inventory:

grocery items	_____
non food/general merchandise	_____
beer/wine	_____
tobacco products	_____
automotive supplies	_____
total	_____

VERIFICATION

I, _____, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that the information given above regarding my business or the business for which I am the licensee, is true and correct.

Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public

PERSONAL FINANCIAL STATEMENT

Complete this form for (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant/Borrower

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income			Contingent Liabilities		
Salary	\$	_____	As Endorser or Co-Maker	\$	_____
Net Investment Income	\$	_____	Legal Claims & Judgments	\$	_____
Real Estate Income	\$	_____	Provision for Federal Income Tax	\$	_____
Other Income (Describe below)*	\$	_____	Other Special Debt	\$	_____

Description of Other Income in Section 1

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

Please note: I furnish the foregoing as a true and accurate statement of my financial condition. Authorization is hereby given to the City of Morrow to verify in any matter it deems appropriate any and all items indicated on this statement. The undersigned also agrees to notify the City of Morrow immediately in writing of any significant adverse change in such financial condition.

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

CRIMINAL HISTORY CONSENT FORM

I hereby authorize the City of Morrow Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal agency in Georgia.

Print Full Name (First, Middle, Last)

Address

City, State and Zip Code

Sex

Race

DOB

Social Security Number

Signature

Notary Signature & Date

Date

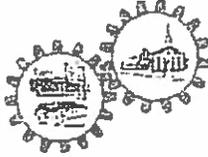
"Copy of driver's license must be attached to this form."

DO NOT WRITE BELOW THIS LINE

Criminal History Attached: _____ Yes _____ No record on file

Signature _____ Date _____

Morrow Police Department



E-Verify Affidavit City of Morrow Occupational Tax

By executing this affidavit under oath, as an applicant for a(n) _____ (business license, occupational tax certificate or other document required to operate a business) as referenced in O.C.G.A. §36-60-6 (d), from the City of Morrow, the undersigned application representing the private employer known as _____ (printed name of private employer) verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012, and June 30, 2012.
 - a) _____ On January 1st, of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
 - b) _____ On January 1st of the below signed year the individual, firm, or corporation Employed less than five hundred (500) employees.If the employer selected 1(a) please fill out section 4 below.

2. Fill out this section between July 1, 2012, and June 30, 2013.
 - a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
 - b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2013
 - a) _____ On January 1st of the below signed year the individual, firm or corporation employed more than ten (10) employees.
 - b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.If the employer selected 3(a) please fill out Section 4 below.

4. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provision and deadlines established in O.C.G.A. §36-60-6. The undersigned private employer attests that its federal work authorization user identification number and date of authorization are listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully make a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ____ date of _____, 201__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer of Agent

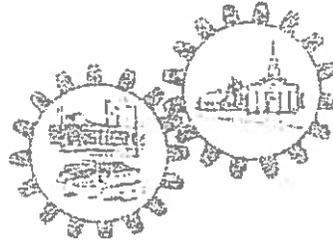
SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 201 ____.

NOTARY PUBLIC

My Commission Expires:

City of Morrow

Geared for Quality Growth



Affidavit Verifying Status for Public Benefit

By executing this affidavit under oath, as an applicant for a(n) _____ (type of public benefit) as referenced in O.C.G.A. 50-36-1, from the City of Morrow, Georgia, the undersigned applicant verifies one of the following with respect to my application for this public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States*.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other Federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-26-1 (e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Signature of Applicant

Date

Printed Name:

Subscribed and sworn before
Me on this the ____ day of
_____, 20 ____.

Notary Public

My Commission Expires:

**Note: O.C.G.A. 50-36-1 (e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:*