

## NEW BUSINESS ALCOHOL & LIQUOR LICENSE APPLICATION

### TYPE OR PRINT CLEARLY

Applicants are to complete the application packet using information, Applicants must complete, sign and notarize this application and attach any additional exhibits requested. Every question must be correctly answered. Failure to complete the application and answer all questions will result in a delay for consideration and may result in denial of a license. Failure to verify the application contents under oath will deny approval of your application. If the space provided within this application is not sufficient to answer the questions, supply your answers on a separate sheet of paper and indicate in the space provided, that a separate sheet is attached. Submit the completed application, supporting documentation and the associated fee(s) to the Planning, Zoning, Community Development, Business Service, of the City of Riverdale, located at the address listed above. Acceptable forms of payment of fees are [Money Order, Cashier Check, Debit and Credit Cards], personal checks are prohibited.

Type of Business	Comments
Sole Proprietors	This form of business requires the sole owner of the business to complete and submit the application. This person will also need to complete an Alcohol Permit Application as well.
Partnerships	This form of business requires at least one (1) member of the partnership to complete and submit the application. All partners will be required to complete an Alcohol Permit Application
Corporations	This form of business requires applications to be submitted in the name of the corporation. Where indicated, recorded information must be supplied for each director, officer, and holder of more than twenty (20%) percent ownership of outstanding shares of stock. All shareholders possessing twenty (20%) percent or more ownership of outstanding shares of stock will also be required to complete an Alcohol Permit Application.

### FOR OFFICIAL USE ONLY

**Date Application Received:** \_\_\_\_\_

**Permit Fee: Number of Owner / Registered Agent**

\_\_\_\_\_ X \$30.00: \$ \_\_\_\_\_

Investigation Fee	\$300.00
Wholesale Dealer's License Fee	\$100.00
Change of Registered Agent Fee	\$200.00
Change of Registered Agent after 5 day period Fee	\$400.00
Temp Permit NonProfit	\$25.00
Temp Permit For Profit B/W	\$50.00
Temp Permit For Profit Distilled	\$100.00
Special Event Permit per Event	\$50.00
Caterers Permit Non Residents	\$500.00

1. Date of this Application: \_\_\_\_\_ License For the Year of: \_\_\_\_\_

2. Types of License:

Type of License	Check All Appropriate Items
Retail Package Dealer	
Retail Consumption Dealer	
Wholesale Dealer	
Resident Caterers	
Non Resident Caterers	
Non Profit Temporary Permit	
Special Event Temporary Permit	
Type of Sales	
Malt Beverages	
Wine	
Distilled Spirits	

3. Legal Business Name:

\_\_\_\_\_  
**(Attach blueprint or scale drawing of the business facilities)**

4. Full address of the business for which license is applied:

\_\_\_\_\_  
P.O. Boxes Are Prohibited  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Tel. # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Full address of the event for which license is applied:  
( Temporary or Special Event location)

\_\_\_\_\_  
P.O. Boxes Are Prohibited  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Tel. # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

5. Full Name of Applicant/Registered Agent (s):

\_\_\_\_\_

6. Permanent or Registered Address:

\_\_\_\_\_  
P.O. Boxes Are Prohibited  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Tel. # \_\_\_\_\_ Cell # \_\_\_\_\_ E- Mail Address \_\_\_\_\_

Length of residency at this address: \_\_\_\_\_

7. Is the above address your legal and bona fide domicile?  Yes  No

If yes, for how long? \_\_\_\_\_ If less than ten (10) years give your previous & legal address and the length of time you resided at such address.

8. List previous legal addresses for the last ten (10) years and length of time at each:  
(Attach additional sheets if needed)

\_\_\_\_\_  
P.O. Boxes Are Prohibited

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of residency at this address: \_\_\_\_\_

List previous legal addresses for the last ten (10) years and length of time at each:

\_\_\_\_\_  
P.O. Boxes Are Prohibited

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of residency at this address: \_\_\_\_\_

9. Are you a United States citizen?  Yes  No

If yes, are you a citizen by birth or a naturalized citizen?  Birth  Naturalization  
If no, please state your native country, date and port of entry. If applicable, also state the date, place, and court of your naturalization:

\_\_\_\_\_  
Name of Native Country Date Name of Port of Entry

\_\_\_\_\_  
Court Location (City, State & Zip Code) Date

### **QUALIFICATION FOR LICENSES:**

10. Do you, either alone or with others, possesses any other license for the sale of alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following information for each license:

Type License	Name In Which Held	Address of Licensed Premises

11. Have you at any time in the past, either alone or with others, held any other license for the sale of alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following information for each license on next page:

Type License	Dates	Address Of Licensed Premises	Reason for discontinuance of license

12. Do you receive any income from a trust or from another source, which is derived from the manufacture or sale of alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide full details:

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13. Do you own any property on which an alcoholic beverage licensed establishment is located? Yes \_\_\_\_\_ NO \_\_\_\_\_ If yes, provide full details:

Property Location	Business Name

14. Have you ever held an alcoholic beverage license, which was revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details as to location, date and reason(s) for revocation or suspension:

Location	Date	Reason(s) for revocation or suspension

15. Have you ever been convicted of, or entered a plea of guilty or “NoLo” contender, to any Federal, State, County or Municipal law or ordinance or regulation concerning alcoholic beverages, their sale, distribution or manufacture? Yes \_\_\_\_\_ No \_\_\_\_\_ give court, date and offense information:

Court Location		Date	Description of Offense
City	State		

16. Has any place of business engaged in the sale of alcoholic beverages, with which you been associated, ever been cited or charged, at anytime, with any violation of Georgia, Federal, or Municipal law or any rule, regulation or ordinance concerning the sale of such products? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, provided the following information on next page:

Date	Authority Issuing Citation	Violation Alleged	Result

17. Are you or is any member of your family (spouse, child, parent, sibling, grandparents or in-laws) employed by or elected to a position with the City of Riverdale? Yes\_\_\_\_\_ NO\_\_\_\_\_ If yes, provide name and position held:

Name	Name of Position Held

18. How much of the capital of this business is borrowed and from whom: (attach exhibits if necessary)

Amount	Name of Lender	Lender's Address

19. If you acquired this business, or propose to acquire it from some previous licensee, give name and state license number of the previous licensee, and the date acquired or to be acquired, and state briefly the consideration involved:

Date Acquired	State Briefly The Consideration Involved

20. Provide the following information for each partner to be included in the proposed business:

Name	Date of Birth	Address	% of Ownership

**CORPORATE APPLICANTS:**

21. Provide the following information for each director, officer, and holder of 20% or more of the outstanding shares of the corporation:

Name	Date of Birth	Address	% of Ownership

22. Is the corporation a Georgia corporation or registered to do business in the State of Georgia? Yes \_\_\_\_\_ No \_\_\_\_\_ A current certificate from the Secretary of State must be attached:

**ESTABLISHMENT STANDARDS:**

23. Do you own the building in which the proposed business is to be located?  
Yes \_\_\_\_\_ NO \_\_\_\_\_
24. Are you the owner of the land? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes to either or both, state your respective ownership: **(A copy of your Warranty Deed must be attached)** If no, to either, provide the following: **(a current lease agreement to the premises must be attached)**

NAME OF PROPERTY OWNER	FULL BUSINESS ADDRESS	TELEPHONE NUMBER

25. Has the applicant and/or license holder entered into an agreement of contracted with either the owner(s), lessors and sub-lessors Yes \_\_\_\_\_ NO \_\_\_\_\_ for either the building or land or both, which provides for the payment of rent on a percentage or profit sharing basis? If yes, provide the following information:

Name Agreement With	Method Of Payment Agreed To (% Or Sharing Or Flat Rate)

26. **What is the distance from the proposed premises to the nearest: (a survey must be attached indicating the distances & directions to the nearest establishment in each category listed).**

Distances shall be measured as required in the City of Riverdale Code of Ordinances

School: \_\_\_\_\_ Church: \_\_\_\_\_ Public Library: \_\_\_\_\_ Private Residence: \_\_\_\_\_

Publicly operated alcohol treatment center: \_\_\_\_\_ Retail dealer: \_\_\_\_\_

27. **What is the zoning classification of the proposed premises?** \_\_\_\_\_

28. **Describe the front entrance of the proposed premises in relation to the street on which the premises fronts:**

\_\_\_\_\_  
\_\_\_\_\_

29. **Is the proposed premises existing? Or under construction? Yes \_\_\_\_\_ No \_\_\_\_\_** If under construction, give approximate date of completion. (A blueprint or scale drawing of the proposed premises must be attached to this application)

30. **What is the square footage of the proposed licensed premises?** \_\_\_\_\_

31. **Are any other businesses operating within the same building? Yes \_\_\_\_\_ No \_\_\_\_\_** If so, provide names of business and address:

\_\_\_\_\_  
\_\_\_\_\_

32. **Do any passageways connect your business with any other businesses in the building? Yes \_\_\_\_\_ No \_\_\_\_\_**

33. **Does your business share any common areas with other businesses in the building? Yes \_\_\_\_\_ No \_\_\_\_\_**

34. **Provide the inventory value of food, tobacco products, household supplies and periodicals in the proposed premises: (A copy of your most recent business personal property tax return is to be attached)**

**PERSONAL;**

35. For each person having management or supervisory responsibility for the proposed business, provide the following: **(Attach additional sheets as necessary)**

Name	Title	Date of Birth	Current Address	Amount of Compensation

36. Provide the following information for each person to be employed on the premises: **(Attach additional sheets as necessary)**

Name	Title	Date of Birth	Current Address	Amount of Compensation

**PLEASE NOTE:** Any individual listed in question 6, 20, 21, 35 & 36 that will be and/or could possibly be working in the proposed business must also submit a City of Riverdale Police Department – Alcohol & Liquor Permit Application. (The Alcohol & Liquor Permit Application is available at the City of Riverdale Records Department)

Before signing this Alcohol and Liquor License Application, check all answers and explanations to see that you have answered all questions fully and correctly. Be sure that this application includes all attached sheets submitted herein. This Alcohol and Liquor Application must be executed under oath, and is subject to the penalties of false swearing.



# E-VERIFY AFFIDAVIT

## Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

### Section 1.

Please check only one:

- (A) \_\_\_\_\_ On January 1 of the below-signed year, the individual, firm, or corporation employed **more** than ten (10) employees.
- (B) \_\_\_\_\_ On January 1 of the below-signed year, the individual, firm, or corporation employed ten (10) or **fewer** employees.

\*\*\* If the employer selected Section 1(A), please fill out Section 2 below.

**Section 2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Business Name or 4 digit account #

\_\_\_\_\_  
Federal Work Authorization User Identification Number  
( (Also called E-verify#, usually 4-6 digits)

\_\_\_\_\_  
Date of Authorization  
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**I hereby declare under penalty of perjury that the foregoing is true and correct.**

**Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).**

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_\_.

NOTARY PUBLIC:  
\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Affidavit Verifying Status for City Public Benefit Application**

By executing this affidavit under oath, as an applicant for City of Riverdale, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Riverdale Alcohol License.

\_\_\_\_\_  
\_\_\_\_\_  
**[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]**

\_\_\_\_\_  
**[Name of business]**

1) \_\_\_\_\_ I am a United States citizen.

**OR**

2) \_\_\_\_\_ 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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_ Alien Registration number for non-citizens

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature: \_\_\_\_\_

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:

# Application Verification

STATE OF GEORGIA, CLAYTON COUNTY  
CITY OF RIVERDALE

I, \_\_\_\_\_ do solemnly swear or affirm, subject to the penalties of false swearing, that the statement and answers on these pages 1 thru 7 made by me, as the applicant, in the foregoing Alcohol and Liquor application are true and correct.

No person shall knowingly or intentionally misrepresent to any employee of the City any material fact in procuring a license, permit, duplicate license. Any person violating the governing of an alcohol license is subject to misdemeanor charges.

I hereby certify under penalty of perjury that the information provided herein is to the best of my knowledge and belief, a true and complete statement. I understand that this is not a license and that no business activity may commence until an Occupational Tax and Alcohol License is issued.

X \_\_\_\_\_  
**Applicant's Signature (Full Name)**

I hereby certify that \_\_\_\_\_ **(the above named applicant)** signed his or her name to the foregoing application, stating to me that he or she knew and understood all statements and answers made therein, and under oath actually administered by me, has sworn or affirmed, that said statements and answers are true and correct.

This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

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

\_\_\_\_\_  
**Notary Commision Expiration Date**

**SPECIAL NOTES**

- 35. Alcohol Licenses are not transferable – If you sell your business, it is your responsibility to notify this office. The new owner must apply for a separate alcohol license. This office must be notified regarding any changes in business activity, name or location change.
- 36. If your business ceases operating and / or closes, it is the responsibility of the owner to notify this office.
- 37. Employees Alcohol Permits – It is the responsibility of the owners to inform their employees that they are required to secure an alcohol permit prior to selling or handling any alcohol. Failure of the owner to properly notify their employees will result in the issuance of summons to the owner and employee. Permits are issued by the Riverdale Police Department.
- 38. Alcohol License Renewal - Alcohol licenses are issued for the period of January 1<sup>st</sup> thru December 31<sup>st</sup>. If you obtain an alcohol license anytime during the year they will still expire on December 31<sup>st</sup>. Renewal Applications will be issued forty-five (45) days before the expiration date.

**SIGN:** Post the proposed location with signage stating the names of owners and address of the applicant, Type of license applied for and business name and location. (Must be posted within 5 days of submission of the application and must remain in place until final determination).

**OFFICAL USE ONLY**

Approval Date \_\_\_\_\_ Denied Date \_\_\_\_\_ Letter Sent Date \_\_\_\_\_  
(Attach copy of letter)

Property Taxes Paid YES \_\_\_\_\_ NO \_\_\_\_\_

O/T Permit# \_\_\_\_\_ Alcohol Lic. # \_\_\_\_\_

Total Alcohol License Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Payment Type \_\_\_Cash \_\_\_Check \_\_\_Charge

Receipt # \_\_\_\_\_ Date Alcohol License Issued \_\_\_\_\_

Start Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
New Business

\_\_\_\_\_  
 Community Development Director Approved Alcohol License