



4303 Lawrenceville Road
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-1165

New Alcohol License Application Packet

Packet Contains:

Instructions and Conditions for applying for Alcohol License Application
Projected Gross Sales Form
Registered Agent Consent Form
Premise and Structure Certification
Affidavit Privacy Rights
*GBI Applicant Consent Form
* Background Investigation Consent Form (Fingerprinting)
*Take these forms **BLANK** to the City of Loganville Police Department

You will need:

Driver's License (page 3)
State Alcoholic Beverage License (page 3)
Certificate of Incorporation (if applicable) (page 3)
Legal Alien Card (if applicable) (page 3)
Proof of Ownership or Lease of Building (page 3)
Description of Business Operations, Location and Facilities (page 3)
Manager's Photograph (Front View) Taken within the last year (page 12)

City of Loganville License Fee Schedule:

\$250.00- Non-Refundable Application Fee *paid at time of Application Submittal*

\$500.00 - Malt Beverage (Beer)
\$500.00 - Wine
\$1,000.00 - Malt Beverage (Beer) **AND** Wine
\$3500.00 - Distill Spirits (Liquor)

Application submitted after July 1st only one-half of a full license fee is required

Make Payable to the "City of Loganville"

Forms of Payment Accepted:

Cash, Checks, Money Orders and Cashier's Check

City of Loganville Police Department Fingerprint and Background Check Fee \$85.00

605 Tom Brewer Rd. #100 Loganville, GA 30052

Make Payable to the "City of Loganville"

Forms of Payment Accepted:

Cash, Money Orders, Credit Cards and Cashier Check

Please Note:

- 1.) Any outstanding utility and/or tax bill(s) must be paid in full to receive your Alcohol License.
- 2.) This application packet must be completed in full. Do not leave any area blank.
 - a.) If not applicable, please write N/A
- 3.) Once **ALL** items are received, including the Background Investigation Reports from the City of Loganville Police Department the application packet is given to the City Manager for review.

INSTRUCTIONS AND CONDITIONS FOR APPLYING FOR LICENSE TO SELL ALCOHOLIC BEVERAGES
APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES
CITY OF LOGANVILLE, GEORGIA

O.C.G.A §3-2-7.1 requires the department of revenue to develop and implement a state-wide centralized application process for retail package, consumption on premise and special events alcohol licensing.

Local and state alcohol licensure, for retail consumption on premise and retail package sale, must be applied for online at Georgia tax center (GTC) Georgia tax center (ga.gov) for more information on the state license process please contact the Georgia department of revenue at 877.423.6711 or atdiv@dor.ga.gov for county alcohol licensing questions contact license & revenue office at 678.377.4100.

1. **Application Completion:** Every question must be fully and correctly answered, typewritten or legibly hand printed. Do not use initials. Spell out all names. Failure to do so may result in the denial or, if granted, the later revocation of a license. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. The city of Loganville alcoholic beverage ordinance is available for review.
2. **Required Fees:** the required administration/investigation fee of \$250.00 must be submitted when initial application is made to the city of Loganville. Upon approval of the application, all additional fees must be tendered prior to issuance of license. See fee schedule for appropriate fees. Additional fees will be charged throughout the year for investigative, transfer in ownership, transfer in location, registered agent or manager change. See ordinance for the appropriate fee according to the change.
3. **License Non-Transferable:** any change in the ownership, management, or any other status of the licensed operation that would change any answers on the original application must be reported in writing to the city of Loganville within thirty (30) days from the time of such change. Failure to do so may result in the revocation of the license. However, a change in the registered agent must be made within five (5) days.
4. **Zoning:** no license shall be issued except in the zones as defined by applicable local zoning ordinances. Contact the city of Loganville planning and development department, 4303 Lawrenceville Road, Loganville, GA 30052 or (770) 466-2633 for zoning questions.
5. **Facility:** the applicant shall be responsible for filing plans for review with the planning and development department and obtaining required building inspections. Contact the planning and development department, 4303 Lawrenceville Road, Loganville, GA 30052 or (770) 466-2633 for occupancy requirements or other inspections questions.
6. **Corporations:** all corporate applicants, without regard to the number of shareholders, shall list the names and addresses of the officers of the corporation. In addition, they shall name a manager whose name shall appear on the license issued to the corporation. The corporation shall provide the name and address of the manager who shall be the individual who does in fact have regular, managerial, and supervisory authority over the business conducted on the licensed premises. In addition, the manager shall be an agent for service for the corporation in addition to all other methods allowed for serving a corporation by the laws of Georgia.
7. **Identification:** information requested concerning race and sex identification of applicants, corporations and shareholders are for investigative purposes only.
8. **Criminal History Consent Forms:** Georgia crime information center council (GCIC) rules require that the enclosed consent form be completed, signed and notarized "prior to any information being accessed for release of criminal history investigations in reference to your application. This information is available in chapter 140-2-04 rules of the Georgia crime information center council practice and procedure. A separate form must be completed for whomever the license is issued to and the agent and designated manager for individual business or partnerships. Corporations should complete forms for officers and the agent and the designated manager. **However, take the form blank to the city of Loganville Police Department and fill it out in front of the notary.**
9. **State and Federal Regulations:** a state alcohol license is also required before alcohol can be sold. Please contact the Georgia department of revenue for their requirements, fees, and application: GA department of revenue, registration, P.O. Box 740001, Atlanta, GA 30374-0001. Phone (404) 651-8651 or (404) 417-4490.

Contact the federal alcohol, tobacco, and firearms licensing department for their requirements. Federal ATF, licensing department, 2600 century center parkway, Atlanta, GA. 30345. Phone (404) 679-5040 or (404) 679-5130.

10. **State License:** a state alcoholic beverage license must be obtained by the applicant in order for the license issued by city of Loganville to be valid. Failure of the licensee to obtain a state license before beginning operation of the premises shall be an automatic forfeiture and cancellation of the license issued by the city of Loganville, and no refund of license fees shall be made to the licensee. If a state alcoholic beverage license is revoked by the state, then the license issued by the city of Loganville shall automatically be revoked and void effective as of the date of such revocation.
11. **Driver's License:** attach copy of current **driver's** license or state identification card for all individuals applying.
12. **Legal Alien Card:** attach a color copy of legal alien card (if applicable) for all individuals applying.
13. **Ownership/Lease:** attach evidence of ownership. If applicant is leasing the building or property, a copy of the lease.
14. **Excise Tax-Reporting Form:** to be submitted monthly.
15. **Incorporation:** submit certificate of incorporation if a corporation.
16. **Projected gross sales:** complete form provided for projected gross sales.
17. **Description:** a description of the business operation, its location and facilities must be attached.
18. **Premise and structure certification / blueprint:** premise and structure form enclosed must be completed with the additional required information attached. A blueprint or scale drawing of the business facilities must be attached to the detailed business description.
20. **Oath:** when completed, the application must be dated, signed, and verified under oath.
21. **Application return and information:**

ALLOW A THIRTY (30) DAY PERIOD FOR APPLICATION PROCESSING.

CONTACT THIS OFFICE FOR ADDITIONAL INFORMATION OR FOR FURTHER ASSISTANCE NEEDED CONCERNING THIS APPLICATION AND RETURN THE APPLICATION FOR ALCOHOLIC BEVERAGES TO:

LOCATION ADDRESS:
CITY OF LOGANVILLE
ATTN: OCCUPATIONAL TAX CLERK
4303 LAWRENCEVILLE ROAD
LOGANVILLE, GA 30052

MAILING ADDRESS:
CITY OF LOGANVILLE
ATTN: OCCUPATIONAL TAX CLERK
P.O. BOX 39
LOGANVILLE, GA 30052

TELEPHONE NUMBER: (770) 466-1165

PLEASE CONTACT THE OCCUPATIONAL TAX CLERK FOR ASSISTANCE OR APPOINTMENT.

**APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES
CITY OF LOGANVILLE, GEORGIA**

The undersigned applicant hereby applies to the City of Loganville, Georgia for a license to sell alcoholic beverages in the City of Loganville. A non-refundable two-hundred and fifty dollar (\$250.00) fee payable to the City of Loganville must be tendered with the application.

1. **BUSINESS TRADE NAME:** _____

2. **APPLICANT'S NAME:** _____
(Name of owner individual, partnership, or corporation)

3. **BUSINESS LOCATION ADDRESS:** _____

CITY: _____ STATE: _____ ZIP CODE: _____

4. **BUSINESS MAILING ADDRESS:** _____

CITY: _____ STATE: _____ ZIP CODE: _____

5. **LOCAL TELEPHONE NUMBER:** (_____) _____

ALTERNATE TELEPHONE NUMBER: (_____) _____

6. **CONTACT NAME (REGISTERED AGENT) FOR BUSINESS:** _____

ALTERNATE TELEPHONE NUMBER FOR CONTACT PERSON: _____
(Complete attached Registered Agent Form)

7. **NAME OF MANAGER:** _____
(Person responsible for Alcohol Licensing issues)

ALTERNATE TELEPHONE NUMBER FOR MANAGER _____

HOME ADDRESS OF MANAGER: _____
(Street, Road, RFD No., If P. O. Box, include street address)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

10. **TYPE OF BUSINESS: (CHECK ONE)** () Individual () Corporation () Partnership () LLC

(COMPLETE EITHER NUMBERS 11, 12 AND 13, AND/OR 14-16 IN THE SECTION BELOW)

11. **IF APPLICANT IS AN INDIVIDUAL:** Attach copy of trade name affidavit.

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

12. **IF APPLICANT IS A PARTNERSHIP OR L.L.C.:** Attach trade name affidavit, if LLC, attach a copy of certificate of LLC as filed with the Clerk of Superior Court and trade name affidavit.

NAME AND ADDRESS OF PARTNERSHIP OR LLC: _____

13. **PARTNERS:**

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

(ATTACH ADDITIONAL PAGES IF NECESSARY)

CORPORATION-SHAREHOLDERS: All corporate applicants who are corporations shall list the names and address of all shareholders and the percentage of stock owned by each; however, including only those shareholders owning 20 percent or more of the corporation's stock. If a named shareholder therein is another corporation, the same information shall be given for the Shareholding Corporation. If, during the life of the license, the identity of the shareholders or their percentage of ownership should change, that information shall be sent to the office of City Clerk.

- 14. **IF APPLICANT IS A CORPORATION:** Attach a copy of the articles of incorporation, trade name affidavit, and current annual corporation registration with the GA Secretary of State.

NAME OF CORPORATION: _____
(Name shown exactly as in Articles of Incorporation or Charter)

HOME OFFICE: _____

MAIL ADDRESS IF DIFFERENT: _____

DATE OF INCORPORATION: _____

PLACE OF INCORPORATION: _____

- 15. **OFFICERS:**

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% SHARE OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% SHARE OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% SHARE OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% SHARE OWNED: _____ OFFICE HELD: _____

(ATTACH ADDITIONAL PAGES IF NECESSARY)

16. **SHAREHOLDERS** (If Different from Officer Names)

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% SHARE OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% SHARE OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% SHARE OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% SHARE OWNED: _____ OFFICE HELD: _____

(ATTACH ADDITIONAL PAGES IF NECESSARY)

17. **MANAGERS:**

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% SHARE OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% SHARE OWNED: _____ OFFICE HELD: _____

(ATTACH ADDITIONAL PAGES IF NECESSARY)

18. **IF APPLICANT IS A PRIVATE CLUB:**

Bona fide private club means any nonprofit association organized under the laws of this State which:

1. Has been in existence at least one year prior to the filing of its application for a license to be issued pursuant to this Article;
2. Has at least 75 regular dues-paying members;
3. Owns, hires, or leases a building or space within a building for the reasonable use of its members, which building or space:
 - a. Has suitable kitchen and dining room space and equipment; and
 - b. Is staffed with a sufficient number of employees for cooking, preparing, and serving meals for its members and guests; and
4. Has no member, officer, agent, or employee directly or indirectly receiving, in the form of salary or other compensation, any profits from the sale of alcoholic beverages beyond a fixed salary.

(A) Date of organization under the laws of the state of Georgia: _____ / _____ / _____

(B) State the total number of regular dues paying members: _____

(C) Is any member, officer, agent, or employee compensated directly or indirectly from the profits of the sale of alcoholic beverages beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club? yes _____ no _____(explain)

(D) Attach minutes of annual meeting setting salaries for members, officers, agents, or employees.

19. **If there is any above individual or officer, who has resided at his current address less than ten (10) years, complete the information below:**

FULL NAME: _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

FULL NAME: _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

FULL NAME: _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

(ATTACH ADDITIONAL PAGES IF NECESSARY)

20. State name and address of owner of the property (Land and Building) where the business will be located.

21. Is the commercial space where the business is to be located rented or leased?

Answer: YES _____ NO _____ If yes, state name of lessor or landlord and address and attach a copy of lease.

22. Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venturer; or has anyone agreed to split the profits or receipts from the proposed business with any persons, firm, company, corporation, or other.

Answer: YES _____ NO _____ If yes, give name of person or firm and address and amount of percentage of profits and receipts to be split.

23. Is there anyone connected with this business that is not a legal resident of the United States and at least eighteen (18) years of age?

Answer: YES _____NO _____ If yes, give full details on separate sheet.

If anyone connected with this business is not a U.S. Citizen, can they legally be employed in the United States?

Answer: YES _____NO _____ If yes, explain on a separate sheet and submit copies of eligibility.

24. Is there anyone connected with this business that has applied for a beer, wine, and/or liquor license from the City of Loganville or other City or County in the State of Georgia, or other state or political subdivision and been denied such?

Answer: YES _____NO _____ If yes, give full details on separate sheet.

25. Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category?

Answer: YES _____NO _____ If yes, give full details on separate sheet

26. Is there anyone connected with this business that has been convicted within ten years immediately prior to the filing of this application with any felony or for whom outstanding indictments, accusations or criminal charges exist charging such individual with any of such offenses and for which no final disposition has occurred?

Answer: YES _____ NO _____ If yes, give full details on separate sheet, including dates, charges and disposition.

27. Is there anyone connected with this business that has been convicted within ten years immediately prior to the filing of this application of the violation (i) of any state, federal or local ordinance pertaining to the manufacture, possession, transportation or sale of malt beverages, wine, or intoxicating liquors, or the taxability thereof; (ii) of a crime involving moral turpitude; or (iii) of a crime involving soliciting for prostitution, pandering, gambling, letting premises for prostitution, keeping a disorderly place, the traffic offense of hit and run or leaving the scene of an accident, or any misdemeanor serious traffic offense?

Answer: YES _____ NO _____ If yes, give full details on separate sheet, including dates, charges and disposition.

28. Is there anyone connected with this business that has been convicted for selling alcohol to an under-age person within the last three (3) year period?

Answer: YES _____NO _____ If yes, give full details on separate sheet.

29. Is there anyone connected with this business that is an official or public employee of the City of Loganville, any County, any State or Federal Agency and whose duties include the regulation or policing of alcoholic beverages or licenses, or any tax collecting activity?

Answer: YES _____NO _____ If yes, give full details on separate sheet.

30. Have you or the applicant had any vehicles, trailers, or property belonging to you or the company in which you or any of such persons have or had an interest in ever been seized, condemned or forfeited as contraband by the State of Georgia or United States for the reason the same was being used or intended for use in criminal activities.

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

31. Have you ever been arrested, or held by federal, state, local, or other law enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinances?

Answer: YES _____ NO _____ If yes, give full details on separate sheet. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest).

32. List below four references (personal and business). Give complete address and phone number including area code. If giving a business reference, name a person at that located to be contacted. Do not include relatives or employers, or fellow employees of particular business.

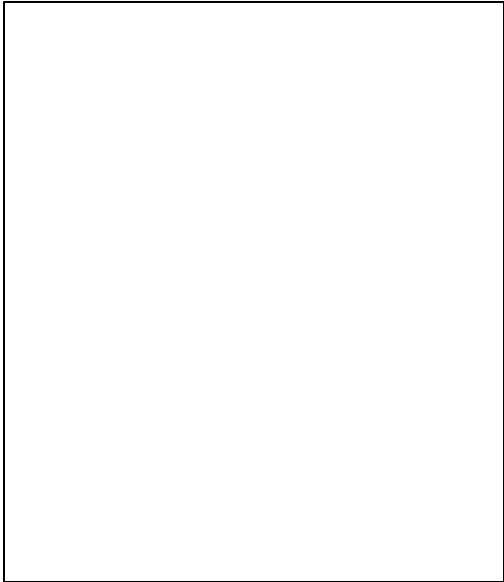
	Name	Address	Phone No.	Personal/Business
1.	_____			
2.	_____			
3.	_____			
4.	_____			

33. Have you had any license under the regulatory powers of the City of Loganville denied, suspended, or revoked within two (2) years prior to completing this application?

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

34. Attach photograph (front view) taken within last year.

Date of picture: _____



Please 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.

I, _____, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a license to sell alcoholic beverage in the City of Loganville, Georgia is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said license.

Print Full Name As Signed Below

Signature of Applicant

Title

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20 _____

NOTARY PUBLIC (SEAL)

PROJECTED GROSS SALES

APPLICANT: _____

BUSINESS NAME: _____

ADDRESS: _____

PROJECTED FOOD SALES:

Preceding calendar year _____ Food Sales: \$ _____

Current calendar year _____ Projected Food Sales: \$ _____

PROJECTED ALCOHOL SALES (MALT BEVERAGE – BEER) SALES:

Preceding calendar year _____ MB/Beer Sales: \$ _____

Current calendar year _____ Projected MB/Beer Sales: \$ _____

PROJECTED ALCOHOL (WINE) SALES:

Preceding calendar year _____ Wine Sales: \$ _____

Current calendar year _____ Projected Wine Sales: \$ _____

PROJECTED ALCOHOL (DISTILLED SPIRITS – LIQUOR) SALES:

Preceding calendar year _____ DS/Liquor Sales: \$ _____

Current calendar year _____ Projected DS/Liquor Sales: \$ _____

Signature of Applicant

Title

Date

REGISTERED AGENT CONSENT FORM

BUSINESS NAME: _____

LOCATION ADDRESS:

I, _____, do hereby consent to serve as the Registered Agent for the license, owners, officers, and/or directors and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Loganville. I understand the basic purpose is to have and continuously maintain, in the corporate limits of either Walton County or Gwinnett County, a registered agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served.

***Chapter 4, Article I, Section 4-8(g): Licensing Qualifications**

All licensed establishments must have and continuously maintain within the corporate limits of either Walton County or Gwinnett County, a registered agent upon whom any process, notice or demand required or permitted by law or under this chapter to be served upon the licensee or owner may be served. This person must either be a resident of Walton County or Gwinnett County, or a licensed attorney practicing law that maintains an office in either Walton County or Gwinnett County. The licensee shall file the name of such agent, along with the written consent of such agent, with the city manager and shall be in such form as he may prescribe.

This _____ day of _____, 20_____.

Signature of Agent _____

Typed/Printed Name of Agent _____

Typed/Printed Agent's Home Address _____

Typed/Printed City, County, State, and Zip Code _____

SWORN AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC (SEAL)

APPROVED By:

Sole Owner/Partner

Officer or Director Title

PREMISE AND STRUCTURE CERTIFICATION

Instructions: This certification must be typed or printed legibly and executed under oath. Each question must be fully answered. If space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached.

1. **TYPE OF BUSINESS:**

- | | |
|--|---|
| <input type="checkbox"/> Bona Fide Eating Establishment/Restaurant | <input type="checkbox"/> Super Market/Grocery Store |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Hotel / Motel |
| <input type="checkbox"/> Brewpub | <input type="checkbox"/> Distillery |
| <input type="checkbox"/> Brewery | |
| <input type="checkbox"/> Bona Fide Private Club | |
| <input type="checkbox"/> OTHER (Please Describe): _____ | |

2. **TRADE NAME OF BUSINESS:** _____

LOCATION: _____

Street Number	Street Name		

City	State	Zip Code	Telephone Number

District	Land Lot	Parcel Number	Fax Number

3. Is this location within a commercial zoning district? _____ Yes _____ No

4. Does the completed building or the proposed building comply with:

- | | | | |
|---|---|-----|---------|
| a. The Ordinances of the City of Loganville: | _ | Yes | _____No |
| b. County health regulations: | _ | Yes | _____No |
| c. Regulations of the State Revenue Commissioner: | _ | Yes | _____No |
| d. Laws of the State of Georgia: | _ | Yes | _____No |

If no, explain non-compliance and proposed methods to rectify it: _____

5. (a) Does the building in which business is to be located contain sufficient lighting so that the building itself and the premises on all sides of the building are readily visible at all times from the front of the street on which the building is located as to reveal all of the outside premises of such building? _____Yes _____No

(b) Is the building illuminated so that all hallways, passageways and open areas may be clearly seen by the customer therein? _____Yes _____No

If the answer is "no" to either or both 5a and 5b, please explain proposed methods to rectify the insufficient lighting: _____

6. **FOR ALL ESTABLISHMENTS APPLYING FOR ON-PREMISE CONSUMPTION:**

Have you read and met the requirements listed in the City Ordinance Chapter 4 Alcohol Beverages Article II Article III _____Yes _____No

(a) Do you have a full service kitchen: _____ Yes _____ No If yes, indicate whether the full service kitchen contains a three (3) compartment sink: _____ Yes _____ No Is stove and/or grill permanently installed and approved by the health and fire department _____ Yes _____ No Is refrigerator approved by the health and fire department _____ Yes _____ No If the answer to any of the immediate forgoing is "no", please explain: _____

(b) State hours prepared meals or foods are served: _____(Breakfast), _____(Lunch) and _____(Dinner)

(c) State hours of operation: _____

(d) State maximum number of employees on highest shift: _____

(e) State total number of parking spaces: _____

(f) State number of parking spaces devoted to handicapped: _____

7. **ADDITIONAL INFORMATION FOR HOTEL/MOTEL ONLY:**

(a) State number of rooms available for hire to general public: _____

(b) State number of square feet of floor space devoted to Restaurant: _____

(c) State number of square feet of floor space devoted to Dining Area: _____

8. **FOR SUPER MARKET / CONVENIENCE STORE ONLY:**

- (a) State number of total square feet of floor area: _____
- (b) State number of square feet of floor area devoted to the sale of groceries/food products:

- (c) Is the establishment devoted principally to the retail sales of groceries and food products: ___ Yes ___ No If no, explain: _____

9. **ADDITIONAL REQUIRED INFORMATION FOR ALL ESTABLISHMENTS (Must accompany Certification):**

- a. Attach evidence of ownership of the building or proposed building or a copy of the lease, if the Applicant is leasing the building and/or property;
- b. If the Applicant is a franchise, attach a copy of the franchise agreement or contract;
- c. If bona fide eating establishment, attach a copy of the menu(s); and
- d. If the building is proposed, attach copies of proposed site plan an specifications, and approved building permit.

PLEASE 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.

State of Georgia, _____ County

I, _____, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing statement is true and correct.

Applicant's Printed Name

Applicant's Signature

I hereby certify that _____ signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

This _____ day of _____, 20____.

Notary Public Signature / Seal



Affidavit Verifying Residency Status of an Applicant Required by the Georgia Security and Immigration Compliance Act

By executing this affidavit under oath, as an application for a City of Loganville Occupation Certificate or other benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), I am stating the following with respect to my application for a City of Loganville Occupational Certificate.

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

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

_____ 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.

PLEASE INDICATE THE DOCUMENT VERIFYING YOUR RESIDENCY STATUS AND ATTACH A COPY OF THE DOCUMENT (front and back).

- | | |
|---|--|
| <input type="checkbox"/> I-327 (Reentry Permit) | <input type="checkbox"/> Machine Readable Immigrant Visa |
| <input type="checkbox"/> I-551 (Permanent Resident Card) | <input type="checkbox"/> Temporary I-551 Stamp (on passport or I-94) |
| <input type="checkbox"/> I-571 (Refugee Travel Document) | <input type="checkbox"/> I-94 (Arrival/Departure Record) |
| <input type="checkbox"/> I-688 (Temporary Resident Card) | <input type="checkbox"/> Unexpired Foreign Passport |
| <input type="checkbox"/> I-688A (Employment Authorization Card) | <input type="checkbox"/> I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status) |
| <input type="checkbox"/> I-688B (Employment Authorization Document) | <input type="checkbox"/> DS2019 (Certificate of Eligibility for Exchange (J-1) Status) |
| <input type="checkbox"/> I-766 (Employment Authorization Card) | <input type="checkbox"/> Other (Use Document Description) |
| <input type="checkbox"/> Certificate of Citizenship | |
| <input type="checkbox"/> Naturalization Certificate | |

Applying on Behalf of/Name of Associated Business



APPLICANT PRIVACY RIGHTS NOTIFICATION POLICY

A. Subject

Applicant Notification Policy for Information derived from the Georgia Crime Information Center (GCIC) Criminal Justice Information System (CJIS) network.

B. Notification

The City of Loganville (hereinafter, “the City”) licenses businesses that are engaged in the sale of alcohol, and the City employs personnel who may require fingerprint-based background checks through the Georgia Crime Information Center (G.C.I.C.). Prior to fingerprinting, individuals must complete an application and receive a copy of the Applicant Privacy Rights and the Privacy Act Statement.

The Applicant Privacy Rights and Privacy Act Statement shall be provided to the applicant by as part of the application packet.

Once the applicant has read the Applicant Privacy Rights and the Privacy Act Statement, the applicant will sign the Applicant Privacy Rights Notification Signature form stating the notification was received.

The agency will maintain the signed form for no less than three years.

C. Record Challenge/Correction

If an applicant chooses to challenge the accuracy of the criminal history record or needs to correct or update a record, they will be given thirty (30) days to do so.

The applicant shall be notified that the procedures for challenging an FBI record are set forth in 28 CFR 16.30 through 16.34 and the procedures for challenging a Georgia record can be found on the GBI website.

The applicants will not be given a copy of the fingerprint-based criminal history record.

D. Appeal Process

The applicant is provided an opportunity to appeal an adverse decision based on the criminal history record information provided from the fingerprint-based background check. An applicant who believes there is erroneous information on his or her record may work to correct the errors and appeal to the City through the City Manager for final determination.

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date



Alcoholic Beverage License Background Investigation Report

I hereby give consent for the **LOGANVILLE POLICE DEPARTMENT** to conduct an inquiry and receive any Georgia and/or national criminal history record information pertaining to me as authorized by state and federal law.

Business Name: _____

Business Address: _____

FULL Name (print): _____

First, Middle, Last, Maiden, ALL names

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Sex: _____ **Race:** _____ **DOB:** _____ **SSN:** _____

***By placing my signature below I do hereby affirm and attest the information provided above is true, accurate and I have received a copy of Applicant Privacy Rights, Privacy Act Statement & Title 28CFR 16.30-16.34. * (Initial)*

****Signature** _____ **Date** _____

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Employment Purpose Codes:

(E) - General Employment/Licensing- Provides *Georgia* Criminal History Information

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****DEPARTMENTAL USE ONLY****

Date of inquiry: _____ **Time of inquiry:** _____ **Operator's Initials** _____

- No Criminal Record Available.
- Criminal Record attached/released. GA SID/FBI _____
- No NCIC/GCIC Warrant results available.
- Possible NCIC/GCIC Warrant. Agency name/PH# _____

Agency Designee Signature and Title **Date**

Fee Structure:

- Fingerprint-Based Initial Alcohol License Background Check: \$85.00
- GCIC Alcohol License Renewal Background Check: \$25.00

Important Information:

- These fees are non-refundable.
- Payments can be made using cash or credit/debit cards.
- For credit/debit card payments, a 2.69% processing fee will be applied.