

**CITY OF POWDER SPRINGS  
ALCOHOL LICENSE INFORMATION**

The City of Powder Springs fees are as follows:



Alcohol application fee	\$500.00	One time processing fee, non-refundable
Beer	\$400	Due annually at renewal time. All license expire on December 31 <sup>st</sup> .
Wine	\$400.00	Due annually at renewal time. All license expire on December 31 <sup>st</sup> .
Spirits – Pouring	\$3,500.00	or \$1,000 package or convenience store Due annually at renewal time. All license expire on December 31 <sup>st</sup> .
<u>Sunday Sales</u>	<u>\$500.00</u>	<u>Due annually at renewal time. All license expire on December 31<sup>st</sup>.</u>
Total Amount due	\$5,300.00	\$2,800.00

It is up to each business owner to determine which type of alcohol will be provided for customers.

Permit fee                                      \$50.00                                      Applies to all applicants – new owner or change in management

- The alcohol license is issued to both the owner and the full time agent. If the owner is not there 40 hours a week, then someone else needs to be on the license with them. Therefore two applications will need to be filled out & application fee for both owner and full time agent.
- Each applicant must obtain a fingerprint card. The closest location is Austell Police Department, contact them for an address, appointment & fee amount at (770) 944-4331. The City of Powder Springs will handle the background check. The fingerprint card will need to be turned in with your completed application.
- Applicants must take the R.A.S.S. alcohol workshop and submit a copy of the certificate by fax at 770-222-6935 or applicant may drop off prior to Council meeting. Alcohol license will not be issued until a few days after the last Council meeting. The Responsible Alcohol Sales and Service Workshop is presented by the Training Institute for Responsible Vendors, Inc. To register for a workshop, please call the TIRV at 404-531-9237 or [www.tirv.net](http://www.tirv.net).
- An applicant may need a survey completed of the surrounding area showing distance from residence, churches, schools and libraries prior to Council Meeting. A window placard will be issued when application is submitted. The placard must be posted prior to Council Meeting. The City of Powder Springs will determine if this step applies to your location.
- Submit a copy of the lease agreement with your application.
- The city will make a copy of the applicants drivers license when the application, payment and fingerprint card is submitted.
- Every business which engages in the sale of alcoholic beverages, whether beer, wine, and/or liquor, must have both local and State alcohol beverage licenses. Contact the Georgia Department of Revenue, Alcohol and Tobacco Division at (404) 656-4252 or by fax at (404) 657-9690.
- Point of contact for alcohol inquiries:  
Community Development Director: Tina Garver (770) 943-8001 x 361  
Email: [tgarver@cityofpowdersprings.org](mailto:tgarver@cityofpowdersprings.org)

Powder Springs Alcohol Dept.  
PO Box 830900  
Birmingham, AL 35283-0900

## Alcohol Application Form

Deadline for Objections: \_\_\_\_\_  
Consideration Date: \_\_\_\_\_

Name of Business

Date

Mailing Address

City

State

Zip

Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

Your Initials	Form Checklist Items
	Date of Meeting: _____
	License No.: _____
	Ads to Run on (date): _____ & _____
	Ad Fee Paid
	Notification Letter
	Ad to Journal

Select all the applicable fields:

New (Fee \$500.00): \_\_\_\_\_ Change of Licensee (Fee \$500.00) \_\_\_\_\_ Change of Ownership: \_\_\_\_\_ Date: \_\_\_\_\_

Liquor (Fee \$3500.00) \_\_\_\_\_ Beer (Fee \$400.00) \_\_\_\_\_ Wine (Fee \$400.00) \_\_\_\_\_ Sunday Sales Permit (Fee \$500.00) \_\_\_\_\_

Liquor Package Store \_\_\_\_\_ Beer Package \_\_\_\_\_ Wine Package \_\_\_\_\_ Liquor Pouring Establishment \_\_\_\_\_ Beer Pouring \_\_\_\_\_ Wine Pouring \_\_\_\_\_ Wholesaler \_\_\_\_\_

Type of Business: \_\_\_\_\_ FEIN: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*No PO Boxes*

Licensee Full Name: \_\_\_\_\_ SSN.: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Time Agent Full Name: \_\_\_\_\_ SSN.: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Ownership: Proprietor \_\_\_\_\_ Partnership: \_\_\_\_\_ Corp.: \_\_\_\_\_ LLC: \_\_\_\_\_ Publicly traded: \_\_\_\_\_ Privately Held: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

A. List each corporate officer if a corporation, stockholders if publicly traded, each partner if a partnership including % owned, sole proprietor information: name, social security number, position held and percentage of ownership, # of shares held, date of birth, home address, phone number, county of residency, length of residency, country of citizenship and any arrests:

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B. Does the licensee, partner, corporation or owner have any vested interest in any other Alcoholic Beverage license in the State of Georgia?

Yes \_\_\_ No \_\_\_ If so, give complete names and addresses.

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C. List full name, address, social security number and percentage of ownership for each individual, including all "Limited" and "Silent" partners, board members, corporation or firm having any vested interest in this application (Attach exhibits if necessary).

Name (Corporate Name)	SSN	Resident/Business Address	% Owned
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D. List all other businesses engaged in sale of distilled spirits that you the licensee, or any owner listed in question B that has any interest in or is associated with in any way whatsoever.

Name	SSN	Name of Business	Business Address	% of interest
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E. List full name and other required information for spouse, parents, step-parents, parents-in-law, brothers, and sisters, children and step-children, if such relatives are related to the licensee or any owner and have, or have had in the past any license or any financial or ownership interest whatsoever in any business dealing in alcoholic beverages.

Name	Relationship	Resident Address	Business Address	% of interest
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F. List the full name and address of every owner of the property on which this business is to be conducted.

Name of Property Owner	Address	Relationship to Applicant/Other Owner(s)
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G. List the full name and address of every owner of the building in which this business is to be conducted.

Name of Building Owner	Address	Relationship to Applicant/Other Owner(s)
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H. List the full name and address of every lessor and sublessor of the property where this business is to be conducted.

Name	Lessor or Sublessor	Address	Relationship to Applicant/Other Owner(s)
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I. Has any individual, firm, partnership, or corporation been issued a license to sell alcoholic beverages at this address? \_\_\_\_\_ if yes, give the name of the business and the reason for closing.

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Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

J. State the total amount of capital funds that is or will be invested in this business. \_\_\_\_\_

a. State the total amount of personal funds invested including the total amount of funds borrowed by you licensee/owner. \_\_\_\_\_

b. State the total amount of personal funds invested including the total amount of funds borrowed by other owners. \_\_\_\_\_

c. If any capital is borrowed, state the name of lender(s), amount of capital borrowed from each, date of the loan(s), and true rate of interest on each. A copy of notes(s) or other evidence of indebtedness, with all amendments, must be attached to the application.

Name	Address	Amount	Date	Interest
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K. Name the person that will be the manager of this business, giving all pertinent information. In addition, state how the manager will be compensated.

Name	SSN	Address	% Interest (If any)	Compensation
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L. Provide the following information for person or firm responsible for preparing and maintaining financial and tax records of this business.

Name	Business ID# or SSN	Business Address
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M. Has this place of business, or any owner or employee been cited, charged, or convicted at any time within the last twelve (12) months, for any violation of Georgia Law, Federal Law, or any rule or regulation of the State Revenue Commissioner or any rule or regulation of any City or County, or other Governmental unit? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give full details.

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N. Have you, the licensee, or any person having an interest in this business, ever been detained, arrested, indicted, or convicted for any offense, by any State, County, City, Federal, or Foreign officer, or any other Governmental authority? \_\_\_\_\_ If yes, give full details.

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O. How is the proposed property location zoned? \_\_\_\_\_ if this is an application for an original license attach hereto proof of adequate parking facilities of one (1) off-street parking space for each two hundred (200) square feet of total floor area within the building in conformance with the Zoning Ordinance and regulations of the city.

P. Please attach a survey showing distances to all buildings within a 600' radius.

Q. Submit plans and renderings of premises.

R. Submit a copy of warranty deed or lease agreement.

I do solemnly swear, that the a foregoing statements are true. I understand that any falsehoods are grounds for automatic dismissal of this application. I further certify that I will notify the City of Powder Springs Business License Department of any changes affecting my status and/or position with this company.

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APPLICANT SIGNATURE

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APPLICANT PRINTED NAME

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DATE

Alcoholic Beverage License Application Criminal History Consent Form

List your NAME as it appears on your driver's license. Information you submit may be subject to the Open Records Act O.C.G.A. § 50-18/-70 et seq.

Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

Name & Address of person making application:

1. Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

2. List maiden name & all married names: \_\_\_\_\_

3. Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

4. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

5. Address: \_\_\_\_\_

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

6. Place of Birth (State): \_\_\_\_\_ Country: \_\_\_\_\_

7. Are you a US Citizen? \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

8. Naturalized Date/Place/Court: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Name & Address of business for which the background check applies:

9. Business Name: \_\_\_\_\_

Street Address (No PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

10. Your position with above business: \_\_\_\_\_

11. List anytime that YOU have been ARRESTED including all PENDING offenses and offenses for which you have been convicted, pleaded guilty, pleaded nolo contendere, or been on probation, parole, or fined. Additionally, please list any CITATIONS involving drugs or alcohol. Write "None" if applicable.

Table with 4 columns: Date of Offense, Place of Offense, Type of offense, Disposition. Includes three empty rows for data entry.

Under Georgia Criminal Code Section 16-10-20, any person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, makes a false, fictitious, or fraudulent statement or representation, shall upon conviction, therefore, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one (1) year nor more than five (5) years, or both.

I have read and understand that any falsehood or half-truth submitted in the application for alcoholic beverage license is a felony and will render me ineligible to serve alcoholic beverages in this City. I also understand that any falsehood or half-truth discovered by investigators during the term of this application (one (1) year from the date of this application) is grounds for its revocation and my subsequent prosecution.

I agree to submit any documentation to the City of Powder Springs Police Department needed to accurately complete the background investigation of this application, i.e. birth certificates, social security card, naturalization certificate, court records, alien registration cards, etc.

I hereby authorize the City of Powder Springs and/or Cobb County Police Department to receive and/or disseminate any criminal history record information pertaining to me which may be in the files of any state and/or local criminal justice agency in Georgia.

Signature lines for Applicant Signature, Applicant Printed Name, Phone, Date, Signature of Notary, Subscribed and Sworn before me on this day, and a Notary Stamp box.

Alcoholic Beverage Sunday Sales Permit

Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

Applicant Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Location of Premises on which alcoholic beverages are proposed to be served:  
\_\_\_\_\_

Any additional information which the City of Powder Springs shall find reasonably necessary to make a fair determination as to whether a permit should be issued;  
\_\_\_\_\_  
\_\_\_\_\_

New applicants must meet all the requirements of the alcoholic beverage ordinance of the City of Powder Springs and hold a pouring license to qualify for a Sunday Sales Permit.

Renewals must meet the requirements of the City of Powder Springs Alcoholic Beverage Ordinance, plus submit a statement by a Certified Public Accountant stating that no more than 50% of sales at this establishment are derived solely from the sale of alcoholic beverages to qualify for a Sunday Sales Permit.

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Applicant Signature	Applicant Printed Name	Phone	Date
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For City Use Only:  
Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**\*\*REQUIRED\*\***

Business Name: \_\_\_\_\_ Avenu Account No: \_\_\_\_\_

Complete both Affidavits

**Affidavit Verifying Status of Benefit Applicant**

Pursuant to the Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1), effective July 1, 2007, every agency in **Brookhaven** providing public benefits through any local program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application for benefits from Brookhaven:

**Select one of the below.**

- \_\_\_\_\_ I am a United States citizen 18 years of age or older;
- \_\_\_\_\_ I am a legal permanent resident 18 years of age or older;
- \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency is \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: \_\_\_\_\_  
*(Please enclose legible copy of document with Affidavit.)*

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.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state) on \_\_\_\_\_ (date)

\_\_\_\_\_  
Signature of Applicant Printed Name

Subscribed and sworn before me on this the \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

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

NOTARY PUBLIC

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

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, **stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number Date of Authorization Name of Private Employer

**If your business employs less than ten (10) employees, please check this box  and sign below.**

*By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.*

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state) on \_\_\_\_\_ (date)

\_\_\_\_\_  
Signature of Applicant Printed Name

Subscribed and sworn before me on this the \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

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

NOTARY PUBLIC

Notary Stamp
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<p><b>**FORM REQUIRED**</b> This form must be completed in full and returned with your Occupational Tax Renewal and payment. Failure to return the completed Affidavit Verifying Status of Benefit Applicant, Verifiable and Secure Document, and the Private Employer Affidavit with your renewal and payment will delay the issuance of your occupational certificate.</p>
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(A photo of applicant must be attached.)

For any questions that require more detail, attach an additional sheet of paper to complete your answers. Reference the question number. Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

1. Full Name of Licensee (Use NO Initials) \_\_\_\_\_ SSN: \_\_\_\_\_

2. Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Home Address: \_\_\_\_\_

4. Business Address: \_\_\_\_\_

5. Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

6. Place of Birth \_\_\_\_\_ Day of Birth \_\_\_\_\_ US Citizen \_\_\_\_\_ By Birth \_\_\_\_\_ Naturalized \_\_\_\_\_

Date, Place, and Court \_\_\_\_\_ Certificate No. \_\_\_\_\_

Petition No. \_\_\_\_\_ Derived Parents Certificate No.(s) \_\_\_\_\_

Alien Registration No. \_\_\_\_\_ Native Country: \_\_\_\_\_

Date and Port of Entry \_\_\_\_\_

7. How long have you resided in the State of Georgia? \_\_\_\_\_ 8. How long have you resided in Cobb County? \_\_\_\_\_

9. Number of years residing at your present address? \_\_\_\_\_

10. What has been your occupation for the past five (5) years? \_\_\_\_\_

11. What is your position title with the business submitting the license application? \_\_\_\_\_

12. Are you: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

13. Complete the below requested information on spouse.

Full Name of Spouse \_\_\_\_\_

Social Security No. \_\_\_\_\_ Wife's Maiden Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Marriage \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Name of Spouse's Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

14. Give names and addresses of all immediate living relatives including children and step-children – regardless of age:

Full Name	Address	Age	Place of Birth
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Mother	_____	_____	_____
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Father	_____	_____	_____
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Brothers/Sisters	_____	_____	_____
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Father-in-Law \_\_\_\_\_

Mother-in-Law \_\_\_\_\_

Full Name of Licensee (Use NO Initials) \_\_\_\_\_ SSN: \_\_\_\_\_



15. Are you a registered voter in Cobb County and City of Powder Springs? \_\_\_\_\_

16. Did you file a Georgia tax return last year? \_\_\_\_\_ How much tax did you pay? \$ \_\_\_\_\_

17. Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the premises? \_\_\_\_\_ If so, give details:

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

18. Do you have any financial interest or are you employed in any wholesale or retail alcoholic beverage business other than the business submitting the license application of which this personal statement is a part? \_\_\_\_\_ If so, give name, location and the amount of interest in each.

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

19. Education (Include all above elementary, giving name of school, address, dates attended and degrees received.)

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

20. Employment Record: \_\_\_\_\_

\_\_\_\_\_

21. List residences for the past ten (10) years:  
From                      To                      Street                      City                      State

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

22. Have you ever been arrested for any municipal, county, state, or federal law during the past ten (10) years? If so, give dates, charges, place of arrest, and disposition of charges.

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

I, \_\_\_\_\_ being duly sworn according to law, do swear that the facts and things stated by me in the above and foregoing answers to questions are true, and no false or fraudulent statement is made herein and such answers were made in order to procure the granting of such a license.

I further, certify that I will notify the City of Powder Springs Business License Department of any change in management, licensee, or ownership immediately. Executed on \_\_\_\_\_, \_\_\_\_, 20\_\_\_\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent    Printed Name of Authorized Officer or Agent

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

\_\_\_\_\_  
NOTARY PUBLIC                      **My Commission Expires:** \_\_\_\_\_

Signature and Title of person other than applicant filling out this application: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

