



CITY OF AUSTELL

5000 Austell-Powder Springs Road • Suite 101 • Austell, Georgia 30106
Office: (770) 944-4309 • Fax: (770) 944-4311

APPLICATION FOR PRIVILEGE LICENSE

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BEFORE CONSIDERATION CAN BE MADE. IF A PARTICULAR ITEM DOES NOT APPLY TO YOU, PLEASE MARK 'YES', 'NO', OR WRITE 'NOT APPLICABLE'.

Date: _____

Name of Business: _____ Phone Number: _____

Business Address: _____
STREET CITY STATE ZIP CODE

Mailing Address: _____
STREET CITY STATE ZIP CODE

Email Address: _____ Property Owner: _____

Federal Tax Identification Number: _____ Total Employees: _____

New Business Beginning Date of Business in City of Austell: _____

Address Change Previous Address: _____

Name Change Previous Name: _____

Existing Business Purchased Date of Purchase: _____ Type of Ownership: _____

Sole Proprietor, Partnership, Corporation

Name of Corporation: _____

Has applicant ever had a license revoked or suspended? No Yes (If yes, please explain): _____

Is off street parking provided? Yes No (If no, Front Desk Staff should explain the Parking Ordinance.)

Will alcoholic beverages be sold? Yes No

Will there be outside storage? Yes No

Will there be a sign on the outside of the business? Yes No (If yes, then a sign permit will be required.)

How will garbage service be provided? _____

PERSONAL INFORMATION

Home Telephone: () _____

- Owner
- Partner
- President
- Sole Proprietor

| | | | | | |
|------|--------|------|-------|----------|--------|
| NAME | STREET | CITY | STATE | ZIP CODE | COUNTY |
|------|--------|------|-------|----------|--------|

Social Security Number: _____

Driver's License Number: _____
(ATTACH COPY)

Date of Birth: _____

Please provide a **detailed** description of the business. List products that will be sold or services to be provided: _____

EMPLOYEES AND LICENSE HOLDERS

- (a) Every person licensed under this chapter for package sales of spirituous liquor and for all consumption on the premises sales shall employ a person as Manager, or a like position, for the licensed establishment and the Manager shall obtain a Manager's permit as provided in this section. This permit shall be valid for a period of twelve months from the date of issuance.
- (b) Prior to employment as Manager or Employee, or prior to obtaining an interest in a license, each person becoming so employed or acquiring such interest shall obtain an Employee's or Manager's work permit, as the case may be, from the City Police Department by making application therefore on a form provided by said Department. The City Police Department shall have a complete and exhaustive search made relative to any police record of the person fingerprinted.
- (c) Licenses and Manager's under this section shall always keep a copy of the permit on file in the establishment and shall make these permits available for inspection during operating hours.
- (d) No person shall be eligible to receive a permit if he shall have been convicted or shall have taken a plea of nolo contendere within 10 years immediately prior to the filing of the said application for any felony or misdemeanor of any state or of the United States or any municipal ordinance except traffic violations, the term conviction shall include an adjudication of guilty or a plea guilty or nolo contendere or the forfeiture of a bond when charged with a crime: where the violation is for a misdeemed forfeiture of bond, municipal ordinance may, after investigation, waive same as a disqualification.



NAME _____ **Home Phone** _____
(First) (Middle) (Last)

ADDRESS _____
City State Zip

How Long at this Address: _____

Previous Address: _____

D.O.B. _____ Age _____ City State Zip
Soc.Sec#. _____

Name of Business to be Employed _____

Phone Number of Business _____

Business Where Employed Previously Covered By Alcoholic Beverage Act

Business Name _____ Business Phone Number _____

Indicate Race _____

(Work Permits are required for waiters/waitresses who sell alcohol and need background checks done. The fee is \$10.00. A copy of drivers license must accompany application. Please read the above Ordinance Sect. 7-2034. If any of the above applies to you, state below or on back of this sheet.)

SIGNATURE OF APPLICANT

DATE

Please provide original birth certificates and social security cards on all Managers and employees.

The City of Austell is authorized by me to make any background checks or investigation of my personal history, including prior job history, arrests, conviction or citations with any agencies or bureaus deemed necessary. I consent to a criminal history record search and review of any such records produced by Georgia Crime Information Center.

Full Name _____ **S.S. No.** _____

Address: _____

Date Of Birth: _____

Signature

Date

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

NOTARY PUBLIC

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
CITY OF AUSTELL

Please check the appropriate blocks:

| <u>TYPE OF LICENSE</u> | <u>NEW</u> | <u>RENEWAL</u> |
|------------------------------------|------------|----------------|
| A. Manufacturing: | | |
| Malt Beverages | () | () |
| Wine | () | () |
| Spirituos Liquors | () | () |
| B. Wholesale: | | |
| Malt Beverages | () | () |
| Wine | () | () |
| Spirituos Liquors | () | () |
| C. Package Retail: | | |
| Malt Beverages | () | () |
| Wine | () | () |
| Spirituos Liquor | () | () |
| D. Consumption on Premises: | | |
| Malt Beverages | () | () |
| Wine | () | () |
| Spirituos Liquor | () | () |
| E. Pawn Broker | () | () |
| F. Game Room | () | () |
| G. Amusement Machine | () | () |
| H. Bonding Company | () | () |
| I. Other: | () | () |

If the application is for Renewal Only please make any necessary corrections on the following pages. If, however, the application is for a new business, please fill out each section completely.

1. (a) Full Name of Business: _____

(b) If other than above, under what name will the business be operated? _____

(c) The business is a Proprietorship () Partnership () Corporation ()

(d) Type of

Business _____

2. Location: _____

3. Phone Number: _____