



4228 1<sup>st</sup> Avenue  
Tucker, GA 30084  
678-597-9040  
[www.tuckerga.gov](http://www.tuckerga.gov)

## **Alcohol Beverage Package or Consumption License Application**

The City of Tucker has established the following application to allow for the lawful pouring of alcohol in accordance with the City of Tucker's Alcohol Beverages, Chapter 4 as it pertains to Alcohol Beverage Privilege Licenses.

An Alcohol Beverage Privilege License is required for any establishment selling Alcohol Beverages for consumption on or off premises within the city limits of Tucker.

In order to sell, offer for sale, or otherwise dispense any alcohol beverages within the City, the establishment must first obtain a license from the City of Tucker.

Alcohol Beverage Privilege Licenses are issued to individual establishments at the specific address. The License is not transferable to a new owner or new address. The Alcohol Beverage Privilege License will expire each year on December 31<sup>st</sup>. It is the establishment's responsibility to renew the license each following year.

The City Manager reserves the right to revoke any license that is not in compliance with the law at any time without refund. Should he choose to do so there will be written notification sent to the licensee.

Please submit the following Alcohol Beverage Privilege License Application and required supplemental materials in person (detailed in the following checklist) to the Finance Department located at 4228 First Avenue, Tucker, GA 30084. If you have questions, please do not hesitate to contact the Finance Department at 678.597.9040.



## **Alcohol Beverage Package or Consumption License Checklist**

### Application Requirements:

- Applicant/Licensee Information
- Personnel Statements for the applicant/licensee, and all officers of the company
- Signed & Notarized Affidavit from Applicant (Notarized)
- Drivers Licenses copy and/ or Passport photos for all Personnel Statements
- Copy of Menu (If Applicable)
- Registered Agent Form
- Drivers Licenses copy and/or Passport photos of the Registered Agent
- SAVE Affidavit Form (Notarized)
- Background Check Consent Form for Licensee
- Background Check Consent Form for Registered Agent
- Background Check Consent Form for any and all owners or partners with 10% or more ownership (If Applicable)
- Occupational Tax Registration
- Alcohol Excise Tax Acknowledgement (If Applicable)
- Copy of the lease to the premises, or proof of ownership of the premises, or proof of authorization for use of the premises
- Legal Land Survey (New Applicants—see description on following page)
- Floor Plan Drawing
- Review by Zoning Department
- Certificate of Occupancy
- Fire Department Approval
- Health Department Approval
- Copy of FOG (Fats, Oils, Grease) Compliance Inspection from DeKalb County Dept. of Watershed (Restaurants only)
- Patio Permit (If Applicable)
  - For consumption on premise with outdoor seating.
- Pouring Permits required for all Managers/Supervisors (If Applicable)
  - For consumption on premise licenses. Obtained from Dekalb County

### Application Required Attachments:

- Payment in Full (Cash in person, Cashier's Check or Money Order ONLY)
- Signed Authorization for Criminal Background Check
- Fingerprinting by the DeKalb County Police Department

### The following items may be required, if applicable:

- Arrest and Conviction Information, including:
  - date(s) of conviction or arrest
  - charge(s)
  - location(s)
  - dates served in jail
  - dates served on probation or parole



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### **Description of an accepted Legal Land Survey**

A valid legal land survey must meet the requirements detailed in the City of Tucker Chapter 4 Alcoholic Beverage Ordinance, Section 4-101.1 Distance from churches, school, etc., which can be found in the Code of Ordinances on our website at [www.tuckerga.gov](http://www.tuckerga.gov) or by calling the Finance Department at 678.597.9040.

**\*\*Please note, all legal land surveys must be certified by a registered surveyor\*\***

Distances shall be clearly indicated on the legal land survey and measured using the most direct route of travel on the ground by measuring:

- (1) From the front door of the structure from which alcoholic beverages are sold or proposed to be sold; and
- (2) In a straight path to the front door of the building or to the nearest portion of the grounds.



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Please type or print legibly. Each question must be answered fully. The statements and answers contained within this application are furnished to the City of Tucker under oath and subject to the penalties of false swearing.

1. TYPE OF LICENSE: (check one) [ ] NEW [ ] RENEWAL \*\* [ ] AMENDMENT (TRANSFER)

\*\* Applications for renewal must be filed by November 30th of each year. (Be sure to check for holiday closing dates)

\*\* Renewal Applications received on or after January 1st shall be treated as if it is an initial application.

\*\* The City MUST receive a copy of the State of Georgia Alcoholic Beverage License.

\*\* The City MUST receive a copy of the Dept. of Agriculture Food Establishment License. (Retail Packages Only)

2. LICENSE FEE:

Table with columns: Administrative (Non-Refundable), Fee, Type of License (Check all that apply), Fee. Rows include various license types like Retail Package, Consumption On-Premises, Wholesaler Domiciled, and Sunday Sales with their respective fees.

NOTE: License Fees are One Half After July 1st
Transfer Fees are one half of the License Fees excluding Administrative & Investigative Fees
A 20% Late Fee assessed when renewals are received after November 30th

Total Due: Payable to "City of Tucker" \$

Form with fields: For Official Use Only, License Fee Enclosed \$, Approved by Finance, Name of Business, State License #, Occupational Tax License #, Date Received.

**3. TYPE OF BUSINESS:**

- Bona Fide Eating Establishment       Convenience Store       Hotel/Motel       Brewery
- Manufacturer / Distillery       Super Market       Caterer       Other: \_\_\_\_\_
- Package Liquor Store Do you have ownership or interest in any other package store? \_\_\_NO\_\_\_YES If yes, list below
- o List the name, address and license # of other package store(s): \_\_\_\_\_

4. Will live entertainment be offered? \_\_\_NO\_\_\_YES If Yes, Explain: \_\_\_\_\_

**5. BUSINESS INFORMATION:**

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

Business Location Address: \_\_\_\_\_

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

Business Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Tax Map Parcel #: \_\_\_\_\_ Zoning: \_\_\_\_\_

GA Sales Tax # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_ Taxpayer ID #: \_\_\_\_\_

**6. PREMISES AND STRUCTURE:**

The alcohol ordinance requires that all licenses be issued for areas with the Commercial zoning classification. It also provides for a distance requirement of 200 yards from any church or alcohol treatment facility, or 200 yards from any school building or daycare facility for consumption on the premises and retail package locations. Also, 200 feet from any private single-family home for a retail package location.

- o Does the facility have a full service kitchen? \_\_\_NO\_\_\_YES      o Does the facility have an enclosed patio? NO YES
- o Square Feet of Total Floor Area: \_\_\_\_\_ Square Ft. devoted to Dining Area: \_\_\_\_\_ Attach a copy of the Floor Plan Layout

**7. APPLICANT:**

Full Name (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)

Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Sex:  M  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**NOTE:** If the Manager changes, the Applicant must furnish the City with the name and address and copy of driver's license within 10 days of such change.

**8. RESIDENTIAL AGENT:**

Attach Residential Agent Consent Form (Must be a resident of the City of Tucker or DeKalb County) Full Name (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)

Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Sex:  M  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**9. TYPE OF OWNERSHIP:**

- Sole Proprietorship       Publicly Held Corporation       LLC       Legally Registered Partnership       Private Club

**PLEASE SKIP TO THE APPROPRIATE SECTION THAT REFLECTS YOUR BUSINESS TYPE:**

- Sole Proprietor..... #10      Corporation/LLC ..... #11
- Partnership ..... #12      Private Club ..... #13

**10. FOR SOLE PROPRIETOR ONLY**

The License shall be issued in the name of the individual's name.

**OWNER INFORMATION:**

Full Name (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)

Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Sex:  M  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

Are you a resident of the City of Tucker or DeKalb County?  YES  NO

**MANAGER:** Does the Manager have a DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Full Name (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)

Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Sex:  M  C  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**LIST OF EMPLOYEES:**

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Attach a separate page if more space is required.

**11. FOR CORPORATIONS / LLC**

The License shall be issued in the name of the individual who is a resident Tucker or the Residential Agent.

- o Date of Incorporation: \_\_\_\_\_ Place of Incorporation: \_\_\_\_\_
- o State Parent Corporation, if applicable: \_\_\_\_\_
- o Number of Shares of Capital Stock Authorized (if applicable): \_\_\_\_\_ Number of Shares Outstanding: \_\_\_\_\_
- o Is the corporation owned by a parent corporation or held by a holding company?  YES  NO

If yes, explain: \_\_\_\_\_

- o For Corporations or LLC's, list Officers, Directors, Members, and/or Principal Shareholders with 20% or more of the stock:

NAME:	Social Security #	Position:	Interest %

**Attach a separate page if more space is required.**

**MANAGER:** Does the Manager have a DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Full Name (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)

Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Sex:  M  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**LIST OF EMPLOYEES:**

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

**Attach a separate page if more space is required.**

**12. FOR PARTNERSHIP**

The License shall be issued in the name of a partner who is a resident of Tucker or the Residential Agent.

- o Date the Partnership was formed: \_\_\_\_\_ Attach Partnership Agreement
- o List Partners:

Name & Resident Address:	Social Security #	G-General L-Limited S-Silent:	Investment \$	Interest: Participation %

Attach a separate page if more space is required.

**MANAGER:** Does the Manager have a DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Full Name (No Initials): \_\_\_\_\_  
 Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)  
 Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_  
 Sex:  M  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**LIST OF EMPLOYEES:**

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Attach a separate page if more space is required.



**13. FOR PRIVATE CLUBS**

**Private Clubs are defined in Section 4-61 of the City of Tucker's Alcohol Ordinance**

- o Date of Organization under the laws of the State of Georgia: \_\_\_\_\_
- o State the total number of regular dues paying members: \_\_\_\_\_
- o 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? Please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- o Attach minutes of the annual meeting setting salaries.
- o For private club list officers, directors, and/or principal shareholders with 20% or more of the stock:

NAME:	Security #	Position:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Attach a separate page if more space is required.**

**MANAGER:** Does the Manager have a DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Full Name (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)

Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Sex:  M  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**LIST OF EMPLOYEES:**

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier DeKalb County Alcohol Pouring Permit?  YES  NO (Attach Copy)

**Attach a separate page if more space is required.**

# RESIDENTIAL AGENT CONSENT FORM

All licensed establishments must have and continuously maintain a "Residential Agent" upon whom any process, notice or demand required or permitted by law or under the City of Tucker's Alcoholic Beverage Ordinance to be served upon the licensee or owner may be served. This person must be a City of Tucker or DeKalb County, GA resident and agree to act in this capacity for your business.

Full Name (No Initials): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)

Length of Time at Residence: \_\_\_\_\_ Phone #s: \_\_\_\_\_ / \_\_\_\_\_

GA Driver's License # \_\_\_\_\_ (Copy of License Required) SSN # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex:  M  F

Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

I hereby certify that I am a resident of Tucker, GA or DeKalb County, GA, and agree to serve as "Residential Agent" on behalf of \_\_\_\_\_ (business name), a business located at \_\_\_\_\_, Tucker, GA.

As Residential Agent, I, \_\_\_\_\_, do hereby consent to serve as the Residential Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Tucker.

I understand the basic purpose is to have and continuously maintain in the City of Tucker or Dekalb County a Residential 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. I understand that such service upon me will serve as legal notice upon the licensee or owner and that my responsibility to forward such service to the owner or licensee.

\_\_\_\_\_  
Signature of Residential Agent

\_\_\_\_\_  
Date

NOTE: Attach a copy of driver's license and proof of residency.  
(ex: phone or utility bill that reflects the current address listed by agent)

SWORN TO AND SUBSCRIBED BEFORE ME

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of

My Commission Expires: \_\_\_\_\_ (SEAL)

SAVE PUBLIC BENEFITS AFFIDAVIT

O.C.G.A § 50-36-1 (e)(2)

**\*\*This form is required for ALL LICENSES/PERMITS by State Law\*\***

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1(e)(2)). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for \_\_\_\_\_ (Occupational Tax License or Alcoholic Beverage License or other Public benefit,) as referenced in O.C.G.A. § 50-36-1, from the City of Tucker, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

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

\*\*My alien number issued by the Dept. of Homeland Security or other federal immigration agency is:\_\_\_\_\_.

The undersigned applicant has also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by Georgia Law O.C.G.A § 50-36-1(e) (1) A complete list of secure and verifiable documents on back of this form.

**REQUIRES VERIFICATION AT SUBMISSION** – Which type of secure and verifiable document was provided? :

U.S. Driver's License  U.S. Passport  U.S. Military ID  Other ID \_\_\_\_\_ O.C.G.A.§50-36-2

=====MUST BE COMPLETED WITH A NOTARY=====

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

I, \_\_\_\_\_ (representative for) \_\_\_\_\_  
(Printed NAME of individual and natural person) (Name of BUSINESS, corporation, partnership, etc.)

\_\_\_\_\_  
Signature of Applicant Print Name Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
NOTARY PUBLIC Signature My Commission Expires (Seal)

E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

O.C.G.A§ 36-60-6(d)

By executing this affidavit under oath, as an applicant for an Alcoholic Beverage License as referenced in O.C.G.A. § 36-60-6(d), from the City of Tucker, the undersigned applicant representing the private employer known as

\_\_\_\_\_(Printed Name of Private Employer) verifies one of the following with respect to my application for the above mentioned business document:

1. Choose ONE of the following:

(A) \_\_\_On January 1st of the below signed year the individual, firm, or corporation employed more than eleven employees. If the employer selected (A) please fill out section 2 below.

(B) \_\_\_On January 1st of the below signed year the individual, firm, or corporation employed less than eleven employees.

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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

\_\_\_\_\_ Federal Work Authorization User Identification Number

\_\_\_\_\_ Date of Authorization

=====MUST BE COMPLETED WITH A NOTARY=====

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

\_\_\_\_\_  
Signature of Authorized Officer or Agent      Printed Name/Title of Authorized Officer or Agent      Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
NOTARY PUBLIC Signature      My Commission Expires      (Seal)

# APPLICATION AFFIDAVIT

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.

## OATH

STATE OF GEORGIA, CITY OF TUCKER

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 APPLICATION AND ANY ATTACHMENTS SUBMITTED HEREIN, ARE TRUE AND CORRECT.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

I SOLEMNLY SWEAR THAT I, PARTNERS IN THE FIRM, OFFICERS AND DIRECTORS OF THE CORPORATION HAVE NOT BEEN CONVICTED, PLEAD GUILTY OR NOLO CONTENDERE TO A CRIME INVOLVING MORAL TURPITUDE, ILLEGAL GAMBLING OR ILLEGAL POSSESSION OR SALE OF A CONTROLLED SUBSTANCES OR THE ILLEGAL POSSESSION OR SALE OF ALCOHOLIC BEVERAGES, INCLUDING THE SALE OR TRANSFER OF ALCOHOLIC BEVERAGES TO MINORS IN A MANNER CONTRARY TO LAW, KEEPING A PLACE OF PROSTITUTION, PANDERING, PIMPING, PUBLIC INDECENCY, PROSTITUTION, SOLICITATION OF SODOMY, OR ANY SEXUAL RELATED CRIME IN THE PAST TWO YEARS. I SOLEMNLY SWEAR THAT I AM A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE 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\_\_\_\_.

(Seal)

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

MY COMMISSION EXPIRES: \_\_\_\_\_

FOR OFFICIAL USE ONLY:

DATE RECEIVED:

NEW  RENEWAL

### PLANNING & DEVELOPMENT REVIEW

Locational Requirements (Ordinance; Sec. 4-101.1.):

Distance to each facility measuring in a straight line, corner to corner:

Church \_\_\_\_\_ School Building \_\_\_\_\_ Daycare Facility \_\_\_\_\_

Alcohol Treatment Facility \_\_\_\_\_ Single Family Residential Units (Retail Package Only) \_\_\_\_\_

Applicant has completed all necessary inspections: Fire Department \_\_\_\_\_ Health Department \_\_\_\_\_  
Department of Agriculture - Retail Package only \_\_\_\_\_

Applicant has obtained all necessary permits and licenses: Building Permit \_\_\_\_\_ Business License \_\_\_\_\_

### FINANCE MANAGER REVIEW:

Background Check Completed: \_\_\_\_\_ Fingerprinting Completed: \_\_\_\_\_

# Alcohol Excise Tax Acknowledgement

Pursuant to the Chapter 4 Alcoholic Beverage Ordinance, all licensed businesses in the City of Tucker that hold a valid City of Tucker Alcoholic Privilege License to serve **liquor for consumption on premises** must be responsible for submitting their monthly Alcohol Excise Tax returns. Below is an excerpt of Article 8 Excise Tax from the Chapter 4 Alcoholic Beverage Ordinance.

## ***Tax Imposed on Sale of Drinks Containing Distilled Spirits***

There is imposed upon the retail sale of drinks containing distilled spirits in the City a tax in the amount of three per cent (3%) of the purchase price of the drink to the consumer. A record of each sale shall be made in writing and maintained for inspection by any authorized agent of the City.

## ***Licensee to Collect and Remit***

Every consumption on the premises licensee shall collect the tax imposed by this article from purchasers of drinks containing distilled spirits. The licensee shall furnish such information as may be required by the City of Dunwoody to facilitate the collection of the tax.

## ***Payment and Returns by Licensee***

- (a) Each licensee shall pay over the amount of taxes collected and coming due under this Article in any calendar month to the City not later than the **twentieth day of the following calendar month.**
- (b) On or before the twentieth day of each month, a return for the preceding month shall be filed with the City of Tucker by each licensee liable for the payment of tax under this article. Returns shall be in such form as the City may specify and shall show the licensee's gross receipts from the sale of drinks containing distilled spirits and the amount of taxes collected or coming due thereon.

Any amounts collected in excess of three per cent (3%) of the taxable sales shall be reported and paid to the City.

- (c) Licensees shall be allowed a percentage of the tax due and accounted for and shall be reimbursed in the form of a deduction in submitting, reporting, and paying the amount due, if said amount is not delinquent at the time of payment. The rate of deduction shall be the same rate authorized for deductions from State sales and use tax under O.C.G.A. §48-8-50.

Alcohol Excise forms can be found on our website at [www.tuckerga.gov](http://www.tuckerga.gov). Please sign and date below acknowledging that you understand your responsibility to report your monthly Alcohol Excise Taxes to the City of Tucker.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contact for Excise Taxes**

Business Licenses

678.597.9040

Licenses@tuckerga.gov

## Background Check Consent Form

I authorize the **DeKalb County Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name: \_\_\_\_\_

Maiden Name/Previous Name/Alias Info: \_\_\_\_\_

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

Driver's License No: \_\_\_\_\_ DL State: \_\_\_\_\_

**Are you a U.S. Citizen?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, you will need to have your Green Card available.** Country of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Sec#: \_\_\_\_\_

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

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

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

Business Address: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

### For Finance Dept Use Only:

- Only Background Check & Fingerprints
- Only Background Check
- Return Results to Finance Department
- Pouring Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 1 yr)

Employee Completing: \_\_\_\_\_ Date Complete: \_\_\_\_\_

Record Attached: \_\_\_\_\_ No Record: \_\_\_\_\_