



1975 Lakeside Pkwy, Ste 350  
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 the City Manager 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 1975 Lakeside Parkway Ste 350, 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

### New and Renewal Application Requirements:

- Applicant/Licensee Information
- Drivers Licenses copy and/ or Passport photo
- Application Affidavit from applicant/licensee (Signed & Notarized)
- SAVE & E-Verify Affidavit Form (Notarized)
- Occupational Tax Registration
- Payment in Full (See Fee Schedule. Cash in person, Cashier's Checks or Money Orders ONLY. )

### Additional New Application Requirements:

- Personnel Statement and Personnel Statement Affidavit (Notarized) for the applicant/licensee, and all officers of the company
- Drivers Licenses copy and/ or Passport photos for all Personnel Statements
- Residential Agent Consent Form (Notarized)
- \$50 to DeKalb County (*for each background check*) must be a separate Money Order ONLY.
- Drivers Licenses copy and/or Passport photo of the Residential Agent
- Signed: 1. Background Check Consent Form, 2. Privacy Rights, and 3. Privacy Act for Licensee
- Signed: 1. Background Check Consent Form, 2. Privacy Rights, and 3. Privacy Act for Residential Agent
- Signed: 1. Background Check Consent Form, 2. Privacy Rights, and 3. Privacy Act for any and all owners or partners with 10% or more ownership (If Applicable)
- Alcohol Excise Tax Acknowledgment (If Applicable)
- Legal Land Survey (description in packet)
- Copy of the lease to the premises, or proof of ownership of the premises, or proof of authorization for use of the premises
- Floor Plan Drawing
- Copy of Menu (If Applicable)
- 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)
- Sidewalk Permit (If Applicable)
  - o For consumption on premise with sidewalk dining.
- Patio Permit (If Applicable)
  - o For consumption on premise with outdoor seating.
- Pouring Permits required for all Managers/Supervisors (If Applicable)
  - o For consumption on premise licenses only. Obtained from DeKalb County.
- Fingerprinting by the DeKalb County Police Department after application is completed.



1975 Lakeside Pkwy, Ste 350  
 Tucker, GA 30084  
 678-597-9040  
 www.tuckerga.gov

**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 30<sup>th</sup>** of each year. (Be sure to check for holiday closing dates)
- \*\* Renewal Applications received on or after January 1<sup>st</sup> 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:**

Administrative:	ALL NEW APPLICANTS (Non-Refundable) Administrative and	Fee
	Investigative Fee (Beer and/or wine)	\$100
	Administrative and Investigative Fee (Distilled Spirits)	\$200
	Background Check Authorizations <b>*To be collected by DeKalb County Police Department</b>	\$50 Each
Type of License:	(Check all that apply)	Fee
	Retail Package – (Mon-Sat) - Beer & Wine Combination	\$900
	Retail Package – (Mon-Sat) - Malt Beverage/Beer	\$600
	Retail Package – (Mon-Sat) - Wine	\$600
	Retail Package – (Mon-Sat) - Distilled Spirits	\$4,000
	Consumption On-Premises – (Mon-Sat) -Malt Beverage/Beer & Wine Combination	\$900
	Consumption On-Premises –(Mon-Sat) - Distilled Spirits	\$4,000
	Consumption On-Premises – (Mon-Sat) - Malt Beverage/Beer	\$600
	Consumption On-Premises – (Mon-Sat) - Wine	\$600
	Consumption On-Premises – (Mon-Sat) Additional Fixed Bars	(Each Bar) \$600
	Consumption On-Premises – (Mon-Sat) Additional -Movable Bars	(Each Bar) \$300
	Wholesaler Domiciled – Distilled Spirits for resale	\$4,000
	Wholesaler Domiciled – Malt Beverages/Beer for resale	\$600
	Wholesaler Domiciled – Wine for resale	\$600
	Sunday Sales: (Consumption on the premises) (only one fee)	\$1,100
	Sunday Sales: Retail Package- Distilled Spirits, Malt Beverage/Beer, Wine	\$1,100
	Sunday Sales: Malt Beverage / Beer	\$250
	Sunday Sales: Wine	\$250
	Alcohol Manufacturer	\$100
	Fraternal Org - Beer and/or Wine	\$500
	Fraternal Org - Liquor	\$1000

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 30<sup>th</sup>**

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

<b>For Official Use Only:</b> 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?     YES     NO    If yes, list below
- o List the name, address and license # of other package store(s): \_\_\_\_\_

4. Will live entertainment be offered?     YES     NO    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 for 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?     YES     NO    o Does the facility have an enclosed patio?     YES     NO
- 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: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**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: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**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: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**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)

**Arrest Record:** Has the licensee, registered agent, partner or any other person having financial interest in this business been arrested, indicted or convicted for an offense by any City, County, State, Federal Officer or any Government Authority within the last ten (10) years?  Yes  No If yes, please give full details on a separate sheet.

**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 10% 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: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**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)

**Arrest Record:** Has the licensee, registered agent, partner or any other person having financial interest in this business been arrested, indicted or convicted for an offense by any City, County, State, Federal Officer or any Government Authority within the last ten (10) years?  Yes  No If yes, please give full details on a separate sheet.

**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: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**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)

**Arrest Record:** Has the licensee, registered agent, partner or any other person having financial interest in this business been arrested, indicted or convicted for an offense by any City, County, State, Federal Officer or any Government Authority within the last ten (10) years?  Yes  No If yes, please give full details on a separate sheet.

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 salaried personnel.
- o For private club list officers, directors, and/or principal shareholders with 10% 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: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**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)

**Arrest Record:** Has the licensee, registered agent, partner or any other person having financial interest in this business been arrested, indicted or convicted for an offense by any City, County, State, Federal Officer or any Government Authority within the last ten (10) years?  Yes  No If yes, please give full details on a separate sheet.

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





1975 Lakeside Pkwy, Ste 350  
Tucker, GA 30084  
678-597-9040  
www.tuckerga.gov

### Personnel Statement

**INSTRUCTIONS:** This personnel statement must be executed under oath by the licensee, all owners, managers, and officers and/or directors of the corporation of any place of business applying for an alcoholic beverage license. Each question must be answered. If the space provided is insufficient, the questions may be answered on a separate sheet of paper and attached to the application. It must be noted in the space provided if a separate sheet is attached. This personnel statement and original pictures for all the above persons must be submitted with each license application.

1. Full Name \_\_\_\_\_ SSN \_\_\_\_\_
  2. Full name and address of business of which this personnel statement is a part: \_\_\_\_\_  
\_\_\_\_\_
  3. Applicant's Title \_\_\_\_\_ Percent of Ownership, if any \_\_\_\_\_ Salary \_\_\_\_\_
  4. Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages? YES ( ) NO ( ) If yes, provide names and locations of each.  
\_\_\_\_\_
  5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? YES ( ) NO ( ) If yes, give details.  
\_\_\_\_\_
  6. Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinance/regulations relating to the sale and distribution of alcoholic beverages? YES ( ) NO ( ) If yes, provide details.  
\_\_\_\_\_
  7. If during the past ten years you have bought and sold any alcoholic beverage business, provide details (date, license number, persons and considerations involved).  
\_\_\_\_\_
  8. Have you ever been denied bond by a commercial security company? YES ( ) NO ( ) If yes, provide details.  
\_\_\_\_\_
  9. Other names used by applicant: Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and provide dates used.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  10. Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_
  11. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
US Citizen YES ( ) NO ( ) By Birth YES ( ) NO ( ) Naturalized YES ( ) NO ( )  
Date, Place and Court \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Petition No. \_\_\_\_\_ Derived Parents Cert. No. \_\_\_\_\_ Alien Registration \_\_\_\_\_  
No. \_\_\_\_\_  
Native Country: \_\_\_\_\_ Date and Port of Entry: \_\_\_\_\_
- \*NOTE: Copy of Alien Card and Driver's License must be provided at the time of application.  
The application will not be accepted without this documentation.**
12. Single                      Married                      Widowed                      Divorced                      Separated
  13. If married or separated, complete the below requested information on **spouse**:  
Full Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_



1975 Lakeside Pkwy, Ste 350  
Tucker, GA 30084  
678-597-9040  
www.tuckerga.gov

### Personnel Statement 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.

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 personnel statement are true and correct.

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

I hereby certify that \_\_\_\_\_ signed this 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.

Sworn and Attested before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Signature/Seal: \_\_\_\_\_



1975 Lakeside Pkwy, Ste 350  
Tucker, GA 30084  
678-597-9040  
www.tuckerga.gov

### Personnel Statement

**INSTRUCTIONS:** This personnel statement must be executed under oath by the licensee, all owners, managers, and officers and/or directors of the corporation of any place of business applying for an alcoholic beverage license. Each question must be answered. If the space provided is insufficient, the questions may be answered on a separate sheet of paper and attached to the application. It must be noted in the space provided if a separate sheet is attached. This personnel statement and original pictures for all the above persons must be submitted with each license application.

1. Full Name \_\_\_\_\_ SSN \_\_\_\_\_
  2. Full name and address of business of which this personnel statement is a part: \_\_\_\_\_  
\_\_\_\_\_
  3. Applicant's Title \_\_\_\_\_ Percent of Ownership, if any \_\_\_\_\_ Salary \_\_\_\_\_
  4. Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages? YES ( ) NO ( ) If yes, provide names and locations of each.  
\_\_\_\_\_
  5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? YES ( ) NO ( ) If yes, give details.  
\_\_\_\_\_
  6. Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinance/regulations relating to the sale and distribution of alcoholic beverages? YES ( ) NO ( ) If yes, provide details.  
\_\_\_\_\_
  7. If during the past ten years you have bought and sold any alcoholic beverage business, provide details (date, license number, persons and considerations involved).  
\_\_\_\_\_
  8. Have you ever been denied bond by a commercial security company? YES ( ) NO ( ) If yes, provide details.  
\_\_\_\_\_
  9. Other names used by applicant: Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and provide dates used.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  10. Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_
  11. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
US Citizen YES ( ) NO ( ) By Birth YES ( ) NO ( ) Naturalized YES ( ) NO ( )  
Date, Place and Court \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Petition No. \_\_\_\_\_ Derived Parents Cert. No. \_\_\_\_\_ Alien Registration \_\_\_\_\_  
No. \_\_\_\_\_  
Native Country: \_\_\_\_\_ Date and Port of Entry: \_\_\_\_\_
- \*NOTE: Copy of Alien Card and Driver's License must be provided at the time of application.  
The application will not be accepted without this documentation.**
12. Single                      Married                      Widowed                      Divorced                      Separated
13. If married or separated, complete the below requested information on **spouse**:  
Full Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_



1975 Lakeside Pkwy, Ste 350  
Tucker, GA 30084  
678-597-9040  
www.tuckerga.gov

### Personnel Statement 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.

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 personnel statement are true and correct.

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

I hereby certify that \_\_\_\_\_ signed this 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.

Sworn and Attested before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Signature/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: \_\_\_\_\_



1975 Lakeside Pkwy, Ste 350  
Tucker, GA 30084  
678-597-9040  
www.tuckerga.gov

### 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: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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 it is 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)



Systematic Alien Verification for Entitlements Program

(SAVE) Affidavit Verifying Lawful Presence within the United States

I, (print name) \_\_\_\_\_, swear or affirm under penalty of perjury that (check one):

- I am a United States citizen
I am a legal permanent resident of the United States
I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

I am applying for the following public benefit (check one):

- Alcoholic Beverage License for \_\_\_\_\_
Alcohol Employee Pouring Permit
Occupational Tax Certificate
Door-to-Door Salesmen/Solicitors Permit
Other: \_\_\_\_\_

SIGNATURE OF APPLICANT \*Must be signed in the presence of a Notary

ALIEN REGISTRATION NUMBER

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that the state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

E-Verify (PRIVATE EMPLOYER AFFIDAVIT)

The Georgia Department of Law is a registered participant in the federal work authorization program commonly known as E-Verify, and uses such program to verify employment eligibility of all employees hired on or after July 1, 2007

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and 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 NAME OF PRIVATE EMPLOYER DATE OF AUTHORIZATION

EMPLOYER DOES NOT EMPLOY MORE THAN TEN EMPLOYEES

For more information on E-Verify: https://www.e-verify.gov or https://law.georgia.gov/e-verify

ALL APPLICANTS MUST SIGN BELOW, NOTARIZE, AND THEN RETURN THIS AFFIDAVIT WITH APPLICATION/PAYMENT TO OBTAIN YOUR BUSINESS TAX CERTIFICATE.

In making the above representation under oath, I understand that any person who knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section §16-10-20 of the Official Code of Georgia and face criminal penalties by such statute.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state)

Print Name and Title of authorized Officer or Agent

Signature of Authorized Officer or Agent \*Must be signed in the presence of a Notary

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

Notary Signature

My commission expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

NOTARY SEAL



1975 Lakeside Pkwy, Ste 350  
Tucker, GA 30084  
678-597-9040  
www.tuckerga.gov

## Background Investigation Consent Form

With regard to my application for alcoholic beverage license, I hereby authorize the **City of Tucker Finance Department** to receive any background record information pertaining to me, which may be in the files of any federal, state, any criminal justice agency in Georgia. I also acknowledge that I received a copy of my privacy rights in accordance to both Federal and State regulations.

---

Last Name

First Name

Middle Name

---

Home Street Address

---

City

State

Zip

---

Sex

Race

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

---

Signature

\_\_\_\_\_  
Date

**(Not Valid after more than 90 days)**



## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- 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.
- If your fingerprints/biometrics are used to conduct an FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, connecting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to connect or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3- 35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia.

Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

---

Applicant's Signature

---

Date



1975 Lakeside Pkwy, Ste 350  
Tucker, GA 30084  
678-597-9040  
www.tuckerga.gov

## PRIVACY ACT STATEMENT

**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.

**Principal 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.

---

Applicant's Signature

---

Date



1975 Lakeside Pkwy, Ste 350  
Tucker, GA 30084  
678-597-9040  
www.tuckerga.gov

## Background Investigation Consent Form

With regard to my application for alcoholic beverage license, I hereby authorize the **City of Tucker Finance Department** to receive any background record information pertaining to me, which may be in the files of any federal, state, any criminal justice agency in Georgia. I also acknowledge that I received a copy of my privacy rights in accordance to both Federal and State regulations.

---

Last Name

First Name

Middle Name

---

Home Street Address

---

City

State

Zip

---

Sex

Race

Date of Birth

Social Security Number

---

Signature

Date

**(Not Valid after more than 90 days)**

## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- 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.
- If your fingerprints/biometrics are used to conduct an FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI 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 agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3- 35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia.

Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

---

Applicant's Signature

---

Date



1975 Lakeside Pkwy, Ste 350  
Tucker, GA 30084  
678-597-9040  
www.tuckerga.gov

## PRIVACY ACT STATEMENT

**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.

**Principal 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.

---

Applicant's Signature

---

Date



1975 Lakeside Pkwy, Ste 350  
Tucker, GA 30084  
678-597-9040  
www.tuckerga.gov

## 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 Tucker 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: \_\_\_\_\_

**Contact for Excise Taxes**

Business Licenses

678-597-9040

Licenses@tuckerga.gov

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



## Description of an accepted Legal Land Survey


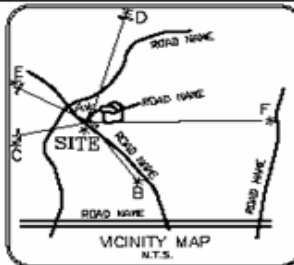

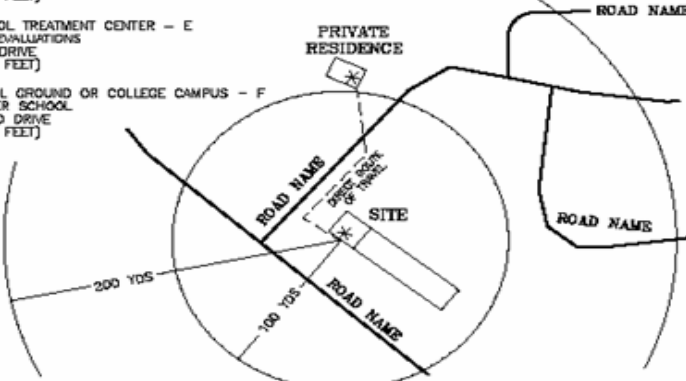

A valid legal land survey must meet the requirements detailed in the City of Tucker Chapter 4 Alcoholic Beverage Ordinance, Section 4-136 Distance from churches, school, etc., which can be found in the Code of Ordinances on our website at [www.tuckerga.gov](http://www.tuckerga.gov) or by calling the 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.

An example of an acceptable legal land survey is below:

APPLICANT: Mr. John Doe 1001-1001-1001	SITE ADDRESS: NONAME FOOD MART XXX NONAME ROAD - SUITE X DUNWOODY, GA. XXXXX																	
SEE VICINITY MAP FOR LOCATIONS																		
NEAREST PRIVATE RESIDENCE - A XXXX PRIVATE DRIVE XXX FEET ALONG DIRECT PATH OF TRAVEL																		
NEAREST CHURCH - B NONAME CHURCH OF GEORGIA XXXX WORSHIP RD. 0.X MILES(XXXX FEET)																		
NEAREST ADULT ENTERTAINMENT - C NONAME ADULT ENT. XXXX ADULT DRIVE 0.X MILES(XXXX FEET)																		
NEAREST PACKAGE STORE - D NONAME PACKAGE STORE XXXX PACKAGE DRIVE 0.X MILES(XXXX FEET)																		
NEAREST ALCOHOL TREATMENT CENTER - E NONAME DRUG EVALUATIONS XXXX ALCOHOL DRIVE 0.X MILES(XXXX FEET)																		
NEAREST SCHOOL GROUND OR COLLEGE CAMPUS - F NONAME CHARTER SCHOOL SCHOOL GROUND DRIVE 0.X MILES(XXXX FEET)																		
																		
<b>GRAPHIC SCALE</b>  ( IN FEET ) 1 inch = 200 ft.																		
ALCOHOLIC BEVERAGE SURVEY FOR: <b>NONAME FOOD MART</b> XXX NONAME ROAD - SUITE X <b>NONAME LAND SURVEYORS</b> ADDRESS PHONE NUMBER																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Dated:</td> <td style="width: 33%;">Land Let:</td> <td style="width: 33%;">Mileage:</td> </tr> <tr> <td>Drawn By:</td> <td>Scale: 1"=200'</td> <td>Sheet No.:</td> </tr> <tr> <td>Checked By:</td> <td>File Number:</td> <td></td> </tr> <tr> <td>Job Number:</td> <td></td> <td></td> </tr> </table>		Dated:	Land Let:	Mileage:	Drawn By:	Scale: 1"=200'	Sheet No.:	Checked By:	File Number:		Job Number:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">No. By:</td> <td style="width: 33%;">Date:</td> <td style="width: 33%;">Revision:</td> </tr> </table>		No. By:	Date:	Revision:
Dated:	Land Let:	Mileage:																
Drawn By:	Scale: 1"=200'	Sheet No.:																
Checked By:	File Number:																	
Job Number:																		
No. By:	Date:	Revision:																