

Application for Package License



Checklist for Alcoholic Beverage License Applicants

Applicant to Submit One (1) **Original** to the City of Roswell Legal Department: 770-594-6185

- _____ 1. Read the Roswell Alcoholic Beverage Ordinance and be familiar with its provisions.
- _____ 2. Complete the Application and sign it before a notary.
- _____ 3. Complete the following affidavits before a notary:
 - a) "Affidavit of Applicant" certifying your absence of criminal history.
 - b) "Affidavit of Friend or Co-Worker" who can verify your residency for the past 10 years as listed on your application.
 - c) "Affidavit of Applicant" certifying your residency.
 - d) "Affidavit Verifying Status"
- _____ 4. You will need to have a completed "Affidavit of United States District Court" (Richard Russell Building, 75 Ted Turner Dr. SW, Atlanta, GA. 30303, 22nd Floor) attesting to status of federal criminal record or lack thereof. (They will have their own form that they will complete).
- _____ 5. Attach a copy of lease agreement, if applicable. See Alcoholic Beverage Ordinance 3.2.14(c)
- _____ 6. Attach a copy of Articles of Incorporation or Partnership Agreement as applicable. See Alcoholic Beverage Ordinance 3.2.14(c).
- _____ 7. Attach a certificate from a registered surveyor as per Alcoholic Beverage Ordinance 3.4.2(e). Compliance with distance requirements must be noted in writing on the survey.
- _____ 8. Have a check for application fee of \$300.00 payable to the City of Roswell.
- _____ 9. Post a "Notice" of your public hearing on the proposed licensed premises at least 15 days before your public hearing as per the Alcoholic Beverage Ordinance - See Section 3.2.16(a). When you submit your application to the City Attorney's office, you will be given a form for the newspaper advertising of your public hearing.
- _____ 10. Pay any monies due the City of Roswell as applicable – occupation tax, excise tax, property tax, utility and sanitation fees.
- _____ 11. Be present at the public hearing. Your license will be ready in the Legal Department after the public hearing. Bring payment for the license made payable to the City of Roswell.
- _____ 12. Within 6 months of obtaining your license you must complete alcoholic beverage training procedures (TIPS) or present proof of your certification from taking another such program, which is on the approved listing in the Roswell Police Department.
- _____ 13. Bearers of Full Pouring Licenses (Liquor, Beer & Wine) shall use the form for excise tax reporting supplied in your packet for payment of excise tax on liquor due the city monthly. See Section 3.8 of the Ordinance.

Miscellaneous Checklist

- _____ Contact the **State of Georgia** to obtain your State Alcoholic Beverage License. Call 404-417-4900 or ATDIV@dor.ga.gov. You will be required to include a copy of your City license when submitting your application for a State License.
- _____ New businesses must apply for an Occupation Tax Certificate and a Sign Permit. Call Roswell Community Development 770-641-3780.
- _____ All of your servers and handlers of alcoholic beverages must be permitted at the Roswell Police Department to serve or sell alcoholic beverages. Call 770-640-4491. Hours: Monday – Friday: 8:30-11:30 and 2:30-4:00 p.m. (Police Station, 39 Hill Street)
- _____ New businesses planning to make changes to the building must contact Planning & Zoning at 770-641-3780.

Application Fee - \$300.00

**Bring Completed Application Original To The Legal Department
For Further Instructions.**

**A Service Charge Of \$30.00 Will Be Charged On Any Checks Returned
For Insufficient Funds.**

Application



PACKAGE LICENSE: DISTILLED SPIRITS, MALT BEVERAGE, WINE

APPLICANT TO SUBMIT 1 ORIGINAL TO ROSWELL LEGAL DEPARTMENT 770-594-6185

NOTE: PERSON MAKING APPLICATION TO SELL DISTILLED SPIRITS BY THE PACKAGE MUST HAVE BEEN A RESIDENT OF THE STATE OF GEORGIA FOR AT LEAST ONE YEAR.

Date: _____ Business Phone: _____
Type of License: Malt Beverages ___ Wine ___ Distilled Spirits ___ Brew Pub ___

Instructions

Each question **must be answered** fully and completely. Please type or print legibly. If the space provided is not sufficient, answer on a separate sheet and indicate in the space provided that such sheet is attached.

- 1. Trade Name of Business _____
 Business Address: _____
 Telephone: _____
 Corporate Name: _____
 or
 Partnership Name: _____

Applicant / Licensee

- 2. Full name of applicant (Licensee): _____
- 3. Address: _____
- 4. Home Phone: _____ Cell Phone: _____ E-Mail: _____
- 5. Position of applicant at licensed business: _____
- 6. Social Security No.: _____ Driver's License No.: _____
- 7. Is the above address your legal residence? _____
- 8. How long have you lived at this address? _____

9. Beginning with the most recent, list all of your residences for the past ten years:

10. Are you a citizen of the United States? _____

11. Place of birth: _____ Date of Birth: _____

12. Naturalized: _____ Date, Place & Court: _____

Certificate No.: _____

13. Race: _____ Sex: _____ Height: _____ Weight: _____

Age: _____ Color of Hair: _____ Color of Eyes: _____

14. Other names used by applicant: maiden name, names by former marriages, former names legally changed: _____

15. Are you: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

16. If married, divorced or widowed, provide the following information on your spouse:

Name: _____ Social Security No.: _____

Wife's Maiden Name: _____ Place of Birth: _____

Date of Birth: _____ Place of Marriage: _____

Date of Marriage: _____ Spouse's Employer: _____

Address of Employer: _____

17. Give names and addresses of all immediate living relatives, including children and stepchildren:

18. Are you a registered voter in the State of Georgia? _____ County? _____

19. For the last calendar year, did you file a Georgia income tax return? _____

20. Did you file a Georgia intangible tax return? _____

21. For the last calendar year, did you file and pay any county or city property tax? _____

22. Do you owe the State of Georgia, county or city any taxes or other charges? If so, list details below:

23. Are you the Licensee for any establishment other than the above referenced for which you are applying? _____

24. How many hours per week are you on the premises? _____

25. On what basis are you compensated in this position? _____

26. Owner of business if other than applicant: _____

27. Profit sharing interest, if any, in this business. _____

28. Do you have any financial interest in, or are you employed by, any bar, lounge, tavern, restaurant, or other place of business, wholesale or retail, where alcoholic beverages are sold or consumed? If so, give details here: _____

29. Have you in the past had any financial or ownership interest or been employed by any business engaged in distilling, or selling (retail or wholesale) alcoholic beverages in this state or any other state which has not been otherwise disclosed on this statement? If so, list details here: _____

30. Have you ever had any interest in or been employed by any alcoholic beverage business in this or any other state in which the alcohol license was denied or revoked or any other disciplinary action was taken? If, so, give full details here: _____

31. Do you, your spouse or any member of your family:

(a) own any interest in any outlet selling spirituous liquors? If so, list person, relationship, interest involved, and location: _____

(b) own, lease or sublease any real estate occupied by a retail alcoholic beverage outlet of any type? If so, list details of such agreement: _____

(c) have any financial interest in any wholesale liquor business? If so, state details here: _____

(d) serve as the executor or administrator, trustee, beneficiary or heir of any estate or fund having any interest in any retail or wholesale liquor outlet? If so, give details here: _____

32. Do you or any family member have any interest in or are engaged in, either presently or in the past, the manufacture, importation, distribution or sale of alcoholic beverages as owner, stockholder, or employee. If so, name these businesses: _____

33. Are you a member of, or affiliated with any alcoholic beverage trade association, organization or group? If so, name group and affiliation: _____

34. Give three personal references (not relatives) who know you well. Give name, address, phone number, business and number of years known:

- 1. _____
- 2. _____
- 3. _____

Education

35. List schools attended including High School and Post Graduate, location, dates attended and degrees or certificates received: _____

Employment Record

36. Beginning with the most recent, give your employment history below. Attach extra page if needed.

Employer	Dates	Position	Reason for leaving
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Military Service

37. List branch of service, serial numbers, period of service, type of discharge if applicable:

Criminal History

Failure To Make Full Disclosure In Responses To These Questions May Result In Denial Or Subsequent Revocation Of The License.

38. Have you ever been arrested, indicted, or convicted for any offense by any State, County, City, Federal or Foreign Governmental Authority? (Do not include minor traffic violations.) Give reasons charged or held, date, place where charged, and disposition of the matter. Yes _____ No _____

39. Have you or any individual having an interest either as owner, partner, principal officer or stockholder been convicted or entered a plea of nolo contendere within 15 years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States or for any municipal ordinance involving moral turpitude? If so, list dates and details: _____

40. Have you within 15 years immediately prior to the filing of this application been convicted or entered a plea of nolo contendere on any charge of tax evasion? If so, give date and disposition of the case:

41. Has the spouse of the applicant or the spouse of any individual having an interest either as owner, partner, principal officer or stockholder been convicted or entered a plea of nolo contendere within 15 years immediately prior to filing of this application for any felony or misdemeanor of any state or of the United States or for any municipal ordinance involving moral turpitude? If so, give dates and details:

42. Have you or any individual having an interest either as owner, partner, or stockholder, or spouse of such individual been found guilty of violating the alcoholic beverage or malt beverage regulations of any city, state or Federal regulatory agency? Yes _____ No _____

43. Has any place of business engaged in the sale of distilled spirits, wine or malt beverages with which you have been associated ever been cited or charged at any time with any violation of Georgia law or Federal law or municipal law or any rule or regulation or ordinance concerning the sale of such products? Yes _____ No _____

Date	Authority issuing citation	violation	disposition of case
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Date	Authority issuing citation	violation	disposition of case
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Business Structure

Sole Proprietorship

44. Owner of Sole Proprietorship: _____ Telephone: _____
Website _____

45. From whom was this business acquired? Who was the previous Licensee, if applicable?

46. How much of the capital of this business is borrowed and from whom? Attach exhibits if necessary.

Lender	Address	Amount
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Partnership / Corporation

47. If this business will be owned in whole or in part by a partnership, corporation, firm or any other association: list the partners, principal officers, their titles and addresses, state and county of their legal residence, and the amount of their interest. Attach list if necessary.

48. State when and where the partnership was organized.

49. If this is a corporation, state name and address of corporation, when and where incorporated, and the Names and addresses of the directors. Attach list if necessary.

50. If operating as a corporation, list the stockholders with addresses and the amount of interest of each stockholder in the corporation (4 principal stockholders).

51. Does the corporation now own any interest in any wholesale or retail outlet(s) of any type selling alcoholic beverage? If so, list outlet(s) and address(s).

All Business Organizations

52. Do you, any partner or any principal officer, stockholder or lender have any financial interest whatsoever in any other business selling distilled spirits, wine or malt beverages either in this state or any other state? If so, list the name of such person or organization and such other business, the location of the business and the amount and type of interest.

53. Does any spouse or other family member of any person mentioned in Question 52 above have any interest whatsoever in any business selling alcoholic beverages other than the business for which this application is made?

Premises

54. State name and address of owner of the building and owner of the land where this business will be located.

Building Owner	Address	Relationship to Applicant
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Land Owner	Address	Relationship to Applicant
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55. If the land and building are owned by a corporation, list address, officers, titles and directors of such corporation.

56. Do you lease, sublease the building or the land where this business is located? Attach copies of all related lease agreements.

57. What is the present zoning classification of the location on which the outlet will operate? _____

58. Have you attached a certificate from a registered surveyor regarding the distance requirements of the Alcoholic Beverage Ordinance of the City of Roswell, Section 3-4-2(e)? _____

59. What is the distance measured according to the instruction outlined in City of Roswell Alcoholic Beverage Ordinance, Chapter 3, Section 3.4.2(e) in linear feet from this premises to the nearest

- a. School ground
- b. Church ground
- c. Public Library
- d. City Recreation Park
- e. Residence
- d. Housing Authority Property

60. Excepting the front entrance, describe each entrance or exit to or from this premises, and particularly any passageway between your place of business and any other adjacent place of business.

61. Do you understand that this license is not transferable? _____

62. (a) Do you agree to keep the premises in which the sales are made clean, wholesome, sanitary and lighted? _____

(b) Do you agree you will not allow the outlet to be a hangout for prostitutes? _____

63. Do you agree to abide by the Ordinances of the City of Roswell respecting your business? _____

64. Name the manager of the business for which this application is filed and state how he/she is compensated. _____

65. List any other liquor, beer or wine businesses or licenses with which your general manager is associated in any way whatsoever. _____

66. List employees of this establishment who will in any way handle alcoholic or malt beverage or wine and indicate their positions. _____

67. Do you understand that all employees who handle alcohol beverages in any manner will have a criminal background run and be approved by the Chief of Police before any one of them is issued a permit? Yes _____ No _____

68. Do you understand that should any changes occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application and personnel statement which is made part of this application, such change must be reported to the City within 10 days. The failure to make such report shall be cause for revocation of any license issued pursuant to this application. Yes _____ No _____

69. Describe steps taken by your establishment to prohibit sales to minors. _____

70. Describe any training given employees regarding compliance with the City of Roswell alcoholic beverage ordinance and include in your response the name or names of individuals responsible for training, the hours devoted to such training, and how often such training occurs. _____

71. State what the consequences are for employees who do not follow procedure and/or who sell to underage customers. _____

72. What signage does your establishment use to alert customers that sales to minors are prohibited? _____

73. How many employees at your business have handling permits issued by the City of Roswell? _____

74. The applicant must be fingerprinted.

75. Attach passport-sized photograph (front view) taken within past two years. Write name on back of photograph, and the name of the business submitting the license application.

ATTACH PICTURE

NOTE: This application is to be executed under oath and subject to penalties of false swearing and it includes all attached affidavits submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the information and statements made herein and that any false statements shall constitute cause for suspension or revocation of any license issued pursuant to this application.

STATE OF GEORGIA

_____ **COUNTY**

VERIFICATION

As applicant and/or License holder, I have read the Code of Ordinances and all amendments pertaining to the Ordinance governing the sale of alcoholic beverages in the City of Roswell, Georgia.

I, _____, Applicant, have examined this application and do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers in this application for an Alcoholic Beverage License in the City of Roswell, Georgia, are true and correct.

Applicant's signature (Full name in ink)

Print name

I hereby certify that _____ signed his/her name to the foregoing statement after stating to me under oath administered by me, that all statements and answers are true.

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

Notary Public
My commission expires:

(AFFIX SEAL)



STATE OF GEORGIA

COUNTY OF _____

AFFIDAVIT OF APPLICANT

PERSONALLY, appeared before me, _____
Applicant (print name)
_____, who, after being duly sworn, deposes and says that she/he had not, within the past fifteen (15) years, been convicted of any crime involving moral turpitude, nor has she/he been convicted of any Municipal, County, State or Federal offense involving any alcoholic beverage law, ordinance and/or regulation. Further, she/he has not pleaded nolo contendere to any of the above offenses.

Applicant signature

Print name

VERIFICATION

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

Notary Public

My commission expires:

AFFIX SEAL

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA**

UNITED STATES OF AMERICA

NORTHERN DISTRICT OF GEORGIA

75 Ted Turner Dr., S.W.

Atlanta, Georgia 30303

I, _____, Clerk, United States District Court for the Northern District of Georgia, do hereby certify that I have examined the records of said court for the Atlanta Division of said district and that the records do not reveal the filing of a criminal complaint, information, or indictment charging an offense against the United States of America by

_____ within fifteen (15) years immediately
Applicant (print name)
preceding the date of this certificate.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have affixed the seal of said Court, at Atlanta, Georgia, this _____ day of _____, 20____.

Clerk, United States District Court
Northern District of Georgia

By: _____



STATE OF GEORGIA

COUNTY OF _____

AFFIDAVIT OF FRIEND OR CO-WORKER

PERSONALLY, appeared the undersigned who, after first being sworn, states as follows:

1. That he/she has knowledge of the facts concerning the residence of
_____ for the past ten (10) years.
Applicant (print name)

2. That the residence of _____ for the past ten (10)
Applicant (print name)
years is as shown on Personnel Statement attached hereto.

Affiant signature

Print name

VERIFICATION

Sworn to and subscribed to before me

this _____ day of _____, 20_____.

Notary Public

My commission expires:

AFFIX SEAL

Take this Affidavit when you go to the Probate Court of your County with the appropriate Affidavit below.

STATE OF GEORGIA

COUNTY OF _____

**ALL ALCOHOLIC BEVERAGE LICENSE APPLICANTS
CITY OF ROSWELL
AFFIDAVIT OF APPLICANT**

PERSONALLY, appeared before the undersigned Notary Public, _____
Applicant (print name)
_____ who says under oath that he/she is now and has been a bona fide
resident of _____ County, Georgia for a period of _____ months
preceding this affidavit, and is now a bona fide resident of said State and County.

Current Address of Applicant: _____

Applicant shall furnish at least one of the following:

- ___ Current driver's license showing _____ County address.
- ___ Current voter's registration certificate showing _____
County address.

Licensee signature: _____

Print name: _____

VERIFICATION

Sworn and subscribed before me
this _____ day of _____, 20_____.

Notary Public

My commission expires:

AFFIX SEAL

STATE OF GEORGIA

COUNTY OF _____

PROBATE COURT

CERTIFICATE OF RESIDENCE

RETAIL PACKAGE LIQUOR

ONE YEAR RESIDENCY REQUIREMENT

I, _____, Judge of the Probate Court for _____
County, Georgia, hereby certify that _____
Applicant (print name)
is a resident of _____ County for one year immediately preceding the
date of this affidavit, based upon the "Affidavit of the Applicant" and the evidence submitted
therewith.

Given under my hand and seal of Office
this _____ day of _____, 20_____

Judge of Probate Court

County, Georgia



**O.C.G.A. § 50-36-1(e)(2) Affidavit
For City of Roswell Public Benefit Application**

By executing this affidavit under oath, as an applicant for a(n) _____
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from the City of Roswell, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

I, _____
Name of individual Title

on behalf of _____ state that:
Business Name Account Name / Number

- 1) ___ I am a United States citizen.
- 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 department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant 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 O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____ **Please attach a copy of the verifiable document to this Affidavit.**

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

Executed in _____ (city), _____ (state).

Signature of Applicant: Date

Printed Name of Applicant:

Subscribed and sworn before me this
___ DAY OF _____, 20___

Notary Public
My Commission Expires:

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<https://www.bia.gov/service/tribal-leaders-directory>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document for proof of or documentation of identity, that document will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



**NOTICE & AFFIDAVIT
TIPS (Training Intervention Procedures)**

Chapter 3, Article 3.2, Section 3.2.10 of the Alcoholic Beverage Ordinance of the City of Roswell requires certification of the licensee of a restaurant, convenience store, grocery store and package store by attendance at TIPS (Training Intervention Procedures Program) or approved alternative program that shall be verified and signed off by the Chief of Police.

The applicant shall have 6 months from the date of the granting of the license to complete such training and submit certification to the Alcohol Beverage Licensing Board.

The Roswell Police Department will not be offering TIPS Classes at this time. Please choose an online program below. Once completed, please provide a copy to the legal office to be placed in our individual file.

Approved programs are:

Bar Code – Serving Alcohol Responsibly
1-877-216-3869

Training Institute for Responsible Vendors
Contact: Scott Wiatric
404-531-9237, 404-452-9237

Evindi, Inc.
678-336-7207
klstump@taylorenglish.com

On-line Training
ServSafe: www.servsafe.com

AFFIDAVIT

I have read this notice and understand that I am required to present a certificate signed by the Roswell Chief of Police that I have satisfied this training requirement within six (6) months of the granting of the alcoholic beverage license, or my alcoholic beverage license shall be revoked.

Licensee (signature)

Print Name

Name of Business