



# Application for Alcoholic Beverage License

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

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

**1. Type of Application (check one):**     New     Renewal     Amendment

**2. Administrative and Investigation Fees (does not apply to renewals)**

Packaged Beer & Wine Sales – \$250     Growler- Craft Beer – \$250     Breweries & Distilleries – \$200  
 Art Shop & Personal Service – \$200     All Other Applications – \$500

**3. Type of Business (check one):**

Bona Fide Eating Establishment     Supermarket     Convenience Store  
 Indoor Comm. Recreational Establishment     Package Store     Hotel Minibar  
 Banquet/Event Hall     Other Retail Business

**4. License(s) Applying For (check all applicable):**

**Retail Package & Retail Consumption On Premises:**

Brewery – \$500     Growler - \$ 850     Distillery – \$500     Distillery/Tasting Room - \$500

**Retail Package:**

Beer (Includes Sunday Sales) – \$850     Wine (Includes Sunday Sales) – \$850  
 Beer And Wine (Includes Sunday Sales) – \$1,700  
 Distilled Spirits, Beer And Wine (Includes Sunday Sales) – \$6,000  
 Hotel Minibar – Beer And Wine (Includes Sunday Sales) – \$320  
 Hotel Minibar – Distilled Spirits, Beer And Wine (Includes Sunday Sales) – \$1,390

**Retail Consumption On Premises:**

Beer (Includes Sunday Sales) – \$850     Wine (Includes Sunday Sales) – \$850  
 Beer And Wine (Includes Sunday Sales) – \$1,700  
 Beer, Wine & Distilled Spirits (Includes Sunday Sales) – \$7,200  
 Banquet Hall – Beer (Includes Sunday Sales) – \$850  
 Banquet Hall – Wine (Includes Sunday Sales) – \$850  
 Banquet Hall – Beer & Wine (Includes Sunday Sales) – \$1,700  
 Banquet Hall – Beer, Wine & Dist. Spirits (Includes Sunday Sales) – \$7,200

**Other Consumption on Premises:**

Personal Service License - \$300  
 Art Shop License - \$300

**(Note: ¾ of fee after April 1, ½ of fee after July 1, ¼ of fee after Oct. 1)**



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## 5. Business:

(a) Full Name: \_\_\_\_\_

(b) Location: \_\_\_\_\_  
 Street No. Street Name  
 \_\_\_\_\_  
 City State Zip Phone Number  
 \_\_\_\_\_  
 E-mail address \_\_\_\_\_

(c) Mailing Address (if different): \_\_\_\_\_  
 Street No. Street Name  
 \_\_\_\_\_  
 City State Zip Phone Number  
 \_\_\_\_\_

(d) Federal Employer Identification Number: \_\_\_\_\_

(e) State Withholding Number: \_\_\_\_\_

(f) State Sales Tax Number: \_\_\_\_\_

(g) Other City of Lilburn or Gwinnett County License  
 (specify type of license, issuer and number): \_\_\_\_\_

## 6. Owner:

(a) Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

(b) Home Address: \_\_\_\_\_  
 Street No. Street Name  
 \_\_\_\_\_  
 City State Zip Phone Number  
 \_\_\_\_\_  
 E-mail address \_\_\_\_\_

(c) Mailing Address (if different): \_\_\_\_\_  
 Street No. Street Name  
 \_\_\_\_\_  
 City State Zip Phone Number  
 \_\_\_\_\_

(d) Other City of Lilburn or Gwinnett County License  
 (specify type of license, issuer and number): \_\_\_\_\_

## 7. Store or Restaurant Manager Information:

(a) Full Name: \_\_\_\_\_

(b) Street Address: \_\_\_\_\_  
 Street No. Street Name  
 \_\_\_\_\_  
 City State Zip Phone Number  
 \_\_\_\_\_  
 E-mail address \_\_\_\_\_





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

**12. Financing:**

- (a) Bank to be used by business, including branch: \_\_\_\_\_
- (b) Total amount of capital that is or will be invested in business by any party/parties: \_\_\_\_\_
- (c) Total amount of funds invested by the owner: \_\_\_\_\_
- (d) Total amount of funds invested by party/parties other than owner: \_\_\_\_\_
- (e) Capital borrowed, if any:

Name of Lender	Date	Amount	Effective Annual Interest Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**13.**

Has owner and/or individual partner, shareholder, director, or officer any financial interest in any manufacturer or wholesaler of alcoholic beverage?      \_\_\_ yes      \_\_\_ no

Has owner and/or individual partner, shareholder, director, or officer received any financial aid or assistance from any manufacturer of alcoholic beverage?      \_\_\_ yes      \_\_\_ no

If answer is "yes" to either of the immediate foregoing, explain:

**14.**

Show hereunder any and all persons, corporation, partnerships, or associations (other than persons stated herein as owner(s), directors, or officers) who have received or will receive, as a result of your operation under the requested license, any financial gain or payment derived from any interest or income from the operation. (Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation under the license). In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with the names of the principal stockholders.

**15.**

List all other businesses engaged in sale of alcoholic beverages of which that you the owner, or any individual, partner, shareholder, officer or director, are interested in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past.

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



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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 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 dais statements and answers are true and correct.

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

(Seal)

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

IMPORTANT: This application will be heard by the:

Alcohol Review Board: \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

Lilburn City Council: \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

EITHER THE APPLICANT OR HIS REPRESENTATIVE MUST BE IN ATTENDANCE AT THIS MEETING.

Signed: \_\_\_\_\_

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



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## Registered Agent Form

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

Location: \_\_\_\_\_

Street No. Street Name

City State Zip Phone Number

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the provisions of the ordinances of Lilburn, Georgia. (Every establishment holding an alcoholic beverage license in the city must have a registered agent and this person must be a resident of Gwinnett County, Georgia.

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

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

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

\_\_\_\_\_  
Type Or Print Name Of Agent

\_\_\_\_\_  
Birthdate

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

Street No. Street Address

City State Zip Phone Number

Sworn to and subscribed before me

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

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

(SEAL)

APPROVED:

\_\_\_\_\_  
Signature Of Licensee

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Officer or Director (Title)



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## Store/Restaurant Manager Consent Form

I, \_\_\_\_\_, do hereby authorize the City of Lilburn to receive all records which may be in the files of any federal, state or local criminal justice agency (including criminal history) concerning myself, whether the said records are of a public, private or confidential nature.

I further authorize release of this information under the Open Records Act, and certify that person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though a photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature Date

Printed Name \_\_\_\_\_

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

Street No. Street Address  
\_\_\_\_\_  
City State Zip Phone Number

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Sex \_\_\_\_\_

\_\_\_\_\_  
Notary Public Date

(SEAL)