



# Application for Alcoholic Beverage License

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

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

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

**2. Administrative and Investigation Fees:**

\_\_\_ 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    \_\_\_ Distillery  
\_\_\_ Banquet/Event Hall    \_\_\_ Brewery    \_\_\_ Hotel Minibar

**4. License(s) Applying For (check all applicable): \*All Licenses Include Sunday Sales\***

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

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

**Retail Package:**

\_\_\_ Beer – \$850    \_\_\_ Wine (Includes Sunday Sales) – \$850  
\_\_\_ Beer And Wine – \$1,700  
\_\_\_ Distilled Spirits, Beer And Wine – \$5,000  
\_\_\_ Hotel Minibar – Beer And Wine – \$320  
\_\_\_ Hotel Minibar – Distilled Spirits, Beer And Wine – \$1,390

**Retail Consumption On Premises:**

\_\_\_ Beer – \$850    \_\_\_ Wine – \$850  
\_\_\_ Beer And Wine – \$1,700  
\_\_\_ Beer, Wine & Distilled Spirits – \$7,200  
\_\_\_ Banquet Hall – Beer – \$850  
\_\_\_ Banquet Hall – Wine – \$850  
\_\_\_ Banquet Hall – Beer & Wine – \$1,700  
\_\_\_ Banquet Hall – Beer, Wine & Dist. Spirits – \$7,200

**Other Consumption on Premises:**

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

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

**340 Main Street ▪ Lilburn, Georgia 30047 ▪ [www.CityofLilburn.com](http://www.CityofLilburn.com)**



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## 5. Business:

- (a) Full Name: \_\_\_\_\_
- (b) Location: \_\_\_\_\_  
 Street No. Street Name  
 \_\_\_\_\_  
 City State Zip Phone Number
- (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
- (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. Registered Agent (must be a Gwinnett County resident):

- (a) Full Name: \_\_\_\_\_
- (b) Location: \_\_\_\_\_  
 Street No. Street Name  
 \_\_\_\_\_  
 City State Zip Phone Number
- (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): \_\_\_\_\_



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## 8. Type of Ownership (check one):

- Sole Ownership
- Partnership
- Private Held Corporation
- Public Held Corporation Subject To S.E.C. Regulations
- Limited Liability Company
- Other

## 9. For Partnership Only:

- (a) Date the partnership was formed: \_\_\_\_\_
- (b) Attach partnership agreement \_\_\_\_\_
- (c) List partners:

Name	Social Security Number	G—General L—Limited S—Silent	Interest Investment Participation \$ / %
_____	_____	_____	_____
_____	_____	_____	_____

## For Corporation Only:

- (a) Date of Incorporation: \_\_\_\_\_
- (b) Place of Incorporation: \_\_\_\_\_
- (c) Parent corporation, if applicable: \_\_\_\_\_
- (d) Number of shares of capital stock authorized: \_\_\_\_\_
- (e) Number of shares of outstanding stock: \_\_\_\_\_
- (f) Is the corporation owned by a parent corporation or held by a holding company? If yes, please explain:  
\_\_\_\_\_

- (g) For corporations other than a publicly held corporation subject to S.E.C. Regulations, list officers, directors, and principal shareholders with 20% or more of the stock:

Name	Social Security Number	Position	Interest Investment Participation %
_____	_____	_____	_____
_____	_____	_____	_____



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## 10. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 11.

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:

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## 12.

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.

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## 13.

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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## Application for Alcoholic Beverage License

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



# Application for Alcoholic Beverage License

## 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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**Consent Form to be completed by Owner and/or Manager**

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 \_\_\_\_\_ Race \_\_\_\_\_

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

(SEAL)