



ALCOHOLIC BEVERAGE LICENSE RENEWAL

INSTRUCTIONS: THIS APPLICATION MUST BE PRINTED LEGIBLY AND EXECUTED UNDER OATH. EACH QUESTION MUST BE ANSWERED COMPLETELY. (IF THE SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.)

BUSINESS

NAME: _____ **DBA:** _____

STREET ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

TYPE OF BUSINESS (CHECK ALL THAT APPLY) **DATE:** _____

- | | | |
|---|---|--|
| <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> CONVENIENCE STORE | <input type="checkbox"/> GROCERY STORE |
| <input type="checkbox"/> PATIO SALES | <input type="checkbox"/> SPECIALTY RETAIL STORE | <input type="checkbox"/> SUPER MARKET |
| <input type="checkbox"/> SPECIAL EVENTS | <input type="checkbox"/> CATERER | <input type="checkbox"/> WINE SHOP |
| <input type="checkbox"/> HOTEL/MOTEL | <input type="checkbox"/> WHOLESALE | <input type="checkbox"/> NON PROFIT |
| <input type="checkbox"/> OTHER _____ | | |

NUMBER OF SEATING _____ (RESTAURANTS ONLY)

TYPE OF LICENSE: (CHECK ONE)

ADMINISTRATIVE FEE: \$100.00

RETAIL PACKAGE (OFF PREMISES CONSUMPTION)

- | | |
|--|-------------|
| <input type="checkbox"/> BEER | \$ 500.00 |
| <input type="checkbox"/> WINE | \$ 500.00 |
| <input type="checkbox"/> SPIRITUOUS LIQUOR | \$ 5,000.00 |

RETAIL CONSUMPTION ON PREMISES

- | | |
|--|-------------|
| <input type="checkbox"/> BEER | \$ 500.00 |
| <input type="checkbox"/> WINE | \$ 500.00 |
| <input type="checkbox"/> SPIRITUOUS LIQUOR | \$ 2,500.00 |

ALCOHOL LICENSE FEE(S)	\$ _____
ADMINISTRATIVE FEE	\$ 100.00
LATE FEE (10%)	\$ _____
TOTAL PAYABLE	\$ _____

PAYABLE IN CERTIFIED FUNDS ONLY.

**CITY OF OAKWOOD
ATTN: ALCOHOL LICENSING
P.O. BOX 99
OAKWOOD, GA 30566**

For Administrative use only:

Valid 2022 Business License: _____

All City Ad Valorem Taxes Paid: _____



ALCOHOLIC BEVERAGE LICENSE RENEWAL

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, including any additional 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 PERSONAL STATEMENT IS TRUE AND CORRECT.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

I hereby certify that _____ signed his/her name to the foregoing application stating to me that he/she 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 _____.

NOTARY PUBLIC SIGNATURE

(AFFIX SEAL HERE)

MY COMMISSION EXPIRES:



ALCOHOLIC BEVERAGE LICENSE RENEWAL

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, including any additional sheets submitted herewith.

Has any owner information changed? () Yes () No

If yes please explain: _____

Has any manager information changed? () Yes () No

If yes please explain: _____

Has any registered agent information changed? () Yes () No

If yes please explain: _____

New owners and managers must fill out a statement of personal history and complete a background check affidavit.

Number of owners and managers_____.

All owners, managers, and registered agents must complete a background check affidavit.

Have any corporation or partnership changes occurred? () Yes () No

If any corporation or partnership changes have occurred new paperwork must be provided.

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 are true and correct.

Applicant's printed name

Applicant's signature

Subscribed and sworn
before me on this the_____ Day of_____,20_____.

Notary Public
My Commission Expires:



ALCOHOLIC BEVERAGE LICENSE RENEWAL

City of Oakwood
4035 Walnut Circle, P.O. Box 99
Oakwood, GA 30566
770.534.2365

**Authorization for Release of
Personal Information and
Criminal History Record
Information**

I _____ do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of Oakwood, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints; or grievances filed by or against me; and the records, recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information deemed pertinent for the purposes of assessing my suitability for a City of Oakwood license, permit or appointment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part upon this release authorization, will be considered in assessing my suitability for a City of Oakwood license, permit or appointment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the Oakwood Police Department to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

Applicant's Signature: _____

Race: _____ Sex: _____ Date of Birth: _____ SSN: _____

Driver's License Number: _____ State: _____

Address: _____

Sworn to me and subscribed in my presence, this _____ day of _____ 20 _____

Notary Public's Signature

Place Commission Information and Seal:

OPD USE ONLY
_____ Approved
_____ Denied



ALCOHOLIC BEVERAGE LICENSE RENEWAL

SAVE Public Benefits Affidavit - O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for The City of Oakwood, Georgia Business License or Occupation Tax Certificate, Alcohol License or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for a public benefit:

- 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. **MUST BE PROVIDED BY EVERYONE.**

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

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

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:



ALCOHOLIC BEVERAGE LICENSE RENEWAL

Statement of Personal History

ONLY TO BE COMPLETED IF NEW OWNER OR MANAGER

NAME _____

Aliases (if any) _____ Race _____ Sex _____

Social Security # _____ Nationality _____

Driver's License # _____ State _____ Expiration _____

Home Address _____ County _____

State _____ Zip Code _____ Home Phone _____

Business Address _____ County _____

State _____ Zip Code _____ Bus. Phone _____

Birthplace _____ County _____

Birth Date _____

Current Employer _____ Occupation _____

Previous Address (other than Present)

(a) _____ County _____

(b) _____ County _____

(c) _____ County _____

Spouse Name _____

Aliases (if any) _____ Race _____ Sex _____

Social Security # _____ Nationality _____

Driver's License # _____ State _____ Expiration _____

Home Address _____ County _____

State _____ Zip Code _____ Home Phone _____

Birth Date _____ Employer _____ Address _____



ALCOHOLIC BEVERAGE LICENSE RENEWAL

ONLY TO BE COMPLETED IF NEW OWNER OR MANAGER

Parents

Father _____ Address _____

Mother _____ Address _____

Previous Employment (start with most recent employment)

(a) Employer _____ Address _____

Job Description _____

From _____ To _____

(b) Employer _____ Address _____

Job Description _____

From _____ To _____

Previous Arrest Convictions (Including driving under the influence)

(a)Offense _____ Where _____ Date _____

(b)Offense _____ Where _____ Date _____

(c)Offense _____ Where _____ Date _____

Please make a copy and complete a copy of the following forms for each new or change in owner or manager:

- Copy of driver’s license
- Authorization for Release of Personal Information and Criminal History Record Information
- SAVE Public Benefits Affidavit