



Alcohol License Application

Mailing Name & Address:

Type of License Applied for: (Circle One)

New Renewal Amended

Type of Business and Annual fees:

Restaurant or Movie Theatre (Beer, wine & distilled spirits)	\$5,000
Restaurant or Movie Theatre (Beer & wine only)	\$3,000
Hotel Lounge/Banquet (Beer, wine & distilled spirits)	\$5,000
Hotel Lounge/Banquet (Beer & wine only)	\$3,000
Hotel /Banquet (Complimentary drinks only)	\$1,000
Package sale of malt beverages	\$1,000
Package sale of wine	\$1,000
Combined package sale of Malt beverages & wine	\$1,500

Type of business: _____

Total Due: _____

Business Name and Location Address:

Business Location Phone Number:

Owners, Partners, Officers, Etc.

NAME:

SSN:

Title

Home Address:

Home Phone: _____

NAME:

SSN:

Title

Home Address:

Home Phone:

Dominant Line of Business:

I, (name) _____
being the (title) _____
of the business firm named, do hereby certify
that the information provided is true, correct
and complete.

Signed: _____

Date _____

Applicant's Check List for Alcohol Application:

- 1. Application provided by City
- 2. Floor plan of location
- 3. Copy of Lease agreement, if applicable
- 4. Copy of City Occupational Tax Certificate
- 5. Fire Safety Inspection Report
- 6. Health Inspection Report (from County)
- 7. Completed Consent for, provided by City, for background investigation
- 8. Fingerprint card
- 9. Copy of Valid ID
- 10. Financial Statement
- 11. Application processing fee of \$500.00

Deliver completed application, all supporting documents and required fees to:

**Morrow City Hall
Alcohol Licensing
1500 Morrow Road
Morrow, GA 30260**

Please direct questions regarding the application and alcohol license process to:
Marti Tracy, Administrator / Direct # 678-902-0870 / Email: Mtracy@cityofmorrow.com

Complete all sections of application. All required documents must be submitted with application.
Please note that licenses are not transferable & ineffective upon change of ownership

State of Georgia
Clayton County

City of Morrow Alcohol License Application

INSTRUCTIONS: Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such sheet is attached. When the application is completed, it must be dated, signed and verified under oath by the Applicant and file with the city manager. All supporting papers and the investigation fee of \$500 must be included with the submission.

Applicant/Licensee:

1. Full Name: _____ SS# _____
Address: _____
City: _____ State: _____ Zip: _____
Driver's License #: _____ Position/Title: _____
Telephone: Primary _____ Alt.# _____
2. Business for which license is applied: _____
Corporate Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Type of Ownership: _____ Sole Proprietor _____ Partnership _____ Corporation

Ownership Information:

1. Name & Address (past 10 years) of each person who has ownership or interest in the business:
_____ % of ownership _____
_____ % of ownership _____
_____ % of interest _____

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2. If a corporation, was it incorporated in the State of Georgia and/or is it registered to do business in Georgia? _____ Provide the following information for the registered agent to receive legal process: Name: _____
 Telephone: _____ Email: _____
 Address: _____ City: _____ State: ____ Zip: _____
3. Has any person, firm, partnership or corporation, that would have an interest in the license, ever :
 Violated a Federal, State or local law, statute or ordinance, or any regulation regarding alcoholic beverages? _____ If "Yes", explain: _____

 Had an alcoholic beverage of business license suspended or revoked by the State or any political subdivision thereof? _____ If "Yes", explain: _____

4. Has any person, partner or stockholder been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude? _____ If "Yes", explain: _____

5. Does the business operation and/or corporation have any interest in a wholesale license, retail license or retail consumption? _____ If "Yes", explain: _____

6. List the names and addresses of all persons who have any interest in the ownership of the business and of family members or friends of those listed who may have an interest in any business with an alcoholic beverage license: (Use separate sheet, if needed)
 Name: _____ Address: _____
 Name: _____ Address: _____
 Name: _____ Address: _____

Location/Property Information:

1. List the names and addresses of all persons having any whole, partial, beneficial or other interest in and to the land and building on and in which the business is located:
 Name: _____ Address: _____
 Name: _____ Address: _____

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2. List the amount of rent paid for the land and building and the manner in which the rent is determined and to whom and at what intervals it is paid:

3. How much of the capital of this business is borrowed and from whom? _____

4. What is the direct distance (line of sight) from business to nearest:

Church ground _____ ft. Residence _____ ft.

School ground _____ ft. Licensed package dealer _____ ft.

Miscellaneous Information:

1. List the name and address of the general manager of the business location:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

2. List all other liquor, beer or wine businesses that your general manager is interested in, employed by or associated with: _____

3. There must be submitted with this application a personal financial statement from all persons interested in the ownership of the business applying for a license to sell alcoholic beverages. Such statements shall be deemed to be incorporated into and made a part of this application and any false statement shall not only constitute false swearing under the criminal laws of this state, but shall also constitute cause for the revocation of any license issued pursuant to this application. Indicate the number of statements attached: _____

4. If required by the administrator, there must be attached to this application a certificate from a registered surveyor as to the radial distance from this place of business to the nearest school, church, library, private residence, alcoholic treatment center and any retail package dealer. Check here if survey is attached. _____

5. There must be attached to this application a set of fingerprint cards and a photograph for all persons interested in the ownership of the business applying for a license to sell alcoholic beverages. Check here if fingerprint cards and photograph(s) are attached. _____

6. There must be attached to this application a blueprint or scale drawing of the business facility which describes each entrance or exit to or from the place of business, and particularly any passage-way between the place of business and any other adjacent place of business. Check here if blueprint or scale drawing is attached. _____

7. Should any change 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, or any personal statement which is made a part of this application, such change must be reported to this City within thirty (30) days. The failure to make such report shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood. _____

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attachments submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the statements and answers made herein and that any false answer and/or statement herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

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

NAME (Printed) _____

Signature: _____

Date: _____

OWNERSHIP/INTEREST INFORMATION SHEET

Full Name: _____ SS#: _____

Address _____ City _____ State _____ Zip _____

Sex _____ Race _____ Drivers License # _____ State _____

Position/Title: _____

Phone: primary _____ alt. _____ Email: _____

1. Are you the owner, co-owner, corporate officer, or other? _____
2. Indicate percentage of ownership: _____%
3. Are you a citizen of the United States of America? _____
4. If not, are you a permanent registered alien? _____
 - a. Reg. Number _____ Native Country _____
5. Within the 10 years immediately preceding the date of the application, have you been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude? _____
 - a. If "Yes", explain: _____
6. Do you have an interest in any wholesale or retail dealer license? _____

If "Yes", explain: _____
7. Do you have an interest in any retail consumption license?

If "Yes", explain: _____
8. Are you an elected or appointed officer, agent, or employee of the City of Morrow? _____
9. Do your spouse or minor children have any interest in any license to sell alcoholic beverages in the City of Morrow? _____

VERIFICATION

I, _____ do hereby swear and affirm under oath subject to the penalties of the State of Georgia for false swearing, that the statements, answers and information given by me on this form and any attachments thereto are true and correct.

Signature _____ Date _____

Sworn to and subscribed before me this

_____ Day of _____ 20_____

_____ (Notary)

VERIFICATION

State of Georgia
City of Morrow

I, _____, do solemnly swear and affirm, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City of Morrow Alcoholic Beverage License are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Print Name _____

Signature _____

Date _____

Sworn to and subscribed before me this

_____ Day of _____ 20_____

_____ (Notary)

ALCOHOLIC BEVERAGE LICENSES - CLASSES OF BUSINESSES

Business/Corporate Name _____

DBA _____

Business Location

City State Zip Code

From City of Morrow Code of Ordinances Section 9-2-29 (Ratio)

(Complete code information can be viewed online at Municode.com)

Alcoholic beverage licenses shall be issued only for the following classes of businesses:

(1) **Restaurant** licenses for distilled spirits and/or malt beverages and wine, 40 percent alcoholic beverage to 60 percent food.....

(2) A **hotel** which derives at least 50 percent of its total annual gross income from the rental of rooms for overnight lodging.....

(3) **Movie theater (cinema, motion picture theater)**: Any indoor facility or auditorium, open to the public, which is used primarily for and designed for the purpose of exhibiting films, live broadcasts or other similar performances by use of film projectors or digital cinema projection. This definition shall not include adult entertainment establishments of any kind.....

(5) **Package sales of malt beverages and wine only** are permitted in licensed businesses which meet the following requirements:

a. No retail dealer license shall be issued to any applicant whose business does not have at least \$15,000.00 inventory of food, household supplies and periodicals. Tobacco products may not be included for purposes of computing total inventory.....

VERIFICATION

I, _____ do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that the statements, answers and information given by me on this form and any attachments thereto are true and correct.

Signature _____ Date _____

Sworn to and subscribed before me this

_____ Day of _____ 20_____

_____ (Notary)

PERSONAL FINANCIAL STATEMENT

Complete this form for each proprietor, Of (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more at wino stock. or (4) any person or entity providing a guaranty on the loan-

Name Business Phone

Residence Address Residence Phone

City State, & Zip Code

Business Name of Applicant & Borrower

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hand & in BanksS	Accounts Payable.....
Savings AccountsS	Notes Payable to Banks and Others _
IRA or Other Retirement AccountS	Describe Section 2) _____
Accounts P. Notes ReceivableS	Installment Account (Other)
Life Insurance-Cash Surrender Value Only_ 5	Mo Payments _____
(Complete Section B)	Installment Account Estate
(Describe in Section 3)	Mo Payments 4) _____
(Describe in Section 4)	Loan Life Insurance _____ S
Other Personal PropertyS	Mortgages on Real 6) _____
'Describe in Section 5)	(Describe Section 1) _____
(Describe in Section 5)	Unpaid Taxes _____
Total _____ S	Contingent Liabilities _____

Section 1. Source of Income	As Endorser or Co-Maker.....
Salary5	Legal Claims & Judgments.....
Net Investment Income S-.	Provision for Federal Income Tax _____
Real Estate Income5	Other Special Debt
Other Income (Describe below)'S	

Description of Other Income in Section 1

'Alimony or child support payments need not be disclosed in 'Other Income' unless it is desired to have such payments counted toward local income

Section 2 Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Elands. (Use attachments if necessary. Each attachmem must be identified as a part at this statement and signed).

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Number of Shares	Name of Securities	Cosr	Market Value	Date of Value	Towl Value

Section 4. Ralf Estate Owned.		(UV each parcel separately Use attachment if necessary as a part of this statement and signed)		Each attachment must be identified	
	Property A	Property B	Property C		
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Markel Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Total of Payment each month					
Status of Mortgage					

Section 6. Other Personal Properly and Other Assets. Describe in detail

Section 6. Unpaid Taxes. Describe in detail

Section 7. Other Liabilities. (Describe In detail)

Section S. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

Please note: I furnish the foregoing as a true and accurate statement of my financial condition. Authorization is hereby given to the City of Morrow to verify in any matter it deems appropriate any and all items indicated on this statement. The undersigned also agrees to notify the City of Morrow immediately in writing of any significant adverse change in inch financial condition

Signature	Date	Social Security Number
Signature	Date	Social Security Number

Complete all sections of application. All required documents must be submitted with application.
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E-Verify Affidavit

By executing this affidavit under oath, as an applicant for an alcohol license as referenced in O.C.G.A. 43660-6 (d), from the City of Morrow, the undersigned application representing the private employer known as (print) _____ verifies one of the following with respect to my application for the above mentioned document

- 1. Fill out this section between January 1, 2012, and June 30, 2012.
 - (a) ___ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
 - (b) ___ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected 1(a), please fill out section 4 below.

- 2. Fill out this section between July 1, 2012, and June 30, 2013.
 - (a) ___ On January 1^o of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
 - (b) ___ On January e of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a), please fill out Section 4 below.

- 3. Fill out this section on or after July 1, 2013
 - (a) On January 1^o of the below signed year the individual, firm or corporation employed more than ten (10) employees.
 - (b) On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 3(a), please fill out Section 4 below.

- 4. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provision and deadlines established In O.C.G.A. R6-60-6. The undersigned private employer attests that its federal work authorization user identification number and date of authorization are listed below:

Federal Work Authorization User identification Number	Date of Authorization
---	-----------------------

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. § 16-1040, and face criminal penalties allowed by such statute.

Executed on the ___ Day of _____, 20___

Signature of Authorized Officer or Agent _____

Printed Name of and Title of Authorized Officer of Agent _____

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ Day of _____, 20___

Notary Public

My Commission Expires _____

Affidavit Verifying Status for Public Benefit

By executing this affidavit under oath, as an applicant for a(n) _____ (type of public benefit) as referenced in O.C.G.A. 150-36-1, from the City of Morrow, Georgia, the undersigned applicant verifies one of the following with respect to my application for this 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. 50-76-1 (e)(1), with this affidavit.

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.

Signature of Applicant _____ Date _____

Printed Name: _____

Subscribed and sworn before

Me on this the _____ Day of _____ 20 _____

Notary Public

My Commission Expires:

*Note: O.C.G.A. 50-36-1 requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C, as amended provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

GEORGIA CJIS NETWORK CONSENT FORM

I hereby authorize the City of Morrow Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal agency in Georgia.

Name: _____
 Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ DOB: _____ Sex: _____ Race: _____

Driver's License #: _____ State: _____ Telephone #: _____

Please, attach a copy of Driver's License

Do Not Write Below This Line

This inquiry resulted in the following: (check all that apply)

- _____ No criminal Record Available; _____ page(s) attached
- _____ Criminal Record (Attached/Released); _____ page(s) attached
- _____ No NCIC/GCIC Warrant: _____page(s) attached
- _____ Possible NCIC/GCIC Warrant (List Wanting Agency Below)
Wanting Agency: _____

Signature: _____ Date: _____

Morrow Police CJIS Terminal Operator