

City of Smyrna Business License
2800 King Street
Smyrna, GA 30080
Phone (678) 631-5321 Fax (770) 431-2814
Web Site: www.smyrnacity.com

Instructions - Alcoholic Beverage License Application

- The Business License Office requires completion of this application in its entirety. Each question must be answered and the application **typed**. The Business License Division reserves the right to refuse any application and/or attachment(s) considered incomplete or illegible.
- Effective January 1, 2005, all applicants will attend (at the applicant's expense) and successfully complete an alcohol sales and service policy workshop prior to the issuance of a license. This provision will not be waived (Sec. 6-129).
- No license shall be granted to an applicant who is not a citizen of the United States and a resident of the State of Georgia; provided that an owner who does not meet this requirement may do so through an agent who does. (Sec. 6-119).
- An application fee of \$250.00 (beer and/or wine) or \$400.00 (liquor, beer and wine) is payable to the City of Smyrna upon submission of the application.
- All alcoholic beverage establishments must apply for and receive a State Alcoholic Beverage License prior to stocking and selling alcoholic beverages. State applications can be obtained by contacting the Georgia Department of Revenue Alcohol Division (404-417-4900).

Your employees involved in the dispensing, serving or sale of alcoholic beverages are required to obtain a photo permit from the City of Smyrna Police Department (770-434-9481) at 2646 Atlanta Road, Smyrna, Georgia 30080. It is the responsibility of the licensee to ensure employees obtain required permits.

Please note! This PDF file is a fillable form that you can complete online in your web browser or in Adobe Acrobat Reader. Once you complete the form, print a hard copy for submission to the City of Smyrna.

4. **Full name of Owner** _____

If a sole proprietor, will you manage the business full time on the premises? Yes No

Social Security Number _____ Date of Birth _____

Are you a Citizen of the United States? Yes No Birthplace _____

Current Address _____ City/State _____ Zip _____

Home Telephone _____ Number of years at present address _____

Drivers License Number and State _____

What has been your occupation for the past five (5) years? Give detailed list _____

If a partnership, attach list showing each partner owning 10% or more, with address, telephone number, date of birth, and social security number.

If a corporation, provide corporate address, phone number & name of Chief Executive Officer _____

Federal Tax ID # _____ State of Incorporation _____

Is this a new business in Smyrna? Yes No If yes, date business will begin in Smyrna _____

Is this a transfer or change of ownership? Yes No Effective date _____

If yes, enclose a copy of the sales contract, closing statement.

Has owner ever had an alcoholic beverage license revoked in Smyrna or other jurisdiction?

Yes No If yes, attach full details.

5. **Full name of Manager (as Applicant)** _____

Social Security Number _____ Date of Birth _____

Are you a Citizen of the United States? Yes No Birthplace _____

Current Address _____ City/State _____ Zip _____

Home Telephone _____ Number of years at present address _____

Do you reside in Cobb County? Yes No If yes, how long _____

Previous address _____

Number of years at previous address _____ Drivers License Number and State _____

What has been your occupation for the past five (5) years? Give detailed list _____

Manager's employment date with owner _____

Has the manager (as applicant):

(a) Been adjudicated as incompetent or insane, or been deemed to have insufficient mental capacity to conduct the business for which the application is made? Yes No

(b) Been discharged from any military service under dishonorable conditions? Yes No

(c) Within a five-year period immediately preceding the date of application, been arrested or convicted of violating any laws, ordinances, or regulations regulating such business? (The term "conviction" shall include an adjudication of guilt, a plea of guilty or nolo contendere or the forfeiture of bond when charged with a crime.) Yes No

If there was an arrest, are charges still pending? Yes No

(d) Within a five-year period preceding the date of application, been convicted for any felony charged under any of the laws of the several states or of the United States? Yes No (The term "conviction" shall include an adjudication of guilt, a plea of guilty or nolo contendere or the forfeiture of bond when charged with a crime.) If there was an arrest, are charges are still pending? Yes No

(e) Within a three-year period preceding the application, been convicted of more than one misdemeanor, including traffic violations, involving the use or abuse of any alcoholic beverage, opiate or drug? Yes No (The term "conviction" shall include an adjudication of guilt, a plea of guilty or nolo contendere or the forfeiture of bond when charged with a crime.) If there was an arrest, are charges still pending? Yes No

(f) Been currently placed on parole from any governing authority? Yes No

Has any license authorizing the sale of alcoholic beverages at the location for which the present license is sought:

(g) Been declared to be under suspension, at the date the application is filed? Yes No

(h) Been revoked within six months of the date that the application is filed? Yes No

If yes to any of the above questions, please attach full detail.

7. Do you own the land and building on which this business is to operate? Yes No

Date Purchased _____ Amount Paid _____

If not, list the terms of the lease; including the manner in which the rent is determined, to whom and at what intervals it is paid.

Attach a copy of the lease and any other pertinent documents.

8. How is the proposed location zoned? _____

Attach copy of zoning certification from the City of Smyrna (Community Development 770-319-5387).

9. If this is an application for an original license, attach proof of adequate parking facilities as per the City of Smyrna zoning requirements (Community Development 770-319-5387).

10. Do you, your spouse, any family members, or any of the other owners, partners, or stockholders have an interest in a retail liquor store(s)? Yes No If so, state the number of stores and where each store is located.

11. Have you, your spouse, partner or stockholder any financial interest in the wholesale liquor business? Yes No
If yes, give details.

12. If this is a previously licensed location, give the amount of alcohol sales for the previous (12) months and state the dates used in computing the gross sales. Indicate gross sales for beer, wine and liquor separately.

13. Please initial here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance _____

14. Are you familiar with the City of Smyrna ordinances and state and federal laws and regulations governing the operation of this type of business? Yes No

15. Are you aware you are required to apply for a State license? Yes No
Contact the Georgia Department of Revenue Alcohol Division at 404-417-4900.

CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5321 Fax (770) 431-2814
Web site: www.smyrnacity.com

GEORGIA, COBB COUNTY

I, _____, BEING DULY SWORN TO LAW, DO SWEAR THAT THE STATEMENTS MADE BY ME IN THE ABOVE AND FOREGOING APPLICATION ARE TRUE, AND NO FALSE, OR FRAUDULENT STATEMENT IS MADE HEREIN AND SUCH STATEMENTS WERE MADE IN ORDER TO PROCURE THE GRANTING OF A LICENSE.

Signature of Owner (type name before signing)

Signature and title of person other than Owner completing this application

Phone Number: Work: _____ Home: _____

Signature of Managing Applicant (type name before signing)

Signature and title of person other than Applicant completing this application

Phone Number: Work: _____ Home: _____

Sworn to and subscribed before me

This _____ day of _____ 20 ____.

Notary Public

FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Date _____

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

Date _____

CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
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1. Legal Name of Business: _____
2. Location: _____ Phone: _____
3. Name of Applicant: _____

CERTIFICATION BY BUILDING INSPECTOR

I have inspected the premises referenced above and certify the location meets all minimum requirements of the Smyrna Building Code.

_____ Date _____

Chief Building Inspector

CERTIFICATION BY FIRE MARSHAL

I have inspected the premises referenced above and certify the location meets all minimum requirements of the City of Smyrna Fire Prevention Code.

_____ Date _____

Fire Marshal

CERTIFICATION BY TAX CLERK

I certify the ad valorem taxes for the above referenced property have been paid and there are no outstanding liens.

_____ Date _____

Tax Clerk