



IMPORTANT LICENSE RENEWAL INFORMATION



If you have had a Change of Ownership, STOP HERE! Alcohol Beverage Licenses are not transferable and any change of ownership, not authorized by the City's Code of Ordinance automatically cancels the last alcohol license issued to a business. Please contact the State of Georgia Revenue Department before November 13, 2024, to obtain a new Alcohol Beverage License Application. Or contact the City of Tucker at: licenses@tuckerga.gov

This letter serves as official notification that alcohol license renewals are now due. Please find attached a copy of your renewal. One may also be obtained online by visiting our website at www.tuckerga.gov. To locate the renewal form, click on Business Resources, and Occupational Tax Certificates & Alcohol Licenses. If there were no ownership or licensee changes, please print the form and complete it in its entirety. **The licensee on record with our office must sign and notarize the renewal application and affidavits. In addition, all required parties will have to complete an annual background check.** The completed renewal form along with payment can be mailed or dropped off to 1975 Lakeside Pkwy, Ste 350, Tucker, GA 30084.

Note: Incomplete applications will not be processed until all information and documents are received. This will delay the processing of your 2025 Alcohol Renewal Application.

Please note that you **must** have an active Occupational Tax Certificate in order for us to **completely** process your application and the issuance of your Alcohol License.

All renewal applications, along with **all required documentation**, **must be** received by our office or postmarked by the Postal Service, **no later than November 30th**. Any application received after November 30th, **will be** assessed a twenty percent (20%) late payment penalty.

No renewal applications will be accepted by our office after December 31st. Failure to renew by this date will require a New Alcohol License Application to be submitted as if no previous alcohol license had been issued. Selling of alcoholic beverages on an expired license, or without a license, subjects the licensee and business to denial of a new or renewal license and to potential fines for violation of the Code of Ordinances of The City of Tucker.

Reminder... Georgia Law requires that a State License must be obtained/renewed before any alcoholic beverage can be served or sold in the City of Tucker. You may contact the Alcohol and Tobacco Division of the Georgia Department of Revenue at Georgia Tax Center.

If you have any questions concerning alcohol license renewals, please contact our licensing staff at 678-597-9040, or by email at licenses@tuckerga.gov.

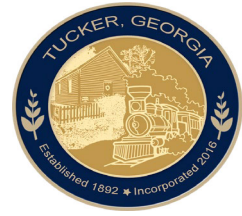
Sincerely,

City of Tucker - Department of Finance

NOTE: THE OFFICIAL NOTICE FOR 2025 OCCUPATIONAL TAX CERTIFICATE RENEWAL APPLICATIONS WILL BE AVAILABLE DECEMBER 2024

City of Tucker

1975 Lakeside Pkwy Ste. 350
Tucker, GA 30084
Phone: 678-597-9040
Website: www.tuckerga.gov



2025 ALCOHOL LICENSE RENEWAL APPLICATION

Due November 30, 2024

Mailing Address

Business Address:

Account:

Alcohol License Renewal Checklist

Note: Change in Ownership and Renewals received after January 1st must submit new alcohol application

- Completed Renewal Application
- Systematic Alien Verification for Entitlements Program (included in package)
- 2023 State of Georgia Alcoholic Beverage License [Georgia Tax Center](#)
- State or Federal Issued Photo ID
- Permanent Resident or Employment Authorization Card (if applicable)
- Annual Background Check (Required of all Owners, Licensee and Manager) Fees collected by DeKalb County
- Payment in full

Type of Business:

- Bona Fide Eating Establishment
- Convenience Store
- Hotel/Motel
- Brewery
- Manufacturer / Distillery
- Super Market
- Caterer
- Other: _____

Type of License:

- Consumption on Premise
- Retail/Package
- Wholesaler/Importer
- Other _____

License Fee Schedule: (Check the type of Alcohol License and add total amount due)

<input checked="" type="checkbox"/> Alcohol Administrative Fee	\$50.00	<input type="checkbox"/> Wholesaler/Importer - Beer	\$600.00
<input type="checkbox"/> Beer Only	\$600.00	<input type="checkbox"/> Wholesaler/Importer - Wine	\$600.00
<input type="checkbox"/> Wine Only	\$600.00	<input type="checkbox"/> Wholesaler/Importer – Liquor	\$4000.00
<input type="checkbox"/> Beer & Wine Combination	\$900.00	<input type="checkbox"/> Fraternal Org – Beer and/or Wine	\$500.00
<input type="checkbox"/> Liquor	\$4000.00	<input type="checkbox"/> Fraternal Org – Liquor	\$1000.00
<input type="checkbox"/> Alcohol Manufacturer	\$100.00	<input type="checkbox"/> Caterer: B-W-D/ BW Combo	\$500.00
<input type="checkbox"/> Additional Fixed Bar(s) # _____ X	\$600.00	<input type="checkbox"/> Caterer: BWD	\$750.00
<input type="checkbox"/> Additional Movable Bar(s) # _____ X	\$300.00	<input type="checkbox"/> Sunday Sales – Wine	\$250.00
<input type="checkbox"/> Sunday Sales – Malt Beverage/Beer	\$250.00	<input type="checkbox"/> Sunday Sales – Retail Package	\$1100.00
<input type="checkbox"/> Sunday Sales – Consumption on Premises	\$1100.00		

Fees Due \$ _____

Penalty (20% x Fees Due Amount) \$ _____

Renewals Postmarked after **November 30 shall include a twenty percent (20%) penalty**

Total Amount Due: \$ _____

The signed and notarized renewal application and payment MUST be postmarked by **November 30, 2024**, to avoid a penalty of 20%. Incomplete renewals will not be processed. **NO renewals will be accepted after December 31, 2024.**

Business Email: _____ **Phone No.** _____

Has ownership changed? Yes No *If yes, ** NEW APPLICATION PROCESS MUST BE COMPLETED***

Has the mailing address changed? Yes No Number of Employees: _____

If yes, enter new mailing address here: _____

Type of Ownership: Single Owner Corporation/LLC Partnership Private Club

If a corporation: Corporate Name: _____ State where Inc: _____ Date Inc: _____

Name of Corporate Officers or Partners:

Name	Address	Ownership%	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Registered Agent Full Name: _____

Full Home Address: _____

Owner/Licensee/Manager Information:

Licensee Type: Corporation Owner/Partner Manager

Are you a United States Citizen or legal permanent resident 18 years or older? Yes No

Licensee Full Name: _____ **Social Security #:** _____

Licensee Home Address: _____

Home Phone: _____ **Business Phone:** _____ **Date of Birth:** _____

Email address: _____

Will you have entertainment? Yes No If yes, fully explain:

Arrest Record: Has the licensee, registered agent, partner, or any other person having financial interest in this business been arrested, indicted, or convicted for an offense by any City, County, State, Federal Officer or any Government Authority within the last ten (10) years? Yes NO If yes, please give full details on a separate sheet.

I, _____, (the applicant and licensee) do solemnly swear subject to criminal penalties that the statement and answers made by me to the foregoing questions in this renewal application are true and correct and no false or fraudulent information, statements or answers are made to procure granting of the City Privilege License. I give authorization to the City of Tucker to run a background check as part of this renewal process.

Applicant/Licensee Signature

Date

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

Notary Signature

My commission expires: ____/____/____

NOTARY SEAL

Staff use only		Background Check		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date Received:	Received by:	Prior Yr. Alco. Lic. #:			
OTC Number:	City Alco. Lic. #:		Date Issued:		
State Alcohol Lic. Number:	<input type="checkbox"/> COP <input type="checkbox"/> Retail/Package <input type="checkbox"/> Wholesale <input type="checkbox"/> Other _____				



Systematic Alien Verification for Entitlements Program

(SAVE) Affidavit Verifying Lawful Presence within the United States

SECTION 1

Required of all Owners, Licensee and Manager

I, (print name) _____, swear or affirm under penalty of perjury that (check one):

- I am a United States citizen (**State of Federal Issued Photo ID**)
- I am a legal permanent resident of the United States (**Permanent Resident or Authorization Card**)
- I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

I am applying for the following public benefit (check one):

- Alcoholic Beverage License for _____
Print Business Name
- Alcohol Employee Pouring Permit
- Occupational Tax Certificate
- Door-to-Door Salesmen/Solicitors Permit
- Other: _____
Public Benefit Name of Business (if applicable)

X _____

SIGNATURE OF APPLICANT

*Must be signed in the presents of a Notary

ALIEN REGISTRATION NUMBER

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that the state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

***10 employees or less - Proceed to Section 3 for Notary.**

E-Verify (PRIVATE EMPLOYER AFFIDAVIT) SECTION 2

The Georgia Department of Law is a registered participant in the federal work authorization program commonly known as E-Verify, and uses such program to verify employment eligibility of all employees hired on or after July 1, 2007

EMPLOYER DOES NOT EMPLOY MORE THAN TEN EMPLOYEES – Proceed to notary section

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs more than ten employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

FEDERAL WORK AUTHORIZATION USER IDENTIFICATION NUMBER NAME OF PRIVATE EMPLOYER DATE OF AUTHORIZATION

For more information on E-Verify: <https://www.e-verify.gov> or <https://law.georgia.gov/e-verify>

ALL APPLICANTS MUST SIGN BELOW, NOTARIZE, AND THEN RETURN THIS AFFIDAVIT WITH APPLICATION/PAYMENT TO OBTAIN YOUR BUSINESS TAX CERTIFICATE.

In making the above representation under oath, I understand that any person who knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section §16-10-20 of the Official Code of Georgia and face criminal penalties by such statute.

Executed on the _____ day of _____, 20____ in _____ (city), _____ (state)

Print Name and Title of authorized Officer or Agent

X

Signature of Authorized Officer or Agent *Must be signed in the presents of a Notary

SECTION 3

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

Notary Signature

My commission expires: ____/____/____

NOTARY SEAL



BUSINESS LICENSE DIVISION
 1975 Lakeside Pkwy., Ste. 350
 Tucker, GA 30084
 Phone: 678-597-9040
 Email: licenses@tuckerga.gov

RESIDENTIAL AGENT CONSENT FORM

All licensed establishments must have and continuously maintain a “Residential Agent” upon whom any process, notice or demand required or permitted by law or under the City of Tucker’s Alcoholic Beverage Ordinance to be served upon the licensee or owner may be served. **This person must be a City of Tucker or DeKalb County, GA resident and agree to act in this capacity for your business.**

Full Name (No Initials): _____

Home Address: _____

City: _____ State: _____ Zip: _____ (Proof of Residence Required)

Length of Time at Residence: _____ Phone #s: _____ / _____

GA Driver’s License # _____ (Copy of License Required) SSN # _____

Date of Birth: _____ Place of Birth: _____ Sex: M F

Race: _____ Hair Color: _____ Color Eyes: _____

I hereby certify that I am a resident of Tucker, GA or DeKalb County, GA, and agree to serve as “Residential Agent” on behalf of _____ (business name), a business located at _____, Tucker, GA.

As Residential Agent, I, _____, do hereby consent to serve as the Residential Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Tucker.

I understand the basic purpose is to have and continuously maintain in the City of Tucker or DeKalb County a Residential Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served. I understand that such service upon me will serve as legal notice upon the licensee or owner and that my responsibility to forward such service to the owner or licensee.

 Signature of Residential Agent

 Date

SWORN TO AND SUBSCRIBED BEFORE ME
 This _____ day of _____, 20____.

 Notary Public
 My Commission Expires: _____ (SEAL)

NOTE: Attach a copy of driver’s license and proof of residency. (ex: phone or utility bill that reflects the current address listed by agent) **Sign and return** the Affidavit, Background Investigation Consent Form, the Non-Criminal Justice Privacy Rights and the Privacy Act Statement documents.



Background Investigation Consent Form

- **Required of all Owners, Licensee and Manager**

With regard to my application for alcoholic beverage license, I hereby authorize the **City of Tucker Finance Department** to receive any background record information pertaining to me, which may be in the files of any federal, state, any criminal justice agency in Georgia. I also acknowledge that I received a copy of my privacy rights in accordance with both Federal and State regulations.

Last Name	First Name	Middle Name
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Phone	Email
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Home Street Address

City	State	Zip
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_____ / ____ / ____

Sex	Race	Date of Birth	Social Security Number
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Sign and return the following documents:
SAVE Affidavit, Background Investigation Consent Form, Non-Criminal Justice Privacy Rights and the Privacy Act Statement.

Place of Employment

Position: Owner Manager Resident Agent Other _____

Employment Type: Full-Time Part-Time Seasonal Other _____

Signature	Date
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(Not Valid after more than 90 days)



1975 Lakeside Pkwy, Ste 350
Tucker, GA 30084
678-597-9040
www.tuckerga.gov

NON-CRIMINAL JUSTICE APPLICANTS PRIVACY RIGHTS

- **Required of all Owners, Licensee and Manager**

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct an FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, connecting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to connect or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3- 35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia.

Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Applicant's Signature

Date



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PRIVACY ACT STATEMENT

- **Required of all Owners, Licensee and Manager**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.

L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant's Signature

Date