ALCOHOL LICENSE RENEWAL APPLICATION

Due November 30th

MAILING ADDRESS **if different from Business address*

Legal Business Name:	DBA:
Address Line1	
City, State and Zip	Business Contact Name:

BUSINESS LOCATION ADDRESS	ACCOUNT NO.:

ALCOHOL LICENSE RENEWAL CHECKLIST

- □ COMPLETED RENEWAL APPLICATION
- □ SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAM (SAVE) *INCLUDED IN PACKAGE
- □ 2027 STATE OF GEORGIA ALCOHOLIC BEVERAGE LICENSE GEORGIA TAX CENTER
- □ STATE OR FEDERAL ISSUED PHOTO ID ***(REQUIRED FOR ALL OWNERS, LICENSESS, MANAGER AND RESIDENTIAL AGENTS)***
- □ PERMANENT RESIDENT OR EMPLOYMENT AUTHORIZATION CARD (IF APPLICABLE)
- □ ANNUAL BACKGROUND CHECK ***(REQUIRED FOR ALL OWNERS, LICENSESS, AND MANAGER)***
- □ LIST OF ALL EMPLOYEES
- □ 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 PREMISES	□ RETAIL/PACKAGE	□ WHOLESALER/IMPORTER	□ OTHER

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

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

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

Staff use only	**Background Check** ☐ Approved ☐ Denied	
Date Received:	Received by:	Prior Yr. Alco. Lic. #:
OTC Number:	City Alco. Lic. #:	Date Issued:
State Alcohol Lic. Number:	COP ☐ Retail/Package ☐ Wholesale ☐ Other	

TYPE OF OWNERSHIP	□ SINGLE OWNER	□ CORPORATION/LLC	□ PARTNERSHIP	□ PRIVATE CLUB

IF A CORPORATION:

CORPORATION NAME	STATE WHERE INC.	DATE INC.:

NAME OF CORPORATE OFFICERS OR PARTNERS

NAME	ADDRESS	OWNERSHIP %	LAST FOUR OF SSN

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

OWNER/LICENSEE/MANAGER INFORMATION

Checklist: □ SAVE Affidavit, □ Background Investigation, □ Consent Form, □ Photo ID, □ Non-Criminal Justice Privacy Rights, □ Privacy Act Statement.

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		DOB	LAST FOUR OF SSN#
LICENSEE HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE	BUSINESS PHONE		
EMAIL ADDRESS			

Arrest Record: Has the licensee, registered agent, partner, or any other person having financial interest in this business been arrested, indicted, or convicted of 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**

REGISTERED AGENT INFORMATION

Checklist: □ SAVE Affidavit, □ Background Investigation, □ Consent Form, □ Photo ID, □ Non-Criminal Justice Privacy Rights, □ Privacy Act Statement.

REGISTERED AGENT FULL NAME:
FULL HOME ADDRESS:

City of Tucker

Systematic Alien Verification for Entitlements Program

(SAVE) Affidavit Verifying Lawful Presence within the United States

SECTION 1

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.
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

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

Background Investigation Consent

APPLICANT INFORMATION

Last Name		First Name		Middle Name
Phone		Email		
Home Street Address				
City		State		Zip
Sex	Race	DOB	Last Four of SSN	State or Federal ID #

EMPLOYMENT INFORMATION

Place of Employment:				
POSITION:	□ Owner	□ Manager	□ Residential Agent	□ Other
EMPLOYMENT TYPE:	☐ Full-Time	☐ Part-Time	☐ Seasonal	□ Other

With regard to my application for an Alcoholic Beverage License, I hereby authorize the City of Tucker Marshal Service to receive any background record information pertaining to me, which may be in the files of any Federal, State, or 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.

Applicant Signature & Title

Date

(Not Valid after more than 90 days)

Non-Criminal Justice Applicant's Privacy Rights

***Required of all Owners, Licensee, Manager and Residential Agent**

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 noncriminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have ce1iain 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 n01mallyappear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a dete1mination 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 info1med 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 that 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).

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 Signature & Title

Date

Privacy Act Statement

***Required of all Owners, Licensee, Manager and Residential Agent**

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 Signature & Title

Date

Residential Agent Consent Form

***Required of all Residential Agents**

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.

Residential Agent Checklist: □SAVE Affidavit, □Background Investigation, □Consent Form, □Photo ID, □Non-Criminal Justice Privacy Rights, □Privacy Act Statement.

Full Name (No Initials):					
Home Street Address					
City			State		Zip **(Proof of Residence Required)**
Length of Time at Residence:			Cell Phone #		Work/Home Phone
Date of Birth:			Place of Birth:		
Sex	Race	Hair Color	Eye Color	Last four of SSN:	State or Federal ID #

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, State of Georgia

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 Background Investigation Consent Form, the SAVE Affidavit, the Non-Criminal Justice Privacy Rights and the Privacy Act Statement documents.

Systematic Alien Verification for Entitlements Program

(SAVE) Affidavit Verifying Lawful Presence within the United States

SECTION 1

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.

*My alien number issued by the Department of Homeland Security or other federal immigration agency is:*_____

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.**

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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

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

_____ X _____
Print Name and Title of authorized Officer or Agent 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**

Background Investigation Consent

***Required of all Owners, Licensee, Manager and Residential Agent**

APPLICANT INFORMATION

Last Name		First Name		Middle Name
Phone		Email		
Home Street Address				
City		State		Zip
Sex	Race	DOB	Last Four of SSN	State or Federal ID #

EMPLOYMENT INFORMATION

Place of Employment:				
POSITION:	□ Owner	□ Manager	□ Residential Agent	Other:
EMPLOYMENT TYPE:	□ Full-Time	□ Part-Time	□ Seasonal	Other:

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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 Signature & Title **Date**

List of Employees

Employee Name:_____ Sex: ☐ M ☐F Race: _____

Residence Address:_____ Date of Birth:_____

Job Position: ☐Server ☐Cashier City of Tucker Alcohol Pouring Permit? ☐ YES ☐NO **(Attach Copy)**

Employee Name:_____ Sex: ☐ M ☐F Race: _____

Residence Address:_____ Date of Birth:_____

Job Position: ☐Server ☐Cashier City of Tucker Alcohol Pouring Permit? ☐ YES ☐NO **(Attach Copy)**

Employee Name:_____ Sex: ☐ M ☐F Race: _____

Residence Address:_____ Date of Birth:_____

Job Position: ☐Server ☐Cashier City of Tucker Alcohol Pouring Permit? ☐ YES ☐NO **(Attach Copy)**

Employee Name:_____ Sex: ☐ M ☐F Race: _____

Residence Address:_____ Date of Birth:_____

Job Position: ☐Server ☐Cashier City of Tucker Alcohol Pouring Permit? ☐ YES ☐NO **(Attach Copy)**

Employee Name:_____ Sex: ☐ M ☐F Race: _____

Residence Address:_____ Date of Birth:_____

Job Position: ☐Server ☐Cashier City of Tucker Alcohol Pouring Permit? ☐ YES ☐NO **(Attach Copy)**

Employee Name:_____ Sex: ☐ M ☐F Race: _____

Residence Address:_____ Date of Birth:_____

Job Position: ☐Server ☐Cashier City of Tucker Alcohol Pouring Permit? ☐ YES ☐NO **(Attach Copy)**

Employee Name:_____ Sex: ☐ M ☐F Race: _____

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Job Position: ☐Server ☐Cashier City of Tucker Alcohol Pouring Permit? ☐ YES ☐NO **(Attach Copy)**

Employee Name:_____ Sex: ☐ M ☐F Race: _____

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Job Position: ☐Server ☐Cashier City of Tucker Alcohol Pouring Permit? ☐ YES ☐NO **(Attach Copy)**

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Employee Name:_____ Sex: ☐ M ☐F Race: _____

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