



# CITY OF ALPHARETTA

## ALCOHOLIC BEVERAGE LICENSING


### RENEWAL APPLICATION INSTRUCTIONS & IMPORTANT INFORMATION

#### INSTRUCTIONS & IMPORTANT INFORMATION

All licensees seeking to renew their alcoholic beverage license, must complete this application in full. Incomplete applications will not be accepted.

**Step 1:** Please review and complete all items on the Renewal Application Checklist on page 2 of this alcohol license renewal packet.

**Step 2:** Once you have completed the renewal application, please log-in to your establishment’s account through the Georgia Tax Center Website at: [Georgia Tax Center](https://gtc.dor.ga.gov) (<https://gtc.dor.ga.gov>).

Georgia Tax Center QR Code: 

**Step 3:** Navigate the Georgia Tax Center Website and follow the instructions and prompts to renew your alcoholic beverage license. **On this site, you will select the licenses you wish to renew and upload this completed Renewal Application.**

*If you have questions or issues accessing your Georgia Tax Center account, please contact the Georgia Department of Revenue’s Customer Service line at 1-877-423-6711.*

**Step 4:** Submit your license renewal fees to the City of Alpharetta.

- Visit the City’s Citizen Self Service website and log into your account at: [Alpharetta Citizen Self Service](https://mss.alpharetta.ga.us/mss/citizens/BusinessLicenses/Default.aspx) (<https://mss.alpharetta.ga.us/mss/citizens/BusinessLicenses/Default.aspx>)

Alpharetta Citizen Self Service QR Code: 

- To log-in to your account, use the “Account ID” number shown in the upper right-hand corner of the Renewal Notice that was mailed to you or the “ID” number shown in the upper right-hand corner of your current alcohol license. The “Bill Year” will auto-populate. If you have any difficulties submitting payment, please contact the City of Alpharetta’s Cashier Office at 678-297-6060



If you have questions regarding your renewal application or would like to add to or amend your alcoholic beverage license type, please contact the Code Enforcement Office at 678-297-6086 or by email at [alcohollicense@alpharetta.ga.us](mailto:alcohollicense@alpharetta.ga.us).



# CITY OF ALPHARETTA

## ALCOHOLIC BEVERAGE LICENSING RENEWAL APPLICATION CHECKLIST

THE LICENSEE MUST INITIAL EACH OF THE FOLLOWING TO SIGNIFY COMPLETION.

Licensee Initials	Application Page Number	Action Item	Action Description
	Page 3	Renewal Fee Form	Select all licenses you wish to renew for the upcoming license year. <i>If you would like to add to or amend your alcoholic beverage license type, please contact the City of Alpharetta's Code Enforcement Office at 678-297-6086 or by email at <a href="mailto:alcohollicense@alpharetta.ga.us">alcohollicense@alpharetta.ga.us</a>.</i>
	Pages 4 - 6	Renewal Application	The licensee must complete all renewal application pages.
	Page 7	SAVE Affidavit	The licensee must complete and sign this affidavit before a notary public.
	Page 8	Private Employer Affidavit	The licensee must complete and sign this affidavit before a notary public.
	Page 9	Renewal Application Affidavit	The licensee must review and sign this affidavit before a notary public.
	Page 10 - 11	Registered Agent Form	The licensee and registered agent must complete and sign this form before a notary public. This form ensures that the City has the correct registered agent information on file for your establishment. <i>If your current registered agent is not listed on your original application, and they have more than 10% (but less than a majority or equal part ownership) of the business, they must complete a Personal Statement Form, which is provided on pages 12-15.</i>
	Page 12 - 15	Personal Statement Form for Renewal Applications	This form must be signed before a notary public. This form must be completed <b>ONLY IF</b> there has been a change in manager or registered agent owning more than 10% (but less than a majority or equal part ownership) of the business. <u>In the event, that there is a change in a majority registered agent, owner, or officer/director of the business, a new public hearing application is required and the City's Code Enforcement Office must be contacted.</u>
	N/A	Read and Review Alpharetta's Alcohol Ordinance	Licensee must review the City's Alcohol Ordinance and require each employee to be familiar with the Ordinance and the relevant requirements. The City's Alcohol Ordinance may be viewed here: <a href="#">Alpharetta Alcohol Ordinance</a> or by QR Code here: 
	N/A	Upload / Attach a copy of the most current State Alcohol License	If you do not yet have a copy of the next year's State alcohol license, you must submit a copy of your renewed State alcohol license to the Code Enforcement Office (in person or by email to: <a href="mailto:alcohollicense@alpharetta.ga.us">alcohollicense@alpharetta.ga.us</a> ) by January 31st annually.
	N/A	Employee Alcohol Pouring Permits	Ensure that anyone (including licensee, registered agent, manager, and all employees) who takes orders, sells, dispenses, mixes, or serves alcoholic beverages obtain a City of Alpharetta Pouring Permit with the Alpharetta Police Department. Schedule an appointment online at: <a href="#">Pouring Permit Scheduling</a> or by QR Code here:  Pouring permits are valid only for one (1) year from the date of issuance.



# CITY OF ALPHARETTA

## ALCOHOLIC BEVERAGE LICENSING RENEWAL FEE FORM

Review all alcoholic beverage license options available for your establishment category, and please select the licenses for which you would like to apply. Once you have selected your license options, please add all fee amounts together and enter the total at the bottom of the page.

Art Gallery & Art Studio Cigar Shop		
	On Premises Consumption: Beer & Malt Beverages	\$750
	On Premises Consumption: Wine	\$750
	On Premises Consumption: Liquor	\$2,000
	Add-On – Sunday Sales	\$500

Convenience Store Pharmacy		
	Off Premises Consumption Retail Package: Beer & Malt Beverages	\$1,000
	Off Premises Consumption Retail Package: Wine	\$1,000
	Add-On – Sunday Sales	\$500

Distributor / Wholesaler		
	Beer & Malt Beverage	\$2,000
	Wine	\$2,000
	Liquor	\$4,000
	Add-On – Sunday Sales	\$500

Eating Establishment		
	On Premises Consumption: Beer & Malt Beverages	\$750
	On Premises Consumption: Wine	\$750
	On Premises Consumption: Liquor	\$2,000
	Off Premises Consumption Retail Package: Wine	\$0
	Add-On License – Alcoholic Beverage Catering with City License	\$50
	Add-On – Ancillary Wine Tasting	\$250
	Add-On – Sunday Sales	\$500

High Rise Office and High Rise Apartments		
	On Premises Consumption: Beer & Malt Beverages	\$750
	On Premises Consumption: Wine	\$750
	Add-On – Sunday Sales	\$500

Local Manufacturer		
	Brewery	\$500
	Brewpub	\$500
	Winery	\$500
	Distillery	\$500
	On Premises Consumption: Beer and/or Malt Beverages	\$750
	On Premises Consumption: Wine	\$750
	On Premises Consumption: Liquor	\$2,000
	Off Premises Consumption Retail Package: Beer and/or Malt Beverages	\$1,000
	Off Premises Consumption Retail Package: Wine	\$1,000
	Off Premises Consumption Retail Package: Liquor	\$1,000
	Add-On – Ancillary Wine Tasting	\$250
	Add-On – Sunday Sales	\$500

Package Store		
	Off Premises Consumption Retail Package: Beer and/or Malt Beverages	\$1,000
	Off Premises Consumption Retail Package: Wine	\$1,000
	Off Premises Consumption Retail Package: Liquor	\$2,000
	Add-On – Ancillary Wine Tasting	\$250
	Add-On – Sunday Sales	\$500

Private Clubs		
	On Premises Consumption: Beer & Malt Beverages	\$375
	On Premises Consumption: Wine	\$375
	On Premises Consumption: Liquor	\$750
	Add-On – Sunday Sales	\$500

Hotel, Motel, Private Dog Park Public Entertainment Facility		
	On Premises Consumption: Beer & Malt Beverages	\$750
	On Premises Consumption: Wine	\$750
	On Premises Consumption: Liquor	\$2,000
	Add-On – Sunday Sales	\$500

Supermarket		
	On Premises Consumption: Beer & Malt Beverages	\$750
	On Premises Consumption: Wine	\$750
	Off Premises Consumption Package: Beer & Malt Beverage	\$1,000
	Off Premises Consumption Package: Wine	\$1,000
	Add-On License – Alcoholic Beverage Catering with City On Premises Consumption License	\$50
	Add-On – Ancillary Wine Tasting	\$250
	Add-On – Sunday Sales	\$500

Wine Bar		
	On Premises Consumption: Beer & Malt Beverages	\$750
	On Premises Consumption: Wine	\$750
	Off Premises Consumption Package: Beer & Malt Beverage	\$1,000
	Off Premises Consumption Package: Wine	\$1,000
	Add-On License – Alcoholic Beverage Catering with City On Premises Consumption License	\$50
	Add-On – Ancillary Wine Tasting	\$250
	Add-On – Sunday Sales	\$500

Specialty Licenses		
	Alcoholic Beverage Catering without City License	\$50
	Ancillary Growler Tasting	\$50
	Complimentary Service: Beer & Wine	\$300
	Gift Shop: Beer & Wine	\$600
	Public Facility Permit	\$50
	Special Event: For Profit Organizations	\$150
	Special Event: Non-Profit Organizations	\$0

PLEASE ADD ALL FEE AMOUNTS FOR SELECTED LICENSE TYPES AND ENTER AMOUNT BELOW:			
	<table border="1" style="float: right;"> <tr> <td style="width: 100px; text-align: center;">FEE TOTAL</td> <td style="width: 100px;"></td> </tr> </table>	FEE TOTAL	
FEE TOTAL			



CITY OF ALPHARETTA  
ALCOHOLIC BEVERAGE LICENSING  
RENEWAL APPLICATION

**ESTABLISHMENT INFORMATION**

Name of Establishment:

DBA (if applicable):

Physical Address in Alpharetta:

Business Mailing Address:

Licensee First and Last Name:

Licensee Cell Phone:

Licensee Email:

Federal Tax ID:

GA Sales Tax #:

GA Withholding #:

Current Alpharetta Account ID #:

This number is located on the current license on the right hand corner of the license, above the phone number.

**LOCATION INFORMATION**

**How many employees work at this business?**

# of Full-Time W2 Employees:

# of Part-Time Employees:

**Please provide the following information for the on-site manager of this business.**

*If there has been a change in management since the original application or previous renewal was submitted, the new manager must complete and submit a Personal Statement. [available here:*

First and Last Name:

Address:

Cell Phone Number:

Email Address:

**Do you own or lease the establishment premises?**

Lease

Own

**If you lease the space, please provide contact information for your landlord.**

First and Last Name:

Cell Phone Number:

Email Address:



**BUSINESS OWNERSHIP INFORMATION**

**What is the ownership type of this business?**

*If the type of ownership has changed since original issuance or last year's renewal, please attach additional documentation showing said change. For example: Secretary of State filing, Fulton County filing, letters of incorporation, etc.*

Proprietorship

Partnership

LLP

Corporation

LLC

Non-Profit

Other (please specify)

List all persons having an interest of 10% or more in the business. Attach additional sheets if necessary.

**Owner #1 Name:**

**Ownership Percentage:**

Cell Phone:

Email Address:

**Owner #2 Name:**

**Ownership Percentage:**

Cell Phone:

Email Address:

**Owner #3 Name:**

**Ownership Percentage:**

Cell Phone:

Email Address:

**Owner #4 Name:**

**Ownership Percentage:**

Cell Phone:

Email Address:

**Owner #5 Name:**

**Ownership Percentage:**

Cell Phone:

Email Address:

If a Corporation or LLC, please provide the following information. Attach additional sheets if necessary.

President

Cell:

Email:

Vice President

Cell:

Email:

Secretary

Cell:

Email:

Treasurer

Cell:

Email:



**IDENTIFICATION DOCUMENT OF LICENSEE**

Please attach a copy or image of the licensee's identification document.

COPY OF IDENTIFICATION

Identification documents may be one (1) of the following:

1. U.S. driver's license;
2. U.S. passport;
3. U.S. military identification card;
4. Permanent Resident card (form I-551);
5. Arrival/Department Record (form I-94);
6. Employment Authorization Document (form I-766); or
7. Any other documentation listed on the Attorney General's list of Secure and Verifiable Documents provided at <https://law.georgia.gov/resources/immigration-reports>.



# CITY OF ALPHARETTA

## ALCOHOLIC BEVERAGE LICENSING

### SAVE AFFIDAVIT VERIFYING LEGAL IMMIGRATION STATUS

O.C.G.A. § 50-36-1 states that an agency or political subdivision providing or administering a public benefit shall require every applicant for such benefit to execute a signed and sworn affidavit verifying the applicant's lawful presence in the United States.

By executing this affidavit under oath, as an applicant for a City of Alpharetta public benefit, I hereby state the following with respect to my application for (please check one):

- Alcohol Beverage License or Permit Business Name: \_\_\_\_\_
- Pawn / Precious Metal License or Permit Business Name: \_\_\_\_\_
- Taxi Cab License or Permit Business Name: \_\_\_\_\_
- Massage and Spa License or Permit Business Name: \_\_\_\_\_
- Solicitation Permit Business Name: \_\_\_\_\_

I am a United States citizen. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a United States citizen 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

OR

I am a legal permanent resident. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a legal permanent resident 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\*\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

OR

I am a qualified alien or non-immigrant. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a qualified alien or non-immigrant under the federal Immigration and Nationality Act, Title 8 U.S.C. with an alien number issued by the Department of Homeland Security or other federal immigration agency, and is 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\*\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

Applicant's alien number issued by the Department of Homeland Security Or other federal immigration agency \_\_\_\_\_

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ 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

\*Documents include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

\*\*Documents include a Permanent Resident card (form I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website: <http://law.ga.gov/immigration-reports>.



CITY OF ALPHARETTA
ALCOHOLIC BEVERAGE LICENSING
PRIVATE EMPLOYER AFFIDAVIT (PURSUANT TO O.C.G.A § 30-60-6(d))

By executing this affidavit under oath, as an applicant for an Alcohol Beverage License as referenced in O.C.G.A. § 36-60-6(d), from the City of Alpharetta Georgia, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application for the above mentioned document.

Printed Name Of Private Employer: \_\_\_\_\_

Section 1: Please select ONE of the following.

- Employs more than ten (10) employees (total employees for Individual, Firm or Corporation). Please complete section 2 below and sign/notarize at the bottom.
Employs ten (10) or fewer employees (Individual, Firm, or Corporation). Do not complete Section 2. Please sign/notarize at the bottom.

Section 2: The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as 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. § 16-10-20, and face criminal penalties allowed by such statute.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

Printed Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

NOTARY PUBLIC

My Commission Expires





CITY OF ALPHARETTA
ALCOHOLIC BEVERAGE LICENSING
RENEWAL APPLICATION AFFIDAVIT

TO BE REVIEWED AND SIGNED BY LICENSEE AND NOTARY PUBLIC

Under penalty provided by law, the licensee, in the presence of the undersigned notary public, swears and/or affirms that they are the person named in the foregoing application, and that they have provided a complete, true, and complete response to each question.

Further, the licensee further swears and/or affirms that they will:

- 1. Treat this license as a privilege and not a right, as this license may be revoked or suspended;
2. Abide by all laws, rules, and regulations of the Unites States, the State of Georgia, and of the City of Alpharetta that are now in force or which may hereafter be enacted, which regulate and govern alcoholic beverages;
3. Ensure that all employees (including licensee and/or Registered Agent) that take orders, sell, dispense, mix, or serve alcoholic beverages possess a valid City of Alpharetta Pouring Permit;
4. Read and review the City of Alpharetta Alcohol Ordinance and require each employee to be familiar with the Ordinance and the relevant requirements.
5. Not assign the rights and responsibilities conferred by the license(s) to another;
6. Notify the City of Alpharetta Code Enforcement Office of any change to this application, establishment, management, and/or ownership within thirty (30) days of said change; and
7. If applicable, submit an Alcohol Compliance Verification Form and any requisite excise taxes to the City of Alpharetta Finance Department prior to the twentieth (20) day of each month.

Any misstatement or concealment of fact in the application shall be grounds for denying a license. The undersigned, as the licensee, understands that any falsehoods are ground for denial of this application. The undersigned further understands that any license issued contrary to state laws and city ordinances of the City of Alpharetta, Georgia shall be void, and under penalty of state law, the licensee may be prosecuted for submitting false statements and affidavits in connection with this application.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Licensee

Print Name of Licensee

SUBSCRIBED AND SWORN
BEFORE ME ON THIS
\_\_\_\_ DAY OF \_\_\_\_\_, 2022.

NOTARY PUBLIC
My Commission Expires: \_\_\_\_\_



CITY OF ALPHARETTA
ALCOHOLIC BEVERAGE LICENSING
REGISTERED AGENT FORM

Every establishment with an alcoholic beverage license within the City of Alpharetta must designate a registered agent to serve on behalf of the establishment. The registered agent must be a legal resident of Fulton County, Georgia. Please complete and sign before a notary public.

ESTABLISHMENT INFORMATION

Establishment Name: Licensee's Cell Phone:
Establishment Address:
City: State: Zip Code:
Licensee's Email:

REGISTERED AGENT INFORMATION

Registered Agent's Name: Cell Phone Number:
Registered Agent's Address:
City: State: Zip Code:
Registered Agent's Email:

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers, and/or directors of the above named business and to perform all obligations of such agency under the provisions of the ordinances of the City of Alpharetta, Georgia. Further, I certify that I am a legal resident of Fulton County, Georgia.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Registered Agent

Print Name of Registered Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS
\_\_\_\_\_ DAY OF \_\_\_\_\_, 2022.

NOTARY PUBLIC
My Commission Expires: \_\_\_\_\_

Signature of Licensee

Printed Name Licensee

SUBSCRIBED AND SWORN
BEFORE ME ON THIS
\_\_\_\_\_ DAY OF \_\_\_\_\_, 2022.

NOTARY PUBLIC
My Commission Expires: \_\_\_\_\_



**IDENTIFICATION DOCUMENT OF REGISTERED AGENTS**

Please attach a copy or image of the registered agent's identification document.

COPY OF IDENTIFICATION

Identification documents may be one (1) of the following:

1. U.S. driver's license;
2. U.S. passport;
3. U.S. military identification card;
4. Permanent Resident card (form I-551);
5. Arrival/Department Record (form I-94);
6. Employment Authorization Document (form I-766); or
7. Any other documentation listed on the Attorney General's list of Secure and Verifiable Documents provided at <https://law.georgia.gov/resources/immigration-reports>.



# CITY OF ALPHARETTA

## ALCOHOLIC BEVERAGE LICENSING

### PERSONAL STATEMENT FORM FOR RENEWAL APPLICATIONS

This personal statement form for renewal applications must be completed if there has been a change in manager, registered agent owning more than 10% (but less than a majority or equal part ownership) of the business. In the event, that there is a change in a majority owner or officer/director of the business, a new public hearing application is required.

Each question must be answered accurately and completely. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. This form must be executed under oath and signed before a notary public.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Of Business With Which This Statement Is Affiliated: \_\_\_\_\_

Business Location / Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position In Business Of Above Named Person: \_\_\_\_\_ Percent Ownership / Interest In Business: \_\_\_\_\_

Annual Salary / Compensation Of the Above Named Person Earned From This Business Entity: \_\_\_\_\_

Do you have any financial interest or are you employed in any wholesale or retails business engaged in distilling, bottling, rectifying, or selling alcoholic beverages?

- Yes If "yes", please provide the name, location and your role with the business or businesses.
- No

Have you ever had any financial interest in an alcoholic beverage business that was denied for a license or permit?

- Yes If "yes", please provide details as to the business and the reason for the denial(s).
- No

Has any alcoholic beverage business in which you hold or have held any financial interest or by which you are employed or have been employed ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages?

- Yes
- No

If, during the past ten (10) years, you have bought and sold any alcoholic beverage business, please provide the details (date of sale, license number, persons and considerations involved).

Have you ever been denied bond by a commercial security company?

- Yes If "yes", please provide details as to the reason for the denial(s).
- No

Are there other names that you have used or may be known by (maiden name, names by former marriage, former names changed legally or otherwise, aliases, nicknames, etc.)? Please specify each such name and the dates used:

Your Home Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Business Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Place Of Birth (Include city, state, and country): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Are you a US Citizen?  By Birth  Naturalized  No

If you are a naturalized US Citizen, please provide the following information. Otherwise, please proceed to the next question set.

Date Naturalized: \_\_\_\_\_ Place and Court: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Petition #: \_\_\_\_\_ Derived Parents' Certificate #: \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

Native Country: \_\_\_\_\_ Date of US Entry: \_\_\_\_\_ Port of Entry: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced  Separated

If married or separated, please provide the following information about your spouse.

Full Name (Last, First, Middle): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Employment record for the past ten (10) years, noting experience from most to least recent. Note month and year. All forms must be completed.

Date Employed To	Date Employed From	Description of Occupation and Duties Performed	Salary Earned	Employees	Reason For Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List all of your places of residence for the past ten (10) years from the most to the least recent. Note month and year of residence.

Residence From	Residence Until	Street Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Excluding traffic violations, have you ever been arrested or held by Federal, State, or other law enforcement authorities for any violation of any federal law, state law, or county or municipal law, regulation, or ordinance?

Yes  No

If "yes" you must list all such charges even if they were dismissed. Give the reason you were charged or held, the date, place where charged, and the disposition of your case. If no formal arrest was made, indicate "no arrest". After the last arrest is listed, please write "no other arrest".

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches Weight in Pounds: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_

*I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Personal Statement and in any and all documents provided in support of this application are true and accurate. I further understand that any false statements provided by me or my representatives as part of this application, beyond any legal penalties, will result in the denial of the subject application. Further, I hereby authorize the City of Alpharetta to receive any criminal history record information pertaining to me which may be in the files of any criminal justice agency.*

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date Of Application

\_\_\_\_\_  
Applicant's Signature

*I hereby certify that \_\_\_\_\_ signed her / his name to the foregoing application stating to me the he /she knew and understood all statements and information contained therein and, under oath actually administered by me, has sworn that said statements and information are true and correct.*

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public - Printed Name

\_\_\_\_\_  
Notary Public - Signature



# CITY OF ALPHARETTA

## ALCOHOLIC BEVERAGE LICENSING

### PERSONAL STATEMENT FORM FOR RENEWAL APPLICATIONS

#### IDENTIFICATION DOCUMENT OF INDIVIDUALS COMPLETING A PERSONAL STATEMENT FORM

Please attach a copy or image of an identification document for individuals completing a Personal Statement Form.

COPY OF IDENTIFICATION

Identification documents may be one (1) of the following:

1. U.S. driver's license;
2. U.S. passport;
3. U.S. military identification card;
4. Permanent Resident card (form I-551);
5. Arrival/Department Record (form I-94);
6. Employment Authorization Document (form I-766); or
7. Any other documentation listed on the Attorney General's list of Secure and Verifiable Documents provided at <https://law.georgia.gov/resources/immigration-reports>.