



CITY OF ALPHARETTA

COMPLIMENTARY SERVICE APPLICATION AND INFORMATION

Updated 08/31/2020

DEPARTMENT OF COMMUNITY DEVELOPMENT

2 PARK PLAZA

ALPHARETTA, GA 30009

WWW.ALPHARETTA.GA.US

678-297-6070

INFORMATION PAGES

Allowed Uses:

- Licensed Spa Service Establishments
- Hair Salons
- Specialty Retail/Boutique Shops
- Art Studios
- Leasing/Real Estate Offices
- Hotel/Extended Stay without an alcohol license
- Non alcohol licensed Restaurants by occasion

Application

- Complete, Sign and Notarize all required pages
- The \$300 application and investigation fee must accompany the application. Checks and Credit Cards are accepted
- See attachment for instructions for the background check
- Completed applications must be delivered to the Licensing Office at City Hall, Ground Floor 2 Park Plaza Alpharetta, Ga30009
- Fees are non-refundable

Review of the Code of Complementary Service

- Any Business eligible for a Complementary Service (CS) License must have the License displayed at the business prior to beginning CS.
- Owner/s of a business applying for a CS License beer/wine, must also obtain a “Pouring Permit” annually from the Department of Public Safety. Online scheduling of appointments are required <https://p2c.alpharetta.ga.us/p2c/> and select “Schedule your Appointment here”. There is a fee for the permit.
- If serving wine, 1-6 ounce pour per customer per visit is permitted
- If serving malt beverages, 1–12 ounce pour per customer per visit is permitted
- Absolutely NO LIQUOR may be poured by the business
- If allowing a customer is being permitted to bring their own bottle of wine, only 1–6 ounce pour may be served and consumed per customer per visit

Inspections

- Random inspections will be completed by Code Enforcement Officers. During the inspections they will be looking at:
 - Pouring Permits
 - Business and CS Licenses on display
 - Storage area for beer/wine
 - Standard required signage
 - Any other observed Code violations will be discussed at that time as well



Department of Community Development

Alcohol Beverage License Background Check and Fingerprinting Business Owners and Registered Agents Only

LiveScan is the electronic fingerprints taken by the Georgia Applicant Processing Service (GAPS) managed by GEMALTO Systems. The fingerprints are used to obtain a national criminal history report from the FBI and GBI.

If you live in Georgia you may register online, go to Gemalto Applicant Processing Services by using the following hyperlink: [Gemalto Applicant Processing Services \(https://www.aps.gemalto.com/index.htm\)](https://www.aps.gemalto.com/index.htm)

- Click Georgia
- Select the Applicant Registration tab
- Select the City / County Government tab
- Select the Alcohol and Liquor License tab
- Read and accept the non-criminal justice applicant privacy rights and the privacy act statement
- Complete the Applicant Registration
 - Reviewing Agency ID is GA923421Z
 - Reason: Alcohol / Liquor License

Once all fields are complete and payment has been made, save or print the Registration Receipt. You will need to provide the registration number at the fingerprint location. Locations are listed on the main GEMALTO page by clicking on the link "Find A Fingerprint Location".

If you live outside of the State of Georgia, at the end of the registration form, click "Fingerprint Card User" and you will be given instructions on where to mail the fingerprint card. Fingerprint Cards may be obtained at most police agencies.

If you have any questions regarding the background process, please contact the Department of Community Development 678-297-6086.



CONTACT INFORMATION

Business Name: _____

Contact Name: _____

Contact Email: _____

Contact Telephone: _____

Contact Mobile: _____

LICENSE INFORMATION

Please select the most appropriate response. This application is being filed due to:

- New Location
- New License
- New Ownership
- Other. Please specify. _____

Please select the category that best describes the business for which this application is being submitted.

- Package Store
- Convenience Store
- Private Club
- Restaurant
- Super Market
- Specialty Shop
- Gas / Drug / Dry Goods Store
- Brew Pub
- Other. Please specify. _____

Please indicate the type of license for which you are applying (check all that apply):

- Retail Package Sales
- Wholesale/Distributor
- Manufacturer / Brewery
- Consumption On Premises
- Specialty Gift Shop
- Complimentary Service

Selling the following (check all that apply):

- Beer
- Growlers
- Wine
- Sunday Sales
- Distilled Spirits
- Wine by bottle for off-premises consumption (Restaurants Only)

Establishments selling liquor must also collect and file a mixed drink tax return monthly.

THIS SECTION FOR CITY STAFF USE ONLY

Please select from the list at right each type of alcohol sales that apply to the business for which this application is being submitted. If you intend to sell both wine and beer / malt beverages, please select the "Beer and Wine" category rather than selecting the individual "Beer" category and "Wine" category.

Please reference the fee schedule on the previous page to determine the appropriate fee for each category and your business type.

<input type="checkbox"/> Liquor	Amount Due	_____
<input type="checkbox"/> Beer	Amount Due	_____
<input type="checkbox"/> Wine	Amount Due	_____
<input type="checkbox"/> Beer and Wine	Amount Due	_____
<input type="checkbox"/> Sunday Sales	Amount Due	_____
<input type="checkbox"/> Brewery	Amount Due	_____
<input type="checkbox"/> Growler	Amount Due	_____
<input type="checkbox"/> Complimentary Service	Amount Due	_____

**TOTAL
AMOUNT
DUE**



CITY OF ALPHARETTA

ALCOHOL BEVERAGE SALES & SERVICE

PERSONAL STATEMENT

This personal statement must be executed under oath by the licensee and each owner, manager, officer and/or director of the corporation of any place of business applying for an Alcohol Beverage License. A completed Personal Statement must be submitted for all of these individuals at the time the Alcohol Beverage License Application is submitted.

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.

Last Name: _____ First Name: _____ Middle Name: _____

Name Of Business With Which This Statement Is Affiliated: _____

Business Location / Street Address: _____ City: _____ State: _____ Zip: _____

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

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"/>				

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: _____ *Attach a photograph (front view) taken within past 12 months.*

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.

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

GEORGIA CRIMINAL HISTORY RECORD REQUEST AND CONSENT FORM

1. This request **if** for (select one of the following):

- Employment
- Firefighter Employment
- Police Officer Pre-Employment
- Criminal Justice Employment - Non Sworn
- Alpharetta Recreation & Parks Department Employment
- Employment Working With The Elderly
- Employment Working With The Mentally Ill
- Employment At A Child Care Facility / School / Other Job Involving Children
- Licensing
- Taxi Permit
- Precious Metals
- Massage Therapy Permit
- Firearms / Toting Permit
- Alpharetta Alcohol Licensing
- Solicitation Permit
- Personal Use
- Military
- International Travel
- Police Ride-Along Request
- Prospective Adoptive / Foster Parents

2. A history is requested on the following person:

Last Name: _____ First Name: _____ Middle Name: _____
 Social Security Number: _____ Date Of Birth: _____ Sex: _____
 Race: _____ Telephone: _____

3. Person requesting criminal history (person permitted to pickup fulfilled request report):

Last Name: _____ First Name: _____ Middle Name: _____
 Company (If Applicable): _____ Telephone: _____
 Your Business Address: _____
 City _____ State: _____ Zip Code _____

3. In making this request, I hereby give consent for an inquiry to be made of my Georgia Criminal History. I also give permission for this history to be inquired within the next (circle one) 90 / 180 / _____ days from the date noted on this request. I agree that the Alpharetta Department of Public Safety, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record once it has been delivered to me. A photocopy of this request will be placed on file and is valid as an original hereof, even though the photocopy does not contain an original signature. Incomplete requests will be denied. This report is considered accurate at time of inquiry and may change at any time. I also understand that the required payment (if applicable) is due upon request.

Results will be made available within five (5) business days. Unclaimed results will be destroyed in fourteen (14) days and an additional request must be submitted.

Photocopy of a legal government issued ID must accompany this request.

Signature of Person Whose Criminal History is Being Requested

Date

STAFFUSEONLY

Results: _____ GCIC Tech: _____ ARN: _____
 Date Submitted: _____ Inquiry Date: _____