



# CITY OF ALPHARETTA

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## COMPLIMENTARY SERVICE APPLICATION AND INFORMATION

Updated 04/21/2021

DEPARTMENT OF COMMUNITY DEVELOPMENT

2 PARK PLAZA

ALPHARETTA, GA 30009

[WWW.ALPHARETTA.GA.US](http://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, Signed and Notarize all required pages
- The \$300 application and investigation fee must accompany the application. Checks and Credit Cards are accepted
- Completed applications must be delivered to the Licensing Office at City Hall, Ground Floor 2 Park Plaza Alpharetta, Ga30009
- Fees are non-refundable

## Alcohol Pouring Permits (by appointment only)

- Issued by Alpharetta Department of Public Safety
- Only Business owner(s) required to obtain a pouring permit.
- To schedule an appointment, go to <https://p2c.alpharetta.ga.us/p2c/>
- Pouring permits are good for one year and must be renewed each year.

# 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, One singular 6 ounce pour per customer per visit is permitted
- If serving malt beverages, One single 12 ounce pour/bottle/can 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 One singular 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



### 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.*

- Liquor                      Amount Due \_\_\_\_\_
- Beer                              Amount Due \_\_\_\_\_
- Wine                              Amount Due \_\_\_\_\_
- Beer and Wine                  Amount Due \_\_\_\_\_
- Sunday Sales                    Amount Due \_\_\_\_\_
- Brewery                          Amount Due \_\_\_\_\_
- Growler                          Amount Due \_\_\_\_\_
- 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"/>
<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: \_\_\_\_\_ *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 is 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

### STAFF USE ONLY

Results: \_\_\_\_\_ GCIC Tech: \_\_\_\_\_ ARN: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_ Inquiry Date: \_\_\_\_\_



**City of Alpharetta**  
**Affidavit Verifying Legal Immigration Status**  
**This Affidavit Must Be Notarized**

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):

Occupational Tax Certificate (Business License) (insert business name)

\_\_\_\_\_

Alcoholic Beverage License (insert 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

**OR** least one secure and verifiable document,\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

\_\_\_\_\_ 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

**OR** provided at least one secure and verifiable document,\*\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

\_\_\_\_\_ 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 (from 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>.