Cobb County Business License Division
191 Lawrence Street
Marietta, GA 30060-1692
Phone – 770-528-8412
Fax – 770-528-8414
Web site Address - www.cobbcounty.org

Check off list and application for a Cobb County Liquor, Beer, & Wine License

Change of Licensee

- ❑ 1. The application must be completed in its entirety before being accepted by the Business License Office. Each question must be answered. Provide one original and one duplicate of the completed application and all attachments.

- ❑ 2. The application and all attachments **must be typed or legibly printed in black ink**. The Business License Division reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible by the Cobb County Business License Division Manager.

- ❑ 3. A personal statement must be submitted for the licensee, each owner, each partner, and each stockholder with 20% or more shares. The Business License Division Manager reserves the right to request personal statements on **all** stockholders, partners, and owners. (One personal statement packet is attached.) (Pages 16-25)

- ❑ 4. Complete a personal financial statement for the licensee, each owner, each partner, and each stockholder with 20% or more shares. Include assets, liabilities, and capital. The Business License Division Manager reserves the right to ask for this information on **all** stockholders, partners, and owners. (One form is attached page 25)

- ❑ 5. Provide a seven (7) year driver's history for the licensee, each owner, each partner, and each stockholder with 20% or more ownership. This report can be obtained from any State Patrol Post location. Enclosed is a list of Metro Atlanta Post locations for your convenience. If the licensee, owner, partner, or stockholder resides outside the State of Georgia, a driver's history must be obtained from the State of residence of the licensee, owner, partner, and/or stockholder. (Page 24)

- ❑ 6. A list of the employees, including names, addresses, phone numbers, and positions, designated by the licensee of the business to receive communication, notices and/or court documents, including citations, must be listed in question 22 of page 11 of the alcoholic beverage application. Failure to provide persons on question 22 will subject application to denial. Failure of at least one of the persons listed in question 22 of page 11 to be at the business while the business is open will place the alcoholic beverage license in jeopardy**. This list must be updated and kept current with the Cobb County Business License office. Failure to keep this list current with the Cobb County Business License office will also place the license in jeopardy.**

- ❑ 7. Sole Proprietors and Partners that are not U.S. Citizens must provide **original** Immigration Card I-551 to the Business License Staff for verification and copying. Naturalized citizens must provide their **original** certificate of naturalization for verification by Business License Staff. This applies to the licensee, each owner and each partner with 20% or more ownership, and their spouses. (Passports will not be accepted.) Shareholders of corporations with 20% or more ownership and their spouses must provide immigration documents, when applicable. Applications for I-551 and pending applications for I-551 are not acceptable for the licensee and the licensee's spouse; other immigration statuses that allow legal entry into the United States are not acceptable for the licensee and the licensee's spouse, but they may be acceptable for shareholders of the corporation.

- ❑ 8. All applications for new Alcoholic Beverage Establishments, all Change of Ownership applications, and all Change of Licensee applications that are submitted after January 1, 2002, will not be accepted unless the licensee provides with the application a certificate of attendance by the **licensee** to the Policy Workshop required by the Cobb County Code of Ordinances. The Cobb County Business License Division must receive the original certificate issued by a Cobb County-approved workshop provider before the application will be accepted. To signup for a Policy Workshop please see the attached registration forms from two approved RASS Workshop vendors on pages 27-29. Please be sure to send the appropriate registration form to the appropriate vendor of your choice. (see maps/directions on registration forms)

- ❑ 9. Applicants for a license to sell alcohol beverages on–premises (pouring license) must have an accountant complete in its entirety the food and alcoholic beverage sales affidavit and submit with the application. (form attached) The food and alcoholic beverage sales affidavit must have an estimate based on the business plan, menu, estimated sales, etc. The food and alcoholic beverage sales affidavit must be signed by the accountant and the licensee. (page 26) The licensee and accountant must be able to support the information submitted on the affidavit at the Business License Division's request.

- ❑ 10. Provide a signed and notarized consent form must be provided for the licensee, each owner, each partner, each stockholder with 20% or more shares and the spouses of the licensee, each owner, each partner, and each stockholder with 20% or more shares. (Page 22,23)

- ❑ 11. Submit two (2) fingerprint cards for the licensee with a business check or money order for $ 24.00 made payable to Georgia Bureau of Investigation. No personal checks or cash will be accepted for this investigation fee. This fee is non-refundable.

- ❑ 12. There is also an additional $100.00 application fee payable to the Cobb County Business License Division by business check or money order. This application fee must be paid when the application is submitted. This fee is non-refundable.

- ❑ 13. Provide two (2) photographs with the personal statement of the licensee, each owner, each partner, and each stockholder with 20% or more shares. Photographs must be 2X2 and less than a year old. (Page 16)

- ❑ 14. **Liquor Package Only** – A five percent (5%) tax on Liquor Package sales must be collected on annual gross sales of liquor between $100,00 and $178,000. This tax will not exceed $3,900.00 annually and is in addition to the annual license fee. This tax must be submitted on the appropriate tax form to the Cobb County Business License Division located at 191 Lawrence Street, First Floor, Marietta, Georgia 30060-1692. Taxes must be submitted by the twentieth (20th) of each month following the month that the tax was collected. It is the responsibility of the license holder to obtain the appropriate tax forms from the Business License Division.

- 15. **Liquor Pouring Only**- A three percent (3%) tax on the price of all drinks containing spirituous liquor, sold by the drink, must be collected by the liquor pouring license holder. The tax must be submitted to the Cobb County Business License Division located at 191 Lawrence Street, First Floor, Marietta, Georgia 30060-1692 utilizing the appropriate tax form. These taxes must be submitted by the twentieth (20th) of each month following the month the tax was collected. It is the responsibility of the license holder to obtain the appropriate tax forms from the Business License Division.

- 16. For your information - Employees must apply for a permit to serve/sell alcoholic beverages in Cobb County. To obtain a Cobb County Server Permit go to the Cobb County Police Permits Unit located at 154 North Marietta Parkway, Marietta, Georgia 30060. Phone – 770-499-3943.

- 17. All alcoholic beverage establishments must apply for and receive a State Alcoholic Beverage License prior to stocking and selling alcoholic beverages. State applications can be obtained by contacting the Georgia Department of Revenue Alcohol Division. – Phone – 404-651-8651.

- 18. Alcoholic Beverage establishments must also pay a Federal Special Tax to the Bureau of Alcohol, Tobacco, and Firearms. See attached information and/or call (800) 937-8864.

- 19. Area alcoholic beverage wholesalers may provide alcoholic beverage training seminars. If interested in this service, please contact your wholesaler to see if this service is available.

- 20. It is the licensee's responsibility to notify the Cobb County Business License Division prior to going out of business or selling the business. Failure to do so will subject you or your company to all taxes due to Cobb County.

Application Procedure:

Each application will require 2-3 weeks for processing. Upon receipt of the application the Business License Division will send the application to the Cobb County Police Permits Unit for investigation. No action can be taken in regard to the application until the Cobb County Police Permits Unit investigation has been completed. The police investigation usually requires 7 – 10 business days. After receipt of the investigation report, the application will be considered by the Business License Division Manager. This decision will not be performed in a hearing. This decision will be based solely on the application's compliance with the Official Code of Cobb County Georgia. If the application is approved the license fee must be paid within two weeks of approval. If the application is denied the applicant will have ten days to appeal the denial to the License Review Board. Even when approved, any aggrieved party will have ten days to appeal the decision of the Business License Division Manger. When the application is in compliance with the Official Code of Cobb County Georgia and there is an objection, the application will be deferred to the License Review Board for a hearing. The License Review Board routinely meets on the second and fourth Thursday of each month at 3:00 p.m. The meeting will be conducted in the Purchasing Building, Bid Room, on the second floor at 1772 County Services Parkway, Marietta, Georgia.

Upon the decision of the Business License Division Manager and the appropriate filing of an appeal, the application will be scheduled for the next available hearing. However, appeals must be received a minimum of two weeks in advance of a License Review Board hearing. All decisions of the License Review Board are final unless appealed to the Board of Commissioners within thirty days of the decision of the License Review Board.

A change of licensee application is acceptable when it is only the licensee that is changing. Any change in ownership would require a change of ownership application. The change of licensee application must be approved and issued by the Cobb County Business License Division prior to the new licensee assuming the position of licensee. If the current licensee leaves, is terminated or no longer occupies a position that meets the requirements to be licensee, the alcoholic beverage license is VOID and all sales of alcohol must cease.

To qualify as a licensee, the individual must be a full-time employee of the corporation with direct managerial control of employment, management, operations, and the sale of alcoholic beverages of the store for which the applicant has applied to be licensee.

If there are any questions regarding this Change of Licensee Application, please contact the Cobb County Business License Division at 770-528-8410.

Cobb County Business License Division
191 Lawrence Street
Marietta, GA 30060-1692
Phone 770-528-8410
Fax 770-528-8414

Date Received: _____
Application Fee Paid $_____Date: _____
Attendance to Alcohol Workshop: ( )Yes Date:_____( )No
Finger Print Card Fee Paid $_____
Copy to Police Department: _____
Date Letter Received From PD: _____
Ads to Run: _____
Consideration Date: _____
Disposition: Approved ( ) Denied ( ) Date: _____
License Review Board: Approved ( ) Denied ( ) Date: _____ Board of Commissioners: Approved ( ) Denied ( ) Date: _____

License Number: _____

Application for Alcoholic Beverage License/ Change of Licensee

Application Date: _____

Liquor	**Beer**	**Wine**
Pouring ( )	Pouring ( )	Pouring ( )
Package ( )	Package ( )	Package ( )

Type of Business

Bar ( ) Beer Pub ( ) Bottle House ( ) Convenience Store ( ) Farm Winery ( )

Grocery ( ) Nightclub ( ) Poolroom ( ) Restaurant ( ) Sunday Sales ( ) Drug Store ( )

Wholesaler ( )

1. Type of Business: _____
2. Name doing business as: _____Phone: _____

   Corporation, Partnership or Company Name _____Fax: _____

   Business Address: _____

   City: _____, State: _____ Zip: _____

3. Mailing Address: _____

   City: _____, State: _____Zip: _____

   Email Address: _____

4. Licensee Full Name _____Title: _____

   SS # _____-____-_____ Business Phone: _____ Home Phone _____

   Home Address _____

   City: _____, State: _____Zip: _____

5. Type of Ownership: Sole Proprietor ( ) Partnership ( ) Corporation ( )
   LLP ( ) LLC ( )

6. If Sole Proprietor - Owner's Name: _____

   SS# _____-____-_____ Date of Birth: _____

   Home Address: _____Home Phone: _____

   City: _____, State: _____Zip: _____

7. If Partnership or Limited Liability Partnership

   Partnership or LLP Name: _____

   Name of Partner/Member: _____SS#_____-____-_____

   Date of Birth: _____ Percentage of Ownership: _____

   Home Address: _____Home Phone:_____

   City: _____, State: _____Zip: _____

   Name of Partner/Member: _____SS#_____-____-_____

   Date of Birth: _____ Percentage of Ownership: _____

   Home Address: _____Home Phone:_____

   City: _____, State: _____Zip: _____

*** Include additional partners/members on separate attachment***

8. If Corporation or Limited Liability Company

Name of Corporation or LLC Name: _____

President/Member: _____ Percentage of Ownership: _____

Date of Birth: _____SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____Zip: _____

Vice President/Member: _____Percentage of Ownership: _____

Date of Birth: _____SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____Zip: _____

Secretary/Member: _____Percentage of Ownership: _____

Date of Birth: _____SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____Zip: _____

Treasurer/Member: _____Percentage of Ownership: _____

Date of Birth: _____SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____Zip: _____

Include additional partners/members on separate attachment

9. List all stockholders by name, date of birth, social security number, address, phone number, and number of shares owned by each. Attach all stocks (front and back) to the application.

Name	DOB	SSN	Address	Phone #	#Shares

10. Does the licensee, partner, member, manager, corporation, stockholder in the corporation or any owner have any other vested interest in any other alcoholic beverage license in the State of Georgia? Yes ( ) No ( )

    If yes, give complete names, addresses, and phone numbers below.

    _____

    _____

    _____

11. List full name, date of birth, social security number, address, and percentage of ownership for each individual, including all "limited" and "silent" partners, having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.)

Name	DOB	SSN	Address	% of Ownership

12. List full name, address, and percentage of ownership for each firm or corporation having any interest in this application.

Corporate Name	Business Address	% Owned

13. List full name, position held, social security number, address, and percentage of ownership for each board member of each corporation.

Name	Position Held	SSN	Resident Address	% Owned

14. Is or has the licensee or any owner listed in question ten (10) and/or eleven (11) currently holding interest, or ever been associated with any alcoholic beverage establishment? If yes, list below.

Name	SSN	Name of Business	Business Address	% Interest

15. List full name and other required information for spouse, parents, step-parents, parents-in-law, brothers, sisters, step-brothers, step-sisters, brothers-in-law, sisters-in-law, children, and step children, if such relatives are related to the licensee or any owner and have, or have had in the past any license or any financial or ownership interest whatsoever in any business dealing in alcoholic beverages.

Name	Relationship	Resident Address	Business Name & Address	% Interest

16. List the full name and address of every owner of the property on which this business is to be conducted.

Name of Property Owner	Address	Relation to applicant or owner(s)

17. List the full name and address of every owner of the building within which this business is to be conducted.

Name of Building Owner	Address	Relation to applicant or owner(s)

18. List the full name and address of every lessor and sub-lessor of the property where the business is to be conducted.

Name	Lessor or Sub-lessor	Address	Relation to applicant or owner(s)

19. Has any individual, firm, partnership, or corporation been issued a license to sell alcoholic beverages at this location? _____. If Yes, give the name of the business, date closed, and reason for closing.

_____

_____

_____

20. State the total amount of capital funds that is or will be invested in this business.

_____

A. State the total amount of personal funds invested by you the licensee/owner, including the total amount of funds borrowed by you the licensee/ owner. _____.

B. State the total amount of personal fund invested by other owners including the total amount of funds borrowed by other owners. _____.

C. If any capital is borrowed, state name of lender(s), amount of capital borrowed from each, date of the loan(s), and true rate of interest on each. (A copy of note(s) or other evidence of indebtedness, with all amendments, must be attached to the application.)

Name of lender	Address	Amount	Date	Interest

21. Name the person(s) that will be the manager(s) of this business, giving all pertinent information. In addition, state how the manager(s) will be compensated.

Name	SSN	Address	% Interest (if any)	Compensation

22. Please list the name(s), address(es) and telephone number(s) of all managers and/or employees whom you designate to receive court documents, communications, citations, or notices required under the Alcoholic Beverage Ordinance at the location of the business. Failure of the licensee to designate a person(s) who will be at the place of business whenever the business is open to receive documents as stated, failure of the person listed to be present at the place of business during the business operation hours, and/or failure of the licensee to maintain a current list of such person(s) with the Cobb County Business License office shall be cause for denial of the alcoholic beverage license or revocation of the alcoholic beverage license. Attach additional lists if needed.

Name	Home Address	Home Phone Number	Position

23. State name of person or firm responsible for preparing and maintaining financial and tax records of this business, giving all pertinent information.

Name	Business Name & Address	Business Phone #

24. Has this place, or any place of business associated in any form with the Corporation, LLC, Partnership, LLP, individual ownership for which this application is submitted, or any owner, partner, shareholder, stockholder, licensee, officer, or employee of any owner, shareholder or entity of a shareholder in this application ever been cited, charged, indicted, have a pending charge, or been convicted at any time, for any violation of Georgia Law, Federal Law, or any rule or regulation of the State Revenue Commissioner or any rule, regulation, or ordinance of any city, county, or other Governmental unit?

Yes ( ) No ( ) If yes, give full details of all the above.

_____

_____

_____

25. Have you, your spouse, the licensee, licensee's spouse, or any person having interest in this business or their spouse, have ever been:

A. **Arrested** Yes ( ) No ( ) B. **Convicted** Yes ( ) No ( )

C. **Detained** Yes ( ) No ( ) D. **Indicted** Yes ( ) No ( )

E. **Pled Guilty** Yes ( ) No ( ) F. **Pled Nolo Contendre** Yes ( ) No ( )

G. **On Probation** Yes ( ) No ( ) H. **Any Pending Criminal Charge** Yes ( ) No ( )

I. If you answered "**YES**" to any of these questions, list below in complete detail the dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

_____

_____

_____

_____

26. Have you, your spouse, the licensee, the licensee's spouse, any person having any interest in this business or their spouse ever had any interest in any business, ever been a licensee, or ever been and officer in any business that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offence by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application will result in denial of the application or revocation of the license.)

_____

_____

_____

27. Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employees, owners and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the amount of hours required for each, and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required.

_____

_____

_____

28. What type of materials (written materials, signs, badges, etc.) are provided with the training of employees. Please enclose these materials.

_____

_____

29. Have you read and do you understand all the provisions of the Cobb County and State Georgia Alcoholic Beverage requirements as stated in Chapter Six of the Cobb County Code of Ordinances and Title Three of the Official Code of Georgia.

YES or **NO** (Please circle one)

30. Are you aware that the sale of alcoholic beverages to an underage person(s) by you or your employees may result in the suspension or revocation of the alcoholic beverage license.

YES or **NO** (Please circle one)

31. What written procedures do you have in place to ensure that alcoholic beverages are not sold to underage person(s)? Please attach all documentation relating to such procedures and include an explanation as to their usage.

_____

_____

32. What procedures do you have in place to ensure that alcoholic beverages are not sold in violation of the Cobb County Code of Ordinances and State Law? Please attach all documentation relating to such procedures and include an explanation as to their usage.

_____

_____

33. What technology, equipment, and products have been or will be implemented in this location to ensure compliance with County and State law? (Example: cash registers that require date of birth, cameras, signs, calendars, etc….) List, describe, and indicate the number and the location in the business.

_____

_____

34. Estimated Gross Receipts from this location for the remaining calendar year $_____.

35. How is the proposed location zoned? _____

    If this is an application for a new establishment attach proof of adequate parking facilities of one (1) off street parking space for each (200) square feet of total floor area within the building in conformance with the zoning ordinance and regulations of the County.
    Verified by Planning Division or Zoning Division staff member _____

36. Whose responsibility is it to ensure that all of your employees have alcohol server's permits?

    _____

For pouring license, please indicate the following:

37. Days and hours of operation _____

38. Number of pool tables in the location _____

39. Number of video game machines _____

40. Size of dance floor _____

41. Amount of cover charge _____

42. List days of the week and hours that the location will have live entertainment _____

    _____

43. Describe type of entertainment (attach contracts; describe and identify acts, bands, persons, etc.) _____

    _____

    _____

44. Will location have a DJ and if so, list days of the week and hours? _____

    _____

45. How many square feet of the location is the: a. dining area? _____
    b. bar area? _____
    c. What percentage of total dining space is bar area? _____

    (Attach floor plan, showing dining facility, bar facility and include all seating)

GEORGIA, COBB COUNTY

I, _____ SWEAR THAT THE FACTS AND STATEMENTS STATED BY ME IN THE ABOVE AND FOREGOING ANSWERS ARE TRUE AND COMPLETE, AND THAT NO FALSE OR FRAUDULENT STATEMENTS ARE MADE HEREIN, AND NO FALSE OR FRAUDULENT STATEMENT OR STATEMENTS HAVE OR WERE MADE IN ORDER TO PRODUCE THE GRANTING OF AN ALCOHOLIC BEVERAGE LICENSE.

I FURTHER CERTIFY THAT I WILL NOTIFY COBB COUNTY BUSINESS LICENSE DIVISION OF ANY CHANGE IN MANAGEMENT, LICENSEE, OR OWNERSHIP IMMEDIATELY.

_____
SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,20____

_____
NOTARY PUBLIC

_____
SIGNATURE AND TITLE OF
PERSON OTHER THAN APPLICANT
FILLING OUT THIS APPLICATION.

_____
TELEPHONE NUMBER

ALL QUESTIONS MUST BE ANSWERED

RECEIVED IN COBB LICENSE DEPARTMENT ON_____ AT_____

BY_____ _____
BUSINESS LICENSE CLERK DATE

Attach 2x2 Picture Photos Here

Owner/ Licensee Personal Statement

(A photo of applicant must be attached)

1. Full name of licensee (Do Not Use Initials) _____
   Include maiden name(s), alias(s), etc.

2. Social Security No. _____Business Phone_____ Cell Phone_____

3. Home Address: _____Home Phone_____

4. Business Address: _____

5. Race: _____ Sex: _____ Height: _____Weight:_____

   Age: _____ Color of Hair: _____Color of Eyes: _____

6. Place of Birth: _____Date of Birth: _____

   U.S. Citizen by (please check one): Birth _____ Naturalization _____ Not a citizen _____

   If naturalized: Certificate #_____

   Date, place and court: _____ Petition # _____

   Derived Parents Certificate #'s_____

   If not a citizen, please complete the following:
   Alien Registration #: _____ Native Country: _____

   Date and port of entry: _____
   MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS

7. How long have you resided in the State of Georgia? _____

8. Number of years resided at your present address? _____

9. What has been your occupation for the past five (5) years?_____

10. What is your position title with the business submitting this license application? _____
    _____

11. Are you: (Circle one)

    Single Married Widowed Divorced Separated

12. If married or separated, complete the following information on spouse.

Full Name of Spouse _____

Social Security No.: _____Wife's Maiden Name: _____

Place of Birth: _____Date of Birth: _____

Place of Marriage: _____ Date of Marriage: _____

U.S. Citizen by (please check one): Birth _____ Naturalized _____

If naturalized: Certificate #_____

Date, place and court: _____ Petition #_____

Derived Parents Certificate #'S _____

If not a citizen, please complete the following:
Alien Registration #: _____ Native Country: _____

Date and port of entry: _____

MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS

Name of spouse's employer: _____

Address of employer: _____

13. Give names and addresses of all children and stepchildren (regardless of age).

Full Name	Address	Age	Place of Birth

14. Give names and addresses of all immediate living relatives:

Father: _____

Mother: _____

Brother(s)/ Sister(s):_____

_____

Father-in-law: _____

Mother-in-law: _____

15. Do you have financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the premises? If yes, give details: _____

_____

_____

16. Do you or does your spouse have any financial interest, or are you or your spouse employed in any wholesale or retail alcoholic beverage business other than the business submitting the license application of which this personal statement is a part? If yes, please give name, location, amount of interest, and/or type of employment in each.

_____

_____

_____

17. Are you or your spouse related to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each.

_____

_____

_____

18. Education.

Name of schools attended	Address	Dates Attended	Degree Received

19. List occupation(s) for the past ten years.

From Month/ Year	To Month/ Year	Duties Performed	Employer	Address/Phone Number of Employer	Reason for Leaving	Salary

20. List residence(s) for past ten (10) years.

From Month/ Year	To Month/Year	Address	City	State

21. Have you ever been:

A. **Arrested** Yes ( ) No ( ) B. **Convicted** Yes ( ) No ( )

C. **Detained** Yes ( ) No ( ) D. **Indicted** Yes ( ) No ( )

E. **Pled Guilty** Yes ( ) No ( ) F. **Pled Nolo Contendre** Yes ( ) No ( )

G. **On Probation** Yes ( ) No ( ) H. **Any Pending Criminal Charge** Yes ( ) No ( )

I. If you answered "**YES**" to any of these questions, list below in complete detail the dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

_____

_____

_____

_____

I,_____, DO SOLEMNLY SWEAR, THAT THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE. I UNDERSTAND THAT ANY FALSEHOODS ARE GROUNDS FOR AUTOMATIC DISMISSAL OF THIS APPLICATION.

I FURTHER CERTIFY THAT I WILL NOTIFY THE COBB COUNTY BUSINESS LICENSE DIVISION OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

_____
APPLICANT NAME (PRINT)

_____
APPLICANT` SIGNATURE, FULL NAME IN INK

_____
DATE

_____ _____
NOTARY PUBLIC DATE

TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

CONSENT FORM

I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

_____
FULL NAME PRINTED

_____
STREET ADDRESS

_____
CITY, STATE, & ZIP

_____	_____	_____	_____
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

_____
SIGNATURE

_____	_____
NOTARY PUBLIC	DATE

TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

CONSENT FORM

I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

_____
FULL NAME PRINTED

_____
STREET ADDRESS

_____
CITY, STATE, & ZIP

_____	_____	_____	_____
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

_____
SIGNATURE

_____	_____
NOTARY PUBLIC	DATE

Metro Atlanta
Dept. of Motor Vehicles

Updated 9/7/04

Marietta
1605 County Services Pkwy
Marietta, GA 30008
770-528-3250

Marietta
2800 Canton Road, Suite 1000
Marietta, GA 30066
770-528-5401

Canton
1085 Marietta Highway
Canton, GA 30114
770-720-3693

Villa Rica
746 W. Bankhead Highway
Villa Rica, GA 30180
770-459-3549

Forest Park
5036 Georgia Highway 85
Forest Park, GA 30297
404-669-3961

Lawrenceville
310 Hurricane Shoals Road
Lawrenceville, GA 30045
770-995-6890

Cartersville
1300 Joe Frank Harris Parkway
Cartersville, GA 30120
770-387-3700

OWNER/LICENSEE PERSONAL FINANCIAL STATEMENT (Confidential)	
Name`	Date of Birth
Social Security No.	Name of Spouse
Residence Address	Business or Organization
City, State, Zip	Business Phone
Residence Phone	Partner or Officer in any other business? ( ) Yes ( ) No

Assets		% Interest	Liabilities	
Cash on hand and in banks			Notes Payable to Banks-Secured	
Accounts receivable			Notes Payable to Banks-Unsecured	
Notes receivable			Notes Payable to Others	
Stocks and Bonds			Accounts Payable	
Real Estate			Unpaid Taxes	
Cash value of life insurance			Mortgages on Real Estate	
Automobiles			Other Debts	
Deposit accounts				
Credit with financial institutions				
Other assets (itemize):				
			Total Liabilities	
			Net Worth	
Total Assets			Total Liabilities and Net Worth	

Source of Annual Income	
Salary	
Bonus and Commissions	
Dividends	
Alimony, child support, or separate income	
Itemize all loan sources and interest:	
Other income (itemize)	
Total	

General Information	
Unsatisfied judgments or law suits pending? _ Yes ( ) No	
Are any income tax returns made by you for prior years being contested? ( ) Yes ( ) No	If so, what do you estimate as the additional amount you may be required to pay?
Are any assets pledged or in joint names other than as described above? ( ) Yes ( ) No	Have you ever been declared bankrupt? _ Yes ( ) No
Do you have a will? _ Yes ( ) No Beneficiary(ies):	Who is named as your executor?

As of _____ , 20_____.

COBB COUNTY BUSINESS LICENSE
191 LAWRENCE STREET
MARIETTA, GA 30060-1692
PHONE (770)528-8410 FAX (770)528-8414

FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

NAME OF ESTABLISHMENT_____
ADDRESS OF ESTABLISHMENT_____
LICENSEE'S NAME_____ BUSINESS LICENSE # _____

I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES. Financial reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals. This information must be provided from the financial records of the above establishment on a calendar year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED_____
(IF EXISTING BUSINESS, MUST BE 12 MONTH PERIOD. IF NEW BUSINESS, MUST BE 12 MONTH ESTIMATE)

Gross Receipts from Food Sales this period: $_____(_____%)

Gross Receipts from Alcoholic Beverage Sales this period: $_____(_____%)

Total Food Sales and Alcoholic Beverage Sales this period: $_____(_____%)

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales:_____

_____

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

_____ CPA NAME (PRINTED)

_____ NAME OF CPA FIRM

_____ CPA SIGNATURE

_____ BUSINESS ADDRESS

_____ CITY PHONE #

SWORN UNDER OATH THIS ____ DAY OF _____, 20___ _____ SIGNATURE OF NOTARY PUBLIC

II. I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 12:30 p.m. until 12:00 midnight requires a valid alcoholic beverage pouring license, valid Sunday Sales pouring license, and that at least 50% of the licensed establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food.

I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license, including a Sunday Sales pouring license. I further affirm that I understand that the Cobb County Business License Division may audit our records to verify same at its discretion.

_____ SIGNATURE LICENSEE/OWNER

SWORN UNDER OATH THIS ____ DAY OF _____, 20___ _____ SIGNATURE OF NOTARY PUBLIC

THIS FORM MUST BE COMPLETED IN FULL OR NO PRIVILEGE POURING LICENSE WILL BE ISSUED.

EVINDI
INCORPORATED

A Policy Workshop for Owners & Licensees
Regarding Responsible Alcohol-Tobacco Sales & Service

COBB UNDERAGE DRINKING TASK FORCE

Sponsored by the Cobb Underage Drinking Task Force

The Only Approved Workshop Taught By a Lawyer With Years of Experience in the Industry

WHO: Area alcohol **owners** and **licensees** doing business in Acworth, Austell, Cobb, Kennesaw, Marietta, Powder Springs and Smyrna (not for employees). **Managers** are also welcome and encouraged to attend.

WHAT: A Workshop **taught by a lawyer** and designed just for you...
~ Recognizing your legal obligations and responsibilities including ways to reduce your risks and liability
~ Drafting or revising your written policy and common pitfalls
~ Staff training tools
~ Ways to monitor your employees and increase compliance

WHEN: Registration begins at **8:45 a.m.** Plan to **arrive by 8:45 a.m.** to insure attendance. Class lasts from 9:00 a.m. until 12:00 noon on *the first Wednesday of each month*): The **doors close at 9:00 a.m. Latecomers will be turned away to attend a future session**.

January 4, 2006	July 5, 2006
February 1, 2006	August 2, 2006
March 1, 2006	September 6, 2006
April 5, 2006	October 4, 2006
May 3, 2006	November 1, 2006
June 7, 2006	December 6, 2006

WHERE: **Ridgeview Institute:** (map/directions on back) 3995 South Cobb Drive Smyrna, Georgia 30080

To register, send $100 with completed **EVINDI** registration form (on back). Space is limited and is on a first come, first served basis. The **deadline** for registrations is **one week prior** to the preferred workshop date. **No on-site registration** will be accepted. Materials, resources and refreshments will be provided. (There is a $15 fee for refund requests and a $30 fee for returned checks.)

Note: Attendees who have difficulty understanding English are encouraged to bring an interpreter at no additional charge.

This workshop has been approved to satisfy the requirements of the following ordinance sections as amended: Cobb County Section 6-96; City of Kennesaw Section 6-69; City of Roswell Section 3.2.10; Douglas County Section 3-27; City of Powder Springs Sections 3-103 & 3-182; City of Smyrna Section 6-129

OFFICE USE ONLY
Check/Money Order #_____ Received by: _____

EVINDI
INCORPORATED

Policy Workshop for Owners & Licensees - Registration Form

Complete one registration form for each workshop participant - **please type or print legibly**.

Name of Attendee (as it appears on driver's license):_____

Title: (check all that apply) ☐ Owner ☐ Licensee ☐ Manager

Phone:_____ Fax:_____ Email:_____

Preferred Workshop Date: (1st Choice)_____ (2nd Choice)_____

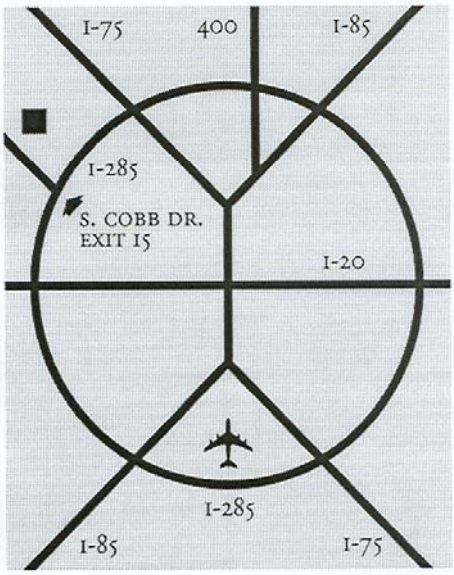
Name of Licensed Premises:_____
(the physical business being licensed)

Address of Licensed Premises:_____

_____

Mail registration form with check or money order payable to Evindi, Inc. @ $100 per participant to:
Evindi, Inc., Attn: RASS Coordinator, 3101 Towercreek Pkwy., Suite 425, Atlanta, GA 30339

DIRECTIONS TO RIDGEVIEW INSTITUTE
3995 South Cobb Drive



From I-75, 400 or I-85 (**north** of the Perimeter):
Take I-285 West to Exit 15, (South Cobb Drive). Turn Right (North) onto South Cobb Dr. Travel approximately 2.5 miles. Ridgeview will be on the right.

From I-75, 400 or I-85 (**inside** the Perimeter):
Take I-75, 400 OR I-85 North, (I-75 is the closest to Ridgeview), to I-285 West then follow the directions above.

From I-75 or I-85 (**south** of the Perimeter) or **I-20**:
Take I-285 North to Exit 15 (South Cobb Drive), turn left (across bridge), travel north 2.5 miles and Ridgeview will be on the right.

From Hartsfield/Atlanta International Airport:
Exit Airport onto Camp Creek Pkwy, follow signs to I-285 North. Take I-285 North to Exit 15 (South Cobb Drive), turn left (across bridge), travel north 2.5 miles and Ridgeview will be on the right.

Upon entering the Ridgeview Campus, park in the parking lot on immediate left. Enter the lower building directly across from that lot.

The Cobb Underage Drinking Task Force is a community law enforcement partnership.

Contact: Maria Sanders @ msanders@evindi.com (email), 770-988-9970 or 770-988-9971 (fax)

TRAINING INSTITUTE FOR RESPONSIBLE VENDORS, INC. (404) 531 - 9237

R.A.S.S. WORKSHOP REGISTRATION FORM

Name of Licensee: _____

Name of Licensed Establishment And Address _____
_____
_____

Phone: _____

Number of Attendees _____

Names of Attendees and Position _____
_____

WORK SHOP DATE WE WILL ATTEND IS _____

Fees for Workshop are $100.00 per Participant due at Check In at Workshop. Check or Cash. Make Checks Payable to T.I.R.V. Inc. NO ONE WILL BE ADMITTED AFTER WORKSHOP HAS BEGUN. Registration must be received 48 hours before Work Shop. Attendees who have difficulty with English can bring an interpreter at no additional charge.

Fax or Mail Registration to: Fax # 770-509-0141 / T.I.R.V. Inc.
P.O. Box 421128
Atanta, GA 300342

Questions / Information: 404-531 9237

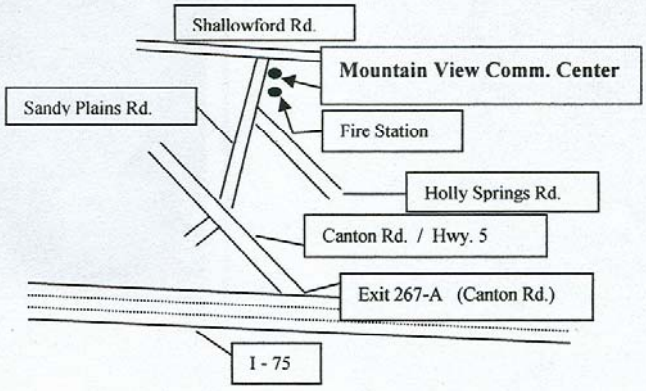
2006 R.A.S.S. WORKSHOP DATES

Tuesday, Jan. 17	Tuesday, Apr. 18	Tuesday, July 18	Tuesday, Oct. 24
Tuesday, Feb. 21	Tuesday, May 23	Tuesday, Aug.22	Tuesday, Nov. 21
Tuesday, Mar. 21	Tuesday, June 20	Tuesday, Sept. 19	Tuesday, Dec. 12

All Classes are from 9AM TO 12PM.

DIRECTIONS TO MOUNTAIN VIEW COMMUNITY CENTER

I-75 to Exit 267-A Hwy. 5 (Canton Rd.) Turn Right at first light (Sandy Plains Rd.) After about 5 miles you will pass library and then the Fire Station. The next two drives takes you to parking for the center.
3400 Sandy Plains Rd.
Marietta, GA 30066
IF LOST CALL: 404-452-9237



Department of the Treasury
Bureau of Alcohol, Tobacco and Firearms

FEDERAL SPECIAL TAX

(You must file a registration and return and pay the special tax upon commencing business and file/pay each year thereafter on or before July 1)

Sample listing of business occupations that could be subject to paying an annual special tax as a "retail liquor dealer" for selling or offering for sale beverage alcohol products (e.g., beer, wine, liquor, coolers, mixed drinks, etc.). This tax applies to on-site consumption and off-site consumption sales.

Airlines
Airport Lounges
Amusement Parks
Bars
Bed and Breakfast Inns
Bingo Halls
Boats (Pleasure)
Bowling Alleys
Casinos
Catering Services
Clubs
Concession Stands
Convenience Stores
Drug Stores
Florist Services
Fraternal Organizations
Fundraising Organizations
Golf Courses
Grills
Grocery Stores
Hospitals
Hotels
Inns
Leagues
Limousine Services
Liquor Stores
Lodges
Lounges
Lunch Wagons
Military Installations
Motels
Package Stores
Pool Halls
Private Clubs
Race Tracks
Recreation Centers
Restaurants
Ships
Snack Bars
State Stores
Stadiums
Supermarkets
Taverns
Trains
Wine & Cheese Stores

FOR MORE INFORMATION AND FORMS CONTACT

ATF National Revenue Center "SOT" Toll Free Number
1-800-937-8864 Or Call (513) 684-2979
(Please call between 8:30 am and 4:30 pm, Eastern Time)
or
Local ATF Field Office _ (404) 679-5130
(WRITE: ATF National Revenue Center, 550 Main Street, Cincinnati, OH 45202)