

Tommy Allegood, Mayor  
 Board of Aldermen:  
 Albert L. Price  
 Gene Pugliese  
 Tim Houston  
 Tim Richardson  
 Brett North



James Albright, City Manager  
 Douglas R. Haynie, City Attorney  
 Regina R. Russell, City Clerk

4415 Center Street  
 Acworth, Georgia 30101  
 (678) 801-4024

[www.acworth.org](http://www.acworth.org)

## Alcoholic Beverage License Renewal Application

Check all that apply:

LIQUOR:	
	RENEWAL
	TRANSFER
	NAME CHANGE
	MANUFACTURER
	WHOLESALER
	RETAIL PACKAGE
	CONSUMPTION ON PREMISES
	a. Restaurant
	b. Bar or Lounge
	c. Bottle Shop
	d. Dancing/Live Entertainment
	e. Indoor Recreation
	f. Private
	g. Brewpub
	h. Other
	SUNDAY SALES
GROWLERS:	
	a. Restaurant
	b. Wine Specialty Shop

BEER:	
	RENEWAL
	TRANSFER
	NAME CHANGE
	MANUFACTURER
	WHOLESALER
	RETAIL PACKAGE
	CONSUMPTION ON PREMISES
	a. Restaurant
	b. Bar or Lounge
	c. Bottle Shop
	d. Dancing/Live Entertainment
	e. Indoor Recreation
	f. Private
	g. Food Store
	h. Service Station
	i. Wine Specialty Shop
	j. Brewpub
	k. Other
	SUNDAY SALES

WINE:	
	RENEWAL
	TRANSFER
	NAME CHANGE
	MANUFACTURER
	WHOLESALER
	RETAIL PACKAGE
	CONSUMPTION ON PREMISES
	a. Restaurant
	b. Bar or Lounge
	c. Bottle Shop
	d. Dancing/Live Entertainment
	e. Indoor Recreation
	f. Private
	g. Food Store
	h. Service Station
	i. Wine Specialty Shop
	j. Brewpub
	k. Other
	SUNDAY SALES

All questions on this application must be answered and training policies submitted or the application **will not** be processed.

All 2024 Acworth alcohol licenses will be sent via email.

Provide an email address for delivery of license: \_\_\_\_\_.

For Office Use Only:  
 Date Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_

Acworth Alcohol License Renewal Application

1. Full Name of Business (LLC, Inc, etc.) \_\_\_\_\_  
d/b/a \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_  
Federal Tax ID Number \_\_\_\_\_ State Alcohol License # \_\_\_\_\_
  
2. Full Name of Applicant \_\_\_\_\_  
Personal Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_  
Drivers License State/# \_\_\_\_\_  
Full Name of Spouse if Married \_\_\_\_\_  
Spouse's Social Security # (if joint owner/partner in business) \_\_\_\_\_
  
3. Property Owner/Management Company for Business Location: \_\_\_\_\_  
Owner/Manager Phone Number \_\_\_\_\_
  
4. Type of Business Ownership (circle one) SOLE PROPRIETOR or PARTNERSHIP or CORPORATION
  - a. If operating as a **partnership**, list amount of interest or percent of ownership for each person.
  - b. If operating as a **corporation**, list stockholders with 20% or more ownership.\_\_\_\_\_  
\_\_\_\_\_
  
5. Are you, your spouse, or any member of your family (including parents, siblings, children, grandchildren, father-in-law, mother-in-law, etc): **Respond YES or NO to each.**
  - a. The owner, lessor, sub-lessor of any real estate that is occupied by a retail liquor store? \_\_\_\_\_
  - b. The executor or beneficiary of any estate having interest in a retail liquor store? \_\_\_\_\_
  - c. The beneficiary or trustee of any trust fund having any interest in a retail liquor store? \_\_\_\_\_
  - d. Have an interest in any retail liquor stores? \_\_\_\_\_
  - e. Have any financial interest in any wholesale liquor business? \_\_\_\_\_Has the applicant or spouse received financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? \_\_\_\_\_  
If any answers are "Yes", provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Applicant understands that any person who has been convicted, within the five (5) years preceding this application, of a felony of any kind, any misdemeanor relating to an alcoholic beverage business or any state law or county or municipal ordinance violation relating to any alcoholic beverage business shall not be considered for an alcohol license renewal. Initial here \_\_\_\_\_

Acworth Alcohol License Renewal Application

- 7. State the amount of gross sales of food, liquor, beer, and wine for twelve (12) months and provide dates used for computing. Indicate sales for beer, wine and liquor separately. Dates for Total \_\_\_\_\_  
 Annual Sales: Total Sales \$ \_\_\_\_\_ Food \$ \_\_\_\_\_  
 Beer \$ \_\_\_\_\_ Wine \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_
- 8. For businesses who currently have a Sunday Sales Alcohol License, do you wish to renew? \_\_\_\_\_ No  
 \_\_\_\_\_ Yes     Retail Sunday Sales Fee \$283.50 / Consumption on Premises Sunday Sales Fee \$682.50
- 9. For Consumption on Premises licenses, list the name of the active Manager(s) at the place of business and date their Manager Permit expires? \_\_\_\_\_  
 \_\_\_\_\_
- 10. Did you receive a copy of the City of Acworth’s Alcoholic Beverages Ordinance and any applicable amendments with this renewal application? \_\_\_\_\_ Yes                      \_\_\_\_\_ No
- 11. Applicant has provided a copy of the establishments policies regarding training requirements for employees that serve/sell alcoholic beverages. Initial here \_\_\_\_\_

**Georgia, Cobb County**

I, \_\_\_\_\_, being duly sworn to law, do swear that the statements made by me in the above and foregoing answers to questions are true and no false or fraudulent statement is made herein and such statements were made in order to procure the granting of such a license. I hereby authorize the Acworth Police Department to obtain and review copies of any criminal and/or driver’s histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the Acworth Police Department’s investigation. I further certify that I will notify the City of Acworth Office of the City Clerk of any changes effecting my status and/or position with is company.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Print Name & Title of Person preparing this application if other than applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of person preparing application

\_\_\_\_\_  
Telephone Number of Applicant

\_\_\_\_\_  
Telephone number of person preparing application

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public  
Commission Expires \_\_\_\_\_



# Acworth Police Department Consent Form



I hereby authorize the Acworth Police Department to receive any criminal history record information pertaining to me, which may be in the files of any national state or local criminal justice agency. I hereby authorize the Acworth Police Department to release all criminal history record information received to:  
\_\_\_\_\_ care of \_\_\_\_\_.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Maiden Name / Previous Name / Alias

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

- Race:
- A – Asian, Asian Indians, & Other Non-
  - I – American Indian or Alaskan Native
  - B – Black
  - W – White (Includes Mexicans & Latins)
  - U – Unknown / Other

- Sex:
- Male
  - Female

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signed and sealed on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary

Seal

-----  
Official Use Only

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

\_\_\_\_\_  
GCIC Operator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Record Attached

- FBI Number Checked
- State ID Number Checked

\_\_\_\_\_  
No Record



**Affidavit Verifying Status for City Public Benefit Application**

By executing this affidavit under oath, as an applicant for a City of Acworth, Georgia, Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for a City of Acworth, **(check one of the following)**:

- |  |   |
|--|---|
| <input type="checkbox"/> Business License or<br>Georgia Occupational Tax Certificate       | <b>Miscellaneous Licenses (check one below):</b>          |
| <input type="checkbox"/> Alcohol Beverage License  | <input type="checkbox"/> Auctioneers                      |
| <input type="checkbox"/> Taxicab License   | <input type="checkbox"/> Pawn Brokers                     |
| <input type="checkbox"/> Insurance Company License   | <input type="checkbox"/> Massage Therapists               |
| <input type="checkbox"/> Employee Benefits (Retirement, Health, Disability)                | <input type="checkbox"/> Billiard Rooms Operations        |
| <input type="checkbox"/> Contracts <b>(Please specify type)</b> _____                      | <input type="checkbox"/> Precious Metals and Gems Dealers |
| <input type="checkbox"/> Other public benefit <i>(indicate, if not listed above)</i> _____ | <input type="checkbox"/> Flea Markets                     |

Name of Business \_\_\_\_\_

**Check only one:**

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

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

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

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 as allowed by such criminal statute.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

\_\_\_\_\_  
**Signature of Applicant**

**Notary Public** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Applicant**

**My Commission Expires:** \_\_\_\_\_

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



**REGISTERED AGENT CONSENT AND INFORMATION FORM**

The registered agent is a **representative of the applicant** authorized to receive all communications, notices, services or other papers or documents on behalf of the applicant.

**CITY OF ACWORTH OFFICE OF THE CITY CLERK**

I, \_\_\_\_\_, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors thereof and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Acworth, Georgia. I understand the basic purpose is to have and continuously maintain a Registered Agent upon which any process, notice, or demand required or permitted by law or under said ordinance to be served upon the licensee or owner may be served. I understand that the Registered Agent must be a citizen of the United States and a resident of Georgia. I hereby authorize the Acworth Police Department to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the Acworth Police Department's investigation. I further certify that I will notify the City of Acworth Office of the City Clerk of any changes effecting my status and/or position with this company.

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

\_\_\_\_\_  
Signature of Agent

Full Name of Agent \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Home Address \_\_\_\_\_

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

Number of years at current address \_\_\_\_\_ County of Home Address \_\_\_\_\_

State and Driver's License Number \_\_\_\_\_



# Registered Agent Consent Form



## Acworth Police Department Consent Form

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\_\_\_\_\_ care of \_\_\_\_\_.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Maiden Name / Previous Name / Alias

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

- Race:
- A – Asian, Asian Indians, & Other Non-
  - I – American Indian or Alaskan Native
  - B – Black
  - W – White (Includes Mexicans & Latins)
  - U – Unknown / Other

- Sex:
- Male
  - Female

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signed and sealed on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary

Seal

-----  
Official Use Only

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

\_\_\_\_\_  
GCIC Operator Signature

\_\_\_\_\_  
Date

Record Attached

- FBI Number Checked
- State ID Number Checked

\_\_\_\_\_  
No Record