

ACWORTH ALCOHOL BEVERAGE LICENSE INSTRUCTIONS

City Clerk's Office: 4415 Center Street, Acworth, GA 30101

(678) 801-4024 alcohollicense@acworth-ga.gov

Please note: **ALL** the following documentation must be uploaded to the [State License Portal](#).

1	Completed application - all questions must be answered . Incomplete applications will not be accepted. * Registered Agent (pgs 15 & 16 of application) is a representative of the applicant who is a resident of the United States and the State of Georgia.
2	Surveyor's plat of the affected location. *Distances and method of measurement are stated in Section 6-25 of the Alcoholic Beverages Ordinance.
3	Inside plat of the building showing dimensions and total square footage specifically affected by this application.
4	Proof of bona fide residency of the United States (driver's license).
5	Photo of the affected location.
6	Copy of an executed lease or provide proof of real property estate ownership with an executed copy of bill of sale.
7	Partnership agreement or articles of incorporation.
8	Financial statement for corporation or business.
9	Proof of R.A.S.S. training certificate for Applicant. TIRV or Evindi .
10	Alcohol training policy or procedures.
11	Provide a Letter of Clearance from the Clerk of Federal Court in Atlanta, 2211 Richard B Russell Building, 75 Spring Street, 404-215-1635 .
12	Business license certificate or copy of business license application .

Click [here](#) to review the Acworth Alcohol Ordinance.

After all documentation has been uploaded to the [State License Portal](#) please contact the Clerk's Office at 678-801-4024 or alcohollicense@acworth-ga.gov.

**There is a \$200 processing fee for each requested alcohol beverage and Sunday Sales.
Those fees can be paid [online](#) or at the Clerk's Office.**

1	Clerk's Office will advise Applicant of date/time of Public Hearing. *Applicant must attend the scheduled Public Hearing.
2	Clerk's Office will provide a Public Hearing sign which applicant must post at business at least 14 days prior to Public Hearing.
3	The Clerk's Office will schedule the Applicant to be fingerprinted at the Acworth PD.
4	If application is for Consumption on Premises - an Alcohol Manager Permit must be applied for before license is granted.

After approval by City Manager

License fees must be remitted to receive alcohol beverage license.

Consumption on Premises with Liquor

Liquor by the Drink Taxes must be remitted by the 20th of the following month.

LBD Tax forms are available at Acworth-ga.gov

If you have any questions regarding the alcohol licensing process, application, required documents or fees, please contact the Clerk's Office at (678) 801-4024 or email alcohollicense@acworth-ga.gov
ov. *Notary services are available at the Clerk's Office.

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-ga.gov

Alcoholic Beverage License Application

Check all that apply:

LIQUOR:	
<input type="checkbox"/>	NEW
<input type="checkbox"/>	
<input type="checkbox"/>	BUSINESS NAME CHANGE
<input type="checkbox"/>	
<input type="checkbox"/>	APPLICANT CHANGE
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	MANUFACTURER
<input type="checkbox"/>	
<input type="checkbox"/>	WHOLESALER
<input type="checkbox"/>	
<input type="checkbox"/>	RETAIL PACKAGE
<input type="checkbox"/>	
<input type="checkbox"/>	CONSUMPTION ON PREMISES
<input type="checkbox"/>	a. Restaurant
<input type="checkbox"/>	b. Bar or Lounge
<input type="checkbox"/>	c. Bottle Shop
<input type="checkbox"/>	d. Indoor Recreation Facility
<input type="checkbox"/>	e. Adult Entertainment
<input type="checkbox"/>	f. Private
<input type="checkbox"/>	g. Brewpub
<input type="checkbox"/>	h. Other
<input type="checkbox"/>	
<input type="checkbox"/>	SUNDAY SALES
<input type="checkbox"/>	
GROWLERS:	
<input type="checkbox"/>	a. Restaurant
<input type="checkbox"/>	b. Wine Specialty Shop

BEER:	
<input type="checkbox"/>	NEW
<input type="checkbox"/>	
<input type="checkbox"/>	BUSINESS NAME CHANGE
<input type="checkbox"/>	
<input type="checkbox"/>	APPLICANT CHANGE
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	MANUFACTURER
<input type="checkbox"/>	
<input type="checkbox"/>	WHOLESALER
<input type="checkbox"/>	
<input type="checkbox"/>	RETAIL PACKAGE
<input type="checkbox"/>	
<input type="checkbox"/>	CONSUMPTION ON PREMISES
<input type="checkbox"/>	a. Restaurant
<input type="checkbox"/>	b. Bar or Lounge
<input type="checkbox"/>	c. Bottle Shop
<input type="checkbox"/>	d. Indoor Recreation Facility
<input type="checkbox"/>	e. Adult Entertainment
<input type="checkbox"/>	f. Private
<input type="checkbox"/>	g. Food Store
<input type="checkbox"/>	h. Service Station
<input type="checkbox"/>	i. Wine Specialty Shop
<input type="checkbox"/>	j. Brewpub
<input type="checkbox"/>	k. Other
<input type="checkbox"/>	
<input type="checkbox"/>	SUNDAY SALES
<input type="checkbox"/>	

WINE:	
<input type="checkbox"/>	NEW
<input type="checkbox"/>	
<input type="checkbox"/>	BUSINESS NAME CHANGE
<input type="checkbox"/>	
<input type="checkbox"/>	APPLICANT CHANGE
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	MANUFACTURER
<input type="checkbox"/>	
<input type="checkbox"/>	WHOLESALER
<input type="checkbox"/>	
<input type="checkbox"/>	RETAIL PACKAGE
<input type="checkbox"/>	
<input type="checkbox"/>	CONSUMPTION ON PREMISES
<input type="checkbox"/>	a. Restaurant
<input type="checkbox"/>	b. Bar or Lounge
<input type="checkbox"/>	c. Bottle Shop
<input type="checkbox"/>	d. Indoor Recreation Facility
<input type="checkbox"/>	e. Adult Entertainment
<input type="checkbox"/>	f. Private
<input type="checkbox"/>	g. Food Store
<input type="checkbox"/>	h. Service Station
<input type="checkbox"/>	i. Wine Specialty Shop
<input type="checkbox"/>	j. Brewpub
<input type="checkbox"/>	k. Other
<input type="checkbox"/>	
<input type="checkbox"/>	SUNDAY SALES
<input type="checkbox"/>	

For Office Use Only:

Received by: _____

Date received: _____

Alcoholic Beverage License Application

1. Full Name of Business _____

Under what name is the Business to be operated (dba) _____

Is the business a proprietorship, partnership, corporation, domestic or foreign _____

2. Business Address _____

3. Phone _____ Beginning Date for Business in City of Acworth _____

4. _____ New Business _____ Existing Business Purchase

If change of ownership, effective date of this change _____

If change of ownership, enclose a copy of the sales contract and closing statement.

5. Federal Tax ID Number _____ Georgia Sales Tax Number _____

6. Is business within the designated distance of any of the following:

CHURCH, SCHOOL GROUNDS, COLLEGE CAMPUS		YES	NO
Beer and Wine	200 Feet	()	()
Liquor	300 Feet	()	()
FOR BUSINESSES LOCATED WITHIN CENTRAL BUSINESS DISTRICT			
(Food sales must be 75% of gross sales for the calendar year)			
Beer and Wine	150 Feet	()	()
SINGLE, FAMILY RESIDENCES			
Beer, Wine, or Liquor Consumption on Premises Only	50 Feet	()	()
RETAIL LIQUOR TO RETAIL LIQUOR	500 YARDS	()	()

7. Full Name of Applicant _____

Social Security Number _____ Date of Birth _____

Full Name of Spouse (if married) _____

Spouse's Social Security Number (if joint owner/partner in business) _____

Are you a Citizen of the United States _____ Yes _____ No Place of Birth _____

*Please complete the attached SAVE Affidavit for citizenship status.

Current Address _____ City _____ State _____ Zip _____

Number of years at current address _____ County of Residence _____

Previous Address _____ City _____ State _____ Zip _____

Primary Phone Number _____ Secondary Number _____

Business Email Address _____ Personal Email _____

State and Driver's License Number _____

*Provide a copy of your driver's license.

Alcoholic Beverage License Application

What has been your occupation for the past five (5) years? (List Details)

8. Applicant's Date of Employment with current business _____

If new business, date business will begin in Acworth _____

If transfer or change of ownership, enclose a copy of sales contract, closing statement and check here _____

Previous Applicant _____

D/B/A _____

Time limits on opening: All licenses issued under this chapter must open within 90 days. Any applicant unable to comply may make a written request to the administrator for an extension of time not to exceed 90 days. Any license issued under this chapter shall be null and void when the licensed business has not operated or been open to the public for six (6) consecutive months. (Chapter 6, Article I, Section 3-3) Initial here _____

9. What is the name of the person who, if the license is granted, will be the active manager and/or person on duty at the place of business? List person's address, phone number and current employer.

10. Has the applicant, spouse, or any individual having an interest either as owner, partner, or stockholder, been arrested, convicted or entered a plea of nolo contendere within five (5) years immediately prior to the filing of this application for any felony or misdemeanor of any state of the United States, or any municipal ordinance except traffic violations? ____ Yes ____ No

If yes, describe in detail and provide dates: _____

11. Do you own the land and building on which this business is to operate? ____ Yes ____ No

If yes, date purchased _____ Amount \$ _____

If no, give the manner in which the rent is determined, to whom and at what intervals it is paid.

*Attach copy of lease and/or any other pertinent documents.

Alcoholic Beverage License Application

12. How is the proposed location zoned? _____

13. If this is an application for an original license, attach hereto proof of adequate parking facilities as per the City of Acworth zoning requirements.

14. If operating as a corporation, state name and address of corporation, when and where incorporated, names and addresses of officers and directors, social security number and the office held by each.

15. If operating as a corporation, list stockholders complete address, area code and phone numbers (residential and business) and the amount of interest for each stockholder of the corporation.

16. If operating as a partnership, list partners complete address, area code and phone numbers (residential and business) and the amount of interest or percent of ownership for each.

17. If partnership or individual, state names of any other persons or firms owning any interest or receiving funds from the corporation. _____

18. If this is an application for any retail license hereunder, has the applicant or spouse received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages?

____ Yes ____ No If yes, provide details _____

19. If this is an application for any retail license hereunder, has applicant or spouse any financial interest in any manufacturer or wholesaler of alcoholic beverages? ____ Yes ____ No If yes, provide details _____

Alcoholic Beverage License Application

20. Show hereunder any and all persons, corporations, partnerships, or associations who have received or will receive, as a result of your operations under the requested license, any financial gain or payment derived from any interest or income from the operation. (Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation under the license.) In the event that nay corporation is listed as receiving and interest or income from this operation, show the names of the officers and director of said corporation together with the names of the principal stockholders.

21. State whether or not applicant, partner, corporation officer, or stockholder holds any alcoholic beverage license in other jurisdiction or has ever applied for a license and been denied. (Submit full details) _____

22. Do you or your spouse or any of other owners, partners, or stockholders have an interest in other liquor stores? ____ Yes ____ No If yes, explain in detail the number of stores and locations that each has interest. Attach a list of all brothers, sisters, children, grandchildren, father-in-law and mother-in-law, etc. _____

23. Are you or any member of your family the owner, lessor, sub-lessor of any real estate which is occupied by a retail liquor store? ____ Yes ____ No If yes, provide location information for any lease and/or agreement, amount receive for rent, and name of renter or lessee. _____

24. Are you or any member of your family the executor or administrator or beneficiary or heir of any estate having any interest in a retail liquor store? ____ Yes ____ No If yes, give the location, amount of interest, and your capacity with the estate. _____

25. Are you or any member of your family the beneficiary or trustee of any trust fund having any interest in a retail liquor store? ____ Yes ____ No If yes, give your position, the name of the trust and the amount of income you receive. _____

Alcoholic Beverage License Application

26. Do you, your spouse, any partner, any stockholder, have any financial interest in any wholesale liquor business?

___ Yes ___ No If yes provide details. _____

27. Projected Annual Sales: Beer \$ _____ Wine \$ _____ Liquor \$ _____

Food \$ _____ Non-Food \$ _____ Total Sales \$ _____

28. All beer, wine and liquor retailers shall only purchase alcoholic beverages from a State of Georgia Licensed Wholesaler. Initial here _____

29. Property Owner for proposed business location _____

Address _____

Contact Name _____ Phone Number _____

30. Real Estate Firm for proposed business location _____

Address _____

Contact Name _____ Phone Number _____

31. Property management company for proposed business location _____

Address _____

Contact Name _____ Phone Number _____

32. Are you familiar with the City of Acworth ordinances, state laws and regulations, federal laws and regulations governing the operation of this type of business? ___ Yes ___ No

33. Did you receive a copy of the City of Acworth's Alcoholic Beverages Ordinances and any applicable amendments?

___ Yes ___ No

34. What experience or training does the applicant have for alcohol sales? _____

35. Effective January 1, 2015 new alcohol business applicants/licensees will be required to attend a R.A.S.S. workshop at their expense. List company and date of R.A.S.S. training.

*Provide a copy of the R.A.S.S. certificate.

36. Provide policy or procedure documentation regarding employee training to ensure no sales of alcoholic beverages to underage patrons. Initial here _____

Alcoholic Beverage License Application

37. What equipment does the proposed alcohol license establishment have to ensure no sales of alcoholic beverages to underage patrons? Examples include cash registers that require the date of birth to be entered, cameras, signs and calendars _____

38. Define the applicant's duties and responsibilities regarding the proposed business: _____

39. I acknowledge receipt of the Applicant Primary Rights and Privacy Act Statement for purposes of being fingerprinted as part of the alcoholic beverages license application process. Initial here _____

40. Have you answered all questions within this application? ____ Yes ____ No

41. Do you have any questions or comments regarding the alcohol ordinances, laws, regulations or this application?
_____ Yes _____ No

If yes, provide details: _____

City Clerk response: _____

Alcoholic Beverage License Application

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

Phone Number of Applicant

Phone Number of person completing application

Sworn to and subscribed before me this

_____ day of _____, 20 _____

Notary Public

FOR OFFICE USE ONLY

Application received in the Office of the City Clerk at: Date _____ Time _____ By: _____

Fingerprinted at the Acworth Police Department: Date _____

Zoning approved by Community Development Director: Date _____



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

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

APPLICANT SIGNATURE

DATE

NOTARY SIGNATURE

DATE

SEAL



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 Georgia Occupational Tax Certificate	Miscellaneous Licenses (check one below):
<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 (Please specify type) _____	<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:

Effective 07/19/12



Office of the Acworth City Clerk
4415 Center Street
Acworth, GA 30101
Phone: 678-801-4024

SUNDAY SALES ALCOHOLIC BEVERAGE LICENSE APPLICATION

Name of Business _____

Name of Applicant _____

Business Address _____

Business Phone _____ Applicant Phone _____

Name of Registered Agent _____

Name of Alcohol Manager (consumption) _____

Annual Gross Sales: Food _____ Non-Food/Alcohol _____

Annual Gross Sales for Alcoholic Beverage Sales:

Beer _____ Wine _____ Liquor _____

CONSUMPTION ON PREMISES - Sunday Sales license fee \$682.50 Initial here _____

RETAIL SALES – Sunday Sales license fee \$283.50 Initial here _____

**Beginning November 1, 2020 – Sunday Sale hours for Alcohol are 11:00 a.m. to 11:59 p.m.
Initial here _____**

Georgia, Cobb County

I, _____, being duly sworn according to law, do swear that the facts stated by me in the above mentioned are true. I further attest that I have received and reviewed a copy of the City of Acworth, Code of Ordinances, Chapter 6 and Section 6-20, "Hours and days for sale and purchase."

Applicant Signature

Date

Sworn to and subscribed before me this
_____ day of _____
20____.

Notary Public
Commission Expires _____



Office of the Acworth City Clerk
4415 Center Street, Acworth, GA 30101
Phone: 678-801-4024

DELIVERY OF ALCOHOLIC BEVERAGES

The General Assembly of the State of Georgia has enacted legislation in accordance with 2020 HB879, codified as O.C.G.A. § 3-3-10, and signed into law on August 3, 2020, authorizing delivery of alcoholic beverages. According to State regulations, licensed alcohol businesses are eligible to deliver unopened alcoholic beverages in their original container as sealed by the manufacturer. **Mixed drinks or cocktails are not permitted to be delivered, unless the mixed drink or cocktail is delivered in the original can, bottle or other container sealed by the manufacturer.**

DELIVERY:

- Individuals shall establish an account that will be maintained by the licensee.
- Licensee shall process all payments prior to beverages leaving the premises.
- Inventory can only come from Licensee.
- Inventory can only be transported in LOCAL LICENSE JURISDICTION.
- **DELIVERY ADDRESS CAN ONLY BE IN LICENSED JURISDICTION.**
- Delivery shall only be during lawful times of sale.
- Delivery must be same day that package left the premises.
- NO DELIVERIES TO: school, dorm, prison, reformatory, correctional facility, addiction or substance abuse facility, postal box or shipping location or another retailer.

DELIVERY DRIVERS:

All delivery drivers are required to complete a mandatory delivery training course approved by the Department of Revenue and pass an examination upon completion of the course. Please visit Alcoholic Beverage Delivery Training Curriculum (<https://dor.georgia.gov/alcoholic-beverage-delivery-training-curriculum>) for detailed information.

It is the responsibility of the licensed establishment to know and follow all the rules and regulations set forth by the State of Georgia regarding alcohol deliveries. **Initial** _____

Print Name of Licensee _____

Business Name _____

Business Address _____

Signature of Licensee _____ Date _____

Sworn to and subscribed before me this

_____ day of _____ 20____.

Notary Public

Commission Expires _____



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

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