Cobb County
Business License Division
P.O. Box 649
Marietta, Georgia 30061-0649

If you wish for this application to be hand delivered or delivered via UPS or FedEx please do so at:
1150 Powder Springs Street, Suite 400
Marietta, Georgia 30064

Web site Address - www.cobbcounty.org

New Alcoholic Beverage Establishment Application

Before completing this application you must verify that the proposed location of your establishment is in fact located in unincorporated Cobb County. You must also contact the Cobb County Zoning Division at 770-528-2035 to verify that the proposed location is zoned for the type of business activity that you are proposing to conduct with this application.

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

- ☐ 1. The application must be completed in its **entirety** before being accepted by the Business License Division. Each question must be answered. **Provide one original and one duplicate of the completed application and all attachments.** If you have filed a new Cobb County Alcoholic Beverage License Application with the Cobb County Business License Division within five years preceding the date of this application, you may copy the prior application's information, that remains unchanged, when filing this application, and submit it with this application. However, all questions must be completed and any questions unique to this application must be answered accordingly. If you have any questions, please contact our office. **Once the application has been completed in its entirety and all requested attachments are included with the application and a duplicate copy has been made you may contact Ellisia Webb at 770-528-8407 or ellisia.webb@cobbcounty.org to schedule an appointment to submit the application. APPLICATIONS WILL BE ACCEPTED BY APPOINTMENT ONLY.**

- ☐ 2. The application and all attachments **must be typed or legibly printed in black or blue 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 20-27)

- ❑ 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 29)

- ❑ 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 Department of Motor Vehicles 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 28) **The (7) year driver's history must be dated less than thirty days from the time the application is submitted to the Business License Division.**

- ❑ 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 14 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 14 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. 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 three approved RASS Workshop vendors on pages 32-36. Please be sure to send the appropriate registration form to the appropriate vendor of your choice. (see maps/directions on registration forms)

- ❑ 8. Applicants for a license to sell alcoholic beverages on-premises (pouring license) must have a certified public 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 certified public accountant and the licensee**. (page 30) The licensee and accountant must be able to support the information submitted on the affidavit at the Business License Division's request. The sale of alcoholic beverages on Sunday is only authorized for those licensees that possess an alcoholic beverage pouring license, and submit a food and alcoholic beverage sales affidavit indicating fifty percent (50%) of the food and alcoholic beverage sales is from food sales.

- ❑ 9. **POURING LICENSE APPLICATIONS ONLY-** Please provide the following for a pouring license application:
  a. Floor plan of the entire location
  b. Structural plan indicating dining area, tables, seating, bar area (the bar area cannot be greater than 25% of the dining area of a restaurant), kitchen, patio (all patios must be in compliance with the International Building Code and Section 6-236(c)(11) of the Cobb County Code of Ordinances), dance area, pool tables, games, and any other entertainment
  c. Complete menu
  d. Pictures of the location being applied for (pictures must depict all inside area)
  e. Health Department Certificate

- ❑ 10. 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 the spouses** of the licensee, each owner and each partner with 20% or more ownership. (**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.)

- ❑ 11. 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. (pages 26-27.)

- ❑ 12. Submit fingerprints electronically thorough the Georgia Application Processing Services (GAPS). See page 43 of this application and sign the fingerprint affidavit on page 44 of this application after submitting fingerprints through GAPS. (Required of Licensee only) **Fingerprints submitted through GAPS should be submitted no more than thirty days prior to the date the application is submitted to the Business License Division.**

- ❑ 13. There is also an additional $600.00 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.**

- ❑ 14. 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 20)

- ❑ 15. Submit a note of indebtedness where capital is borrowed. The note of indebtedness must include the name of the lender, debtor, date, signatures, interest rate, amount of loan, and length of obligation. (Page 13, Question 20.C.)

- ❑ 16. Provide a copy of the Certificate of Incorporation if the business is a corporation or a Certificate of Organization if the business is an LLC.

- ❑ 17. Provide copies of all Stock Certificates (Front & Back), in numerical order, and minutes of meetings on all stock transfers, except for publicly-traded companies. Organizational papers are required to be submitted for Limited Liability Companies and Limited Liability Partnerships.

- ❑ 18. Provide an executed and dated Purchase Agreement – if you are buying an existing establishment.

- ❑ 19. Provide a copy of a lease and/or sublease, contract, management agreement, and/or purchase agreement or deed for the property. All must be executed by all parties involved. **The ownership of the business applying for the license must be listed as the tenant in the lease.**

- ❑ 20. Provide plats of proposed site – **TWELVE (12) BLUE LINE COPIES (8 ½ X 11) EACH COPY MUST INCLUDE THE SURVEYOR'S ORIGINAL SIGNATURE** – completed by a certified surveyor, drawn to scale 1" = 200'. Each survey must contain a 300-ft. radius circle and a 600 ft. radius circle from the nearest customer entrance. Distance is measured from the nearest customer entrance in a straight line to the nearest property line. Each parcel (property) must have the zoning designation clearly labeled. Property lines must be displayed along with the zoning designation for each property. The surveyor must provide the specific distance in feet from the customer entrance of the proposed location to the nearest property line of the nearest residence, church, park, public school, and library. The survey must indicate which tenant space, if in a shopping center, the proposed location will occupy, along with a diagram of the shopping center. Failure to provide an accurate survey is cause for denial of the alcoholic beverage application. Please see attached example of a survey. (Example page 31) **Surveys for liquor package stores must also indicate the specific distance in feet from the customer entrance to the nearest property line of the nearest liquor package store.**

- ❑ 21. Zoning – Page 17, Question 37 of the alcoholic beverage application must be completed and one plat signed by a member of the Zoning Division indicating the zoning designation of the proposed location must be provided.

- ❑ 22. Each application for a location which has not previously been occupied for other than residential purposes or on which there is or is to be new construction shall also include a copy of a site plan approved by all the departments in the site plan review process. This plan can be obtained through the Site Plan Review Section of the Development & Inspections Division. If a Site Plan is unavailable, a current Certificate of Occupancy is acceptable upon approval of the Business License Division Manager.

- ❑ 23. Provide blueprints (approved by Zoning Division & Development Inspections Division) of the proposed building if it is a new location.

- ❑ 24. ***NOTICE*** - ***Any and all false information provided to the Business License Division verbally or written will subject the person that provides this false information to prosecution to the full extent of the law and will subject the application to denial or revocation.***

- ❑ 25. **LIQUOR PACKAGE ONLY-** Submit drawings or snapshots of the location of the existing building to show compliance with Section 6-129 of the Cobb County Code of Ordinances.

- ❑ 26. **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. This tax must be submitted on the appropriate tax form to the Cobb County Business License Division at P.O. BOX 649, Marietta, Georgia, 30061-0649., 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.

- ❑ 27. **SUBSTITUTE LICENSEE-** An application, personal statement, consent form, on the substitute licensee **and his/her spouse** and the same documentation required for a licensee may also be provided for a substitute licensee as provided in Section 6-92(f) of the Cobb County Code of Ordinances and may be submitted in addition to the licensee and approved as a substitute licensee to avoid the disruption of alcoholic beverage sales. The substitute licensee may serve as the licensee in the event the licensee leaves the business or is no longer qualified to be the licensee. The substitute licensee **must meet all of the qualifications of the licensee and have management capacity,** as defined in Section 6-1 of the Cobb County Code of Ordinances. If you are applying using a substitute licensee, please note that check list items above, numbered 3-13, are also applicable and required of the substitute licensee. For questions regarding the substitute licensee, please call our office at (770) 582-8410.

- ❑ 28. **For pool tables utilized in the establishment, a separate business license application is required in addition to the alcoholic beverage application and approval is required for pool tables utilized in the establishment.**

- ❑ 29. **Once the license is approved, all fees must be paid within fourteen (14) days or the license will be void. All alcoholic beverage license fees must be paid with a certified check or money order made payable to the Cobb County Business License Division.**

- ❑ 30. For your information - Employees must apply for a permit to serve/sell alcoholic beverages in Cobb County. See attached Cobb County Alcohol Work Permit affidavit pages (38-39) To obtain a Cobb County Alcohol Server's Permit, go to the Cobb County Police Permits Unit located at 154 North Marietta Parkway, Marietta, Georgia 30060. (Phone: 770-499-3943). The work permit is valid at only one location. If your employee is selling alcohol at more than one location for more than one company, more than one alcohol permit is required. Employees who possess an alcohol work permit at a different location do not have a valid alcohol work permit until they change the establishment and the establishment address with the Cobb County Police Department's Regulatory Services and Permits Unit and are issued a new permit with the new establishment address. **It is the responsibility of the licensee that employees obtain alcohol server's permits.** Failure of employees to comply will result in prosecution and possible suspension or revocation of business owner's alcoholic beverage license.

- ❑ 31. All Licensees must complete the Status affidavit on page 41.

- ❑ 32. **Convenience Stores and Liquor Package Stores** must complete the Camera affidavit on page 42.

- ❑ 33. 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: 404-417-4490) or visit their website at www.dor.ga.gov.

- ❑ 34. Alcoholic beverage establishments must also pay a Federal Special Tax to the Bureau of Alcohol, Tobacco and Firearms (see attached information)

- ❑ 35. 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.

- ❑ 36. Fees: Business License/Occupation Tax is in addition to annual fees stated below

	POURING	**PACKAGE**
LIQUOR	$5,000.00	$5,000.00
BEER	$600.00	$600.00
WINE	$600.00	$600.00
SUNDAY SALES	$1000.00	N/A

Application Procedures:

When distance restrictions are not a factor, it takes 4-6 weeks for Police investigation, advertising and consideration. Proposed locations that are within 300 feet of the property line of a private residence or 600 feet from the property line of a public school, park, library, or church, will take a minimum of 12 weeks and as much as 16 weeks for Police investigation, advertising and consideration by the License Review Board and Board of Commissioners. No application will be considered without a copy of the certificate issued to the licensee evidencing attendance and completion of the County approved alcoholic beverage policy workshop. Upon receipt of the application, the Business License office 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 Police investigation has been completed. The Police investigation usually takes 7 – 10 business days but can take up to 60 days. After receipt of the investigation report, the application will be advertised to give public notice of the application. The advertisement appears in the Marietta Daily Journal on two consecutive Fridays, and the proposed location will be posted with a notice (sign) for the two weeks during the time of advertisement. The Business License Division Manager will initially consider the application on the Thursday following the last advertisement date. 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. The Business License Division Manager has no discretion in the decision regarding the license. **If the application is approved, the license fee must be paid within two weeks of the approval.** If the application is denied, the applicant will have ten days to appeal the decision to the License Review Board. Even when approved, any aggrieved party will have ten days for an opportunity to appeal the decision of the Business License Division Manager to the License Review Board. The appeal is filed through the Business License Office. When the applicant is in compliance with the Cobb County Code of Ordinances and there is an objection to the application, the application will be deferred to the License Review Board for a hearing. You will be notified of all hearing dates, times, and locations. The License Review Board routinely meets on the second and fourth Thursday of each month at 3:00 p.m. The appeal hearings are conducted in the Bid Room, which is on the second floor of the Purchasing Building located at 1772 County Services Parkway, Marietta, Georgia.

Pursuant to the decision of the Business License Manager and the appropriate filing of an appeal, the appeal hearing will be scheduled for the next available meeting date. However, appeals must be received by the Business License Office a minimum of two weeks in advance of a License Review Board Hearing. Decisions of the License Review Board may be appealed to the Board of Commissioners within thirty days of the decision of the License Review Board. The Board of Commissioners will affirm or may conduct a hearing and could overturn the decision made by the License Review Board regarding distance restrictions, whether approved or denied. Usually, when the License Review Board approves the application and there is no appeal, a non-hearing agenda item will be presented to the Board of Commissioners at a regular Board of Commissioners meeting within thirty days of the License Review Board decision. If the Board of Commissioners affirms the License Review Board decision, the alcoholic beverage license may be issued upon receipt of full payment for the license. If the Board of Commissioners does not affirm the License Review Board decision, a hearing will be scheduled within sixty days of the License Review Board decision. The alcoholic beverage license can not be issued until approved or affirmed by the Board of Commissioners.

If there are any questions regarding the alcoholic beverage application, please contact the Business License Division at 770-528-8410.

Cobb County
Business License Division
P.O. Box 649
Marietta, Georgia 30061-0649
Phone 770-528-8410/ Fax 770-528-8414

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

License Number: _____

Application for New Alcoholic Beverage Establishment License

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 ( )

Wholesaler ( ) Manufacturer ( ) Drugstore ( ) Package Store ( )

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: _____

   E-mail Address: _____

4. Licensee Full Name _____ Title: _____

   SS # _____-____-_____ Business Phone: _____ Home Phone _____
   Cell/Alternate Phone _____

   Home Address _____

   City: _____, State: _____ Zip: _____

   E-mail Address: _____

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: _____

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 copies of all stock certificates (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 name(s), address, and phone number(s) 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, if different from number 16.

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 funds 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. Number of employees_____

24. 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 #

25. Has this 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.

_____

_____

_____

26. Have you, your spouse, the licensee, licensee's spouse, or **any person having interest in this business or their spouse, 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 name, 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.)

_____

_____

27. 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 an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicated, or convicted for any offense 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.)

_____

_____

_____

28. Please indicate days and hours of operation for this business. _____

_____

29. 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.

_____

_____

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

_____

_____

31. Have you read and do you understand all the provisions of the Cobb County and State of 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)

32. 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)

33. What written procedures do you have in place to ensure that alcoholic beverages are not sold to underage person(s)? Documentation relating to such procedures **MUST** be attached and an explanation as to their usage must be written below.

_____

_____

34. 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? Documentation relating to such procedures **MUST** be attached and an explanation as to their usage must be written below.

_____

_____

35. What technology, equipment, and/or 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 location in the business.

_____

_____

36. Estimated Gross Receipts, including sales from alcoholic beverages, from this location from the date the business opens through the remaining calendar year **(for convenience stores with gas, gas sales must be included in the estimate)** $_____

37. Is this location new construction or preexisting? _____

38. Zoning Verification

Zoning Verification- Section 1 **(to be completed by the applicant).** Please contact the Cobb County Zoning Division at 770-528-2035 if you have any questions regarding this section.

Section 1 **(to be completed by the applicant)**

State exactly the proposed use of the property:_____

A. Property address:_____
B. Parcel identification # (can be found on the property tax bill or at the Cobb County website under the GIS Mapping section):_____.

Zoning Verification- section 2 **(to be filled out by a Zoning Staff employee)**

Section 2 **(to be filled out by a Zoning Staff member)**

C. What is the Future Land Use Designation?_____
E. What is the zoning of the property (include case # and year)?_____
F. Are there any zoning or variance stipulations that affect the applicant's use of the property?
YES (attach copy of the minutes):_____; NO_____.
G. Is the proposed use prohibited by zoning code, zoning stipulations and/or variance stipulations?
NO____; YES_____, this use is not permitted on this property and should not be approved.

*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 Zoning Staff member_____ Date_____

39. Estimated date this location will be open for business **(if the business is already operating indicate the date in which the business wishes to begin sell/serve alcohol)**._____

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

_____

For pouring license, please indicate the following:

41. Number of pool tables in the location _____

42. Number of video game machines _____

43. Size of dance floor _____

44. Amount of cover charge _____

45. Type and number of times per week location will have live entertainment _____

46. Will location have a DJ and if so, how many times per week? _____

47. 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? _____

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

Tape 2X2 Photos Here

Owner/ Licensee Personal Statement

(A photo of the applicant must be attached)

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

2. SS # _____-____-_____ Business Phone_____ Home Phone _____
   Cell Phone_____

3. Home Address: _____
   (include city, state and zip)

4. Business Address: _____
   (include city, state and zip)

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: _____Certificate #_____

   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 ____ 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

Unemployed ( )

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 (10) years.

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

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

From Month/ Year	To Month/ Year	Address	City	State

21. Have **you or your spouse** 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 Charges** Yes ( ) No ( )

I. If you answered "**YES**" to any of these questions, list below in complete detail the name, 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 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 ALIEN NUMBER (IF NOT A US CITIZEN)

_____
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 ALIEN NUMBER (IF NOT A US CITIZEN)

_____
SIGNATURE

_____ _____
NOTARY PUBLIC DATE

Metro Atlanta
Dept. of Motor Vehicles

Updated 7/3/08

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

Carrollton
512 Old Newnan Road
Carrollton, GA 30117
770-836-4603

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
Cobb County
Business License Division
P.O. Box 649
Marietta, Georgia 30061-0649
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

_____

_____

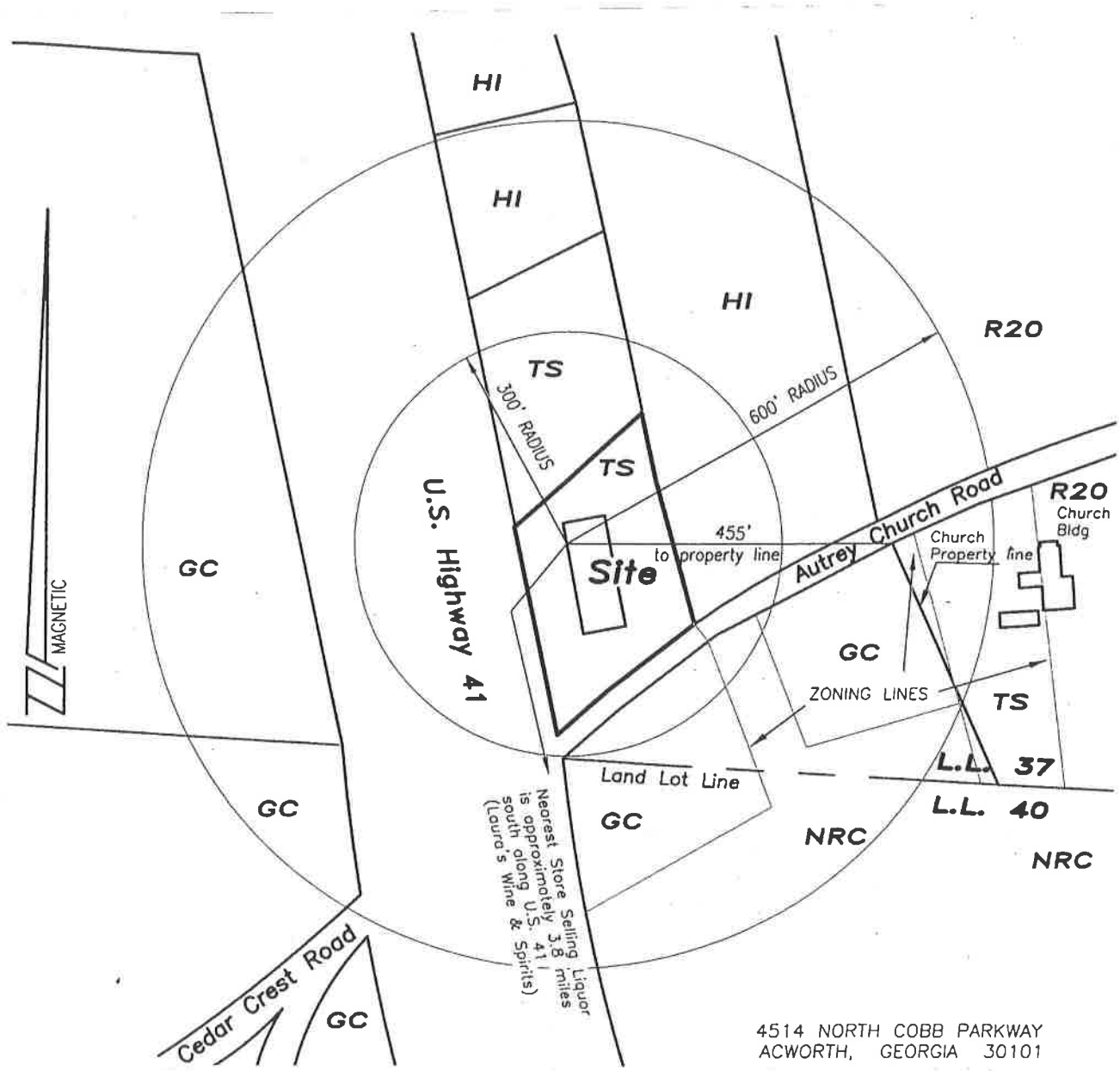
II. I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 12:30 p.m. until 12:00 midnight requires a valid alcoholic beverage pouring license, valid Sunday Sales pouring license, and that at least 50% of the licensed establishment's annual gross food and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



4514 NORTH COBB PARKWAY
ACWORTH, GEORGIA 30101

SURVEY FOR ALCOHOLIC BEVERAGE LICENSE:

Selling on the Premises – Liquor, Wine and Malt Beverages

Nearest Church Property Line – 455±

Nearest Private Residence – 1000±
Nearest Public Library – 600±
Nearest Church Building – 600±
Nearest School Property Line – 600±
Nearest School Bus Stop – 600±
Nearest Public Park – 600+'
Nearest Store Selling Bottled Liquor – 1500+'

0' 100' 200' 400'
GRAPHIC SCALE

GEORGIA REGISTERED No. 2448 LAND SURVEYOR ANASTASIOS COSTARIDES

LAND LOT – 37	DISTRICT – 20th	SECTION – 2nd
CITY –		
COUNTY – COBB		STATE – GEORGIA
REFERENCE PLAT BOOK/PAGE –		DISC – 2002
FIELD SURVEY DATE : 12-06-02		SCALE: 1" = 200'
CAD DRAFTING DATE : 12-11-02		
REVISIONS : 12-18-02 (Add distance to Other Liquor Store)		
REVISIONS : 2-20-03 (Clarify distances & zoning lines)		

JOB No.: A 02-0748

C & C LAND SURVEYORS, INC.
P.O. BOX 837, ACWORTH, GEORGIA 30101
(770) 975 – 3933

STUMPE & ASSOCIATES
ATTORNEYS AT LAW

RASS Workshop for Owners & Licensees
Responsible Alcohol - Tobacco Sales & Service 2013

WHAT: **Private Workshops taught by a Lawyer** with 20+ years of experience in the industry.
- Our Workshops satisfy **ALL** city and county RASS requirements.

WHEN: We will work with you to find a date convenient for you within 1 to 2 weeks of your request.

WHERE: 1600 Parkwood Circle, Atlanta, GA 30339. For classes at another location, an additional travel fee will be charged.

COST: $500 flat fee for first 3 attendees. $100 per each additional attendee. **Cash or Credit Card Only**.

TO SCHEDULE A PRIVATE WORKSHOP

Email MLStumpe@gmail.com

In your email, Please provide:

1) **Name of establishment**
2) **Names of people who will be attending**
3) **The city or county that will be issuing your alcohol license**
4) **Four dates and times that will work for you**
5) **Contact number so we can reach you if we have questions.**

This workshop has been approved to satisfy the requirements of **Cobb County** (Sec. 6-96); **Douglas County** (Sec. 3-27); **Cherokee County**; **Forsyth County, Spalding County**, and Cities of **Conyers, Kennesaw** (Sec. 6-69); **Roswell** (Sec. 3.2.10); **Powder Springs** (Sec. 3-103 & 3-182); **Smyrna** (Sec. 6-129); **Marietta**; **Sandy Springs**; **Acworth**; **Austell;** and **Madison**

t.i.r.v.™

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

R.A.S.S. WORKSHOP

RESPONSIBLE ALCOHOL SALES AND SERVICE WORKSHOP

Presented by the Training Institute for Responsible Vendors, Inc.

Our company has nineteen years of experience in the Alcohol Hospitality Industry. We satisfy alcohol training requirements all across the Southeast including: Alabama, Florida, Georgia, North Carolina, and South Carolina.

THIS RASS WORKSHOP IS FOR THE LICENSEE AND MANAGEMENT, AND IT HAS BEEN APPROVED TO SATISFY THE REQUIRMENTS OF: Cobb County, Sec. 6-96; City of Kennesaw, Sec. 6-69; City of Powder Springs, Sec. 3-103; City of Roswell, Sec. 3-2-10; City of Smyrna, Sec. 6-129; City of Lilburn, Sec. 6-85; Douglas County, Sec. 3-27; Forsyth County, Sec. 6-3; Cherokee County, Sec. 6-7; City of Holly Springs, Sec. 6-68.

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. *Attendees who have difficulty with English can bring an interpreter at no additional charge.

2014 R.A.S.S. WORKSHOP DATES

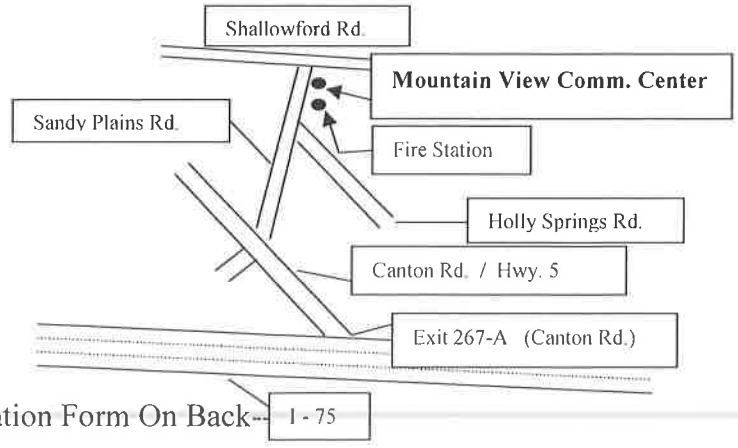
Thursday, Jan. 16	Thursday, Apr. 17	Thursday, July 17	Thursday, Oct. 23
Thursday, Feb. 20	Thursday, May 15	Thursday, Aug. 21	Thursday, Nov. 20
Thursday, Mar. 20	Thursday, June 19	Thursday, Sept. 25	Thursday, Dec. 11

All Classes are from 9AM TO 12PM.

WE ALSO OFFER PRIVATE WORKSHOPS FOR YOUR CONVENIENCE. CALL FOR DETAILS.

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



---Registration Form On Back--

TRAINING INSTITUTE FORRESPONSIBLE VENDORS, INC.

t.i.r.v.™

R.A.S.S. WORKSHOPREGISTRATION FORM

Name of Licensee / Attendee: _____

Name of Licensed Establishment _____

And Address _____

_____

Phone: _____

WORK SHOP DATE I WILL ATTEND IS _____

To register for a workshop please call our office at 404 – 531 – 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)

COBB COUNTY ALCOHOL
WORK PERMIT
AFFIDAVIT

I _____licensee for, _____,
located at _____, Georgia
_____, applying for a Cobb County alcoholic beverage license do hereby swear or affirm that all employees and independent contractors prior to working in my establishment will have a valid Cobb County alcoholic beverage work permit as required by the attached Section 6-207 of the Cobb County Code of Ordinances which I have initialed indicating that I have read it and understand its provisions. All statements in this affidavit are true and made this _____day of _____, 20_____.

_____
Signature of licensee

_____ _____
Notary Public Date

Sec. 6-207. Work permits.

(a) For whom required. A permit to work in any of the following establishments shall be required of the following:
(1) All employees of package stores.
(2) All employees of businesses with a pouring license, except busboys, dishwashers, hostesses, maintenance and administrative staff.
(3) All managers, including an independent contractor, all employees serving in a managerial capacity and any employees providing security to any establishment with a package or pouring license, whether or not any such person sells or serves alcohol, shall be required to have a work permit.
(4) All employees of convenience stores.
The licensee to whom an alcoholic beverage license has been issued under this chapter shall not be required to obtain a work permit. Employee for the purposes of this section shall include independent contractors.
(b) Application and issuance. Except as otherwise provided, no person requiring a work permit may be employed by an establishment holding a license under this chapter until such person has been issued a work permit from the county police department indicating the person is eligible for employment. All applications required by this section shall be investigated by the police department to include, among other things, an investigation of the criminal record, if any, of the applicant. No work permit shall be issued by the police department if the applicant has violated any of the provisions of section 6-206 hereof. Any applicant who is not issued a work permit shall have the right to appeal such decision to the license review board.
(c) Time limit. All persons subject to the provisions of this section shall, prior to the date of their first work in an establishment holding a license to sell alcoholic beverages, make application for a work permit to the county police department. Work permit requirements do not apply to temporary, nonprofit fundraising events.
(d) Permit term: prescribing fee. Any permit for employment issued under this section shall expire 12 months from the date of issuance unless earlier suspended or revoked as provided in this section. The police department may prescribe regulations for certifying the eligibility for continued employment without the necessity of the employee's being fingerprinted and may prescribe reasonable fees for certifying the eligibility for employment.
(e) Possession of permits by employees. Employees holding permits issued pursuant to this section shall at all times during their working hours have the permits available for inspection at the premises.
(f) Exclusion. This section shall not apply to private clubs.
(g) [Work permit requirement.] At all times that the business is open the licensee shall have at least one person on the premises who has a valid work permit.
(h) Grounds for suspension, revocation, probation. No permit which has been issued or which may hereafter be issued under this section shall be suspended, revoked or placed

Initial

on probation except for due cause as defined in this subsection, and after a hearing and upon written notice to the holder of such permit of the time, place and purpose of such hearing and a statement of the charge or charges upon which such hearing shall be held. A minimum of three days' notice shall be provided to the applicant or permit holder.

"Due cause" for the suspension or revocation of the permit shall consist of the violating of any laws or ordinances regulating the sale of alcoholic beverages or for the violation of any state, federal or local ordinances set out in section 6-206; or for the omission or falsification of any material in any application; or for any reason which would authorize the refusal of the issuance of a permit; or any violation of this chapter. All hearings shall be before the license review board and shall be conducted in the manner provided in section 6-147(b). After the hearing if the license review board determines due cause exists, the license review board may suspend, revoke or place on probation for a maximum of 12 months, with or without conditions, the permit. In addition, after the hearing, the license review board may grant a work permit to an employee whose application was denied upon any conditions deemed appropriate by the board. Any action taken by license review board shall be effective immediately. The board of commissioners shall at its next meeting review a summary of the hearing before the license review board wherein the work permit was considered for issuance, suspension or revocation (the summary shall be prepared by the business license division manager) and the board of commissioners after such review may place the matter down for a hearing. Should the board of commissioners place the matter down for hearing the board of commissioners, after such hearing, may issue the work permit, suspend or revoke the work permit or place the employee on probation. The employee whose work permit was not issued or whose work permit was probated, suspended or revoked may appeal to the board of commissioners pursuant to section 6-147 hereof.

(Ord. of 8-14-73, art. IV, § 34; Ord. of 3-24-87; Res. of 9-22-87; Ord. of 10-24-89, § I; Ord. of 9-25-90; Ord. of 5-11-93; Ord. of 3-25-97 (eff. 4-1-97); Code 1977, § 3-4-61; Ord. of 8-10-99; Ord. of 7-10-01 (eff. 1-1-02); Ord. of 1-24-06; Ord. of 7-25-06)

_____
Initial

COMMUNITY DEVELOPMENT DEPARTMENT
Cobb County
Business License Division
P.O. Box 649
Marietta, Georgia 30061-0649
Phone 770-528-8410/ Fax 770-528-8414

AFFIDAVIT ATTESTING TO COMPLIANCE WITH SECTION 78-47 OF THE COBB COUNTY CODE OF ORDINANCES

I, _____ , licensee of _____
(PRINT FULL NAME) (PRINT NAME OF BUSINESS)

located at _____
(PRINT COMPLETE BUSINESS ADDRESS IN COBB COUNTY)

with Cobb County Business License Number _____ , do swear or affirm that the above stated business at the above stated address has operating and functioning video camera(s) and recording device(s) that record and preserve the activities at all areas of the above stated business location where the sales transactions of the above stated business's merchandise occurs. I further swear or affirm that the video camera(s) and recording device(s) will be recording and preserving the activities at the business at all times that the business is open to the public, and I will ensure that the video record is maintained for 48 hours. I also understand that failure to be in compliance with any part of Section 78-47 of the Cobb County Code of Ordinances may result in civil and/or criminal action against me individually and suspension, denial or revocation of the business license and/or alcoholic beverage license issued by Cobb County.

All statements in this affidavit are true and made this _____ day of _____, 20____.

_____
Signature of Licensee

_____ _____
Notary Public Date

Cobb County Business License
Alcohol License Applicants
Fingerprint Requirements

The Georgia Crime Information Center (GCIC) advised that due to State budget cuts, the GCIC no longer has resources to process manual (ink prints on paper fingerprint cards) fingerprint-based criminal history record checks in a timely manner, as required for licensing purposes (O.C.G.A. 3-3-2).

GCIC has contracted with Cogent Systems to provide the Georgia Applicant Processing Services (GAPS) to perform electronic submission of all licensees' fingerprints in regards to Alcohol Licensing. **YOU MUST REGISTER** with Cogent Systems **PRIOR** to going to one of their fingerprint sites. Registration may be completed online or over the telephone. To have your fingerprints completed prior to submitting your application, please do the following:

1. Go to GAPS website at www.ga.cogentid.com
2. Under the Registration column, select "Single Applicant Registration".
3. Complete the information sheet; items with a red asterisk are mandatory.
4. For Transaction Information – Reason select "Alcohol/ Liquor Licensee".
5. Follow the instructions on the website.

To register by telephone:

1. Call 1-888-439-2512 Mon thru Fri, 8am to 6pm EST

During the registration process, demographic data about you will be collected (name, address, SSN, etc.). There will be no data collection or registration at the fingerprint collection sites. A list of available sites is on the GAPS website.

You will receive a GAPS registration number with an option to pay with a credit card or debit card online. You will be charged a service fee for each licensee being fingerprinted. Money orders/ cashiers check **PAYABLE TO COGENT SYSTEMS** will be accepted at the collection sites for those applicants who do not have the means to pay electronically.

Once registered and payment type has been determined, you may proceed to the fingerprint collection site of your choice. You must take with you a current, valid and unexpired picture identification which can be one of the following:

- State Issued Driver's License or Identification Card with Photo
- US Passport with Photo
- US Active Duty/Retiree/Reservist Military ID Card with Photo
- Government Issued Employee Identification Card with Photo

Also, take to the fingerprint center for verification with these numbers:

- **The Cobb County OAC Number: GA0330200**
- **Verifying Code: 0330200**

You MUST submit your fingerprints before returning your Alcohol License Application to Cobb County Business License. If you have any questions please contact one of the following about GAPS.

Cogent Email or Support Requests

gahelp@cogentsystems.com

Telephone inquires1-888-439-2512

Cobb County Alcoholic Beverage and Business License Fingerprint Affidavit

By executing this affidavit under oath, as an applicant for a Cobb County Alcoholic Beverage and Business License for_____ (name of business) I _____ (name of applicant) have submitted finger prints to the Georgia Bureau of Investigation through GAPS in compliance with O.C.G.A 3-3-2.

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 Code Section 16-10-20 of the Official Code of Georgia.

_____ _____
Signature of Applicant Date

_____
Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__

_____
Notary Public
My Commission Expires:

_____

MUST COMPLETE THIS FORM IF YOU HAVE 10 OR LESS EMPLOYEES

Business Name _____ **License #/Occupation Tax #**_____

NUMBER OF EMPLOYEES (COMPANY WIDE) _____ **(Required for 10 OR LESS EMPLOYEES)**

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ___, 20___, in _____ (city), _____ (state).

_____
Printed Name of Exempt Private Employer

_____
Signature of Exempt Private Employer or
Authorized Officer or Agent

_____
Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE _____ DAY OF _____, 20___.

_____
NOTARY PUBLIC
My Commission Expires: _____

MUST COMPLETE THIS FORM IF YOU HAVE 11 OR MORE EMPLOYEES

Business Name _____ **License #/Occupation Tax #**_____

NUMBER OF EMPLOYEES (COMPANY-WIDE) : _____ **(Required for 11 OR MORE EMPLOYEES)**

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Federal Work Authorization User Identification Number (Also known as E-Verify number)
(An E-Verify number is four to six characters – it is not your Federal ID Number)

_____
Date of Authorization

_____
Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____ (city), _____ (state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20___.

_____
NOTARY PUBLIC
My Commission Expires: _____

(OVER – MUST COMPLETE ONLY ONE SIDE)

THIS AFFIDAVIT MUST BE COMPLETED

_____ _____

Business Name **Business License #/Occupation Tax #**

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Business License / Occupational Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from **Cobb County** the undersigned applicant verifies one of the following with respect to my application for public benefit:

Do not check more than one option.

_____ 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 herby 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: (i.e. driver's license, I-551, I-766, Passport, etc.)

_____

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 in _____, _____. (city) (state)

_____

Signature of Applicant

_____

Printed Name of Applicant

_____

Applicant Phone Number

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20____.

_____

NOTARY PUBLIC

My Commission Expires:_____