

**THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION**

_____/_____/_____
DATE APPLICATION FILED

NAME OF BUSINESS

ADDRESS OF BUSINESS

//_____
CITY, STATE, ZIP CODE

Has a Certificate of Occupancy been issued for the premises for which the license is being applied for? Yes No

NAICS CODE: _____ (If not known, please visit www.census.gov/eos/www/naics)

Sales Tax Number: _____ Federal Identification Number: _____

Choose One: **New Application** - Fill out all pages and upload to the Georgia Tax Center at <https://gtc.dor.ga.gov/> , and pay the required fees to the City of Dallas Marshal's Bureau. (SEE FEE SCHEDULE AT: <https://www.dallasga.gov/cd/page/fee-schedule>)

License Renewal Application - Renew your license online at the Georgia Tax Center. Renew before November 1st to ensure you receive your license before January 1st of the following year, to avoid any late fee penalties and interest. If there has been any Change in Ownership, then a New Application is **required**. Otherwise, fill out **pages 1, 3, 6, 10, 11, and 12** to show the current Designated Agent and Manager(s), and the required notarized SAVE and E-VERIFY Affidavits, along with a copy of the secure and verifiable document (driver's license, permanent resident card, passport, etc.) attested to on the SAVE Affidavit (page 10), and the Sign Off Sheet. **Pay fees due to the City of Dallas, or contact the Marshal's Bureau to make the payment due.**

TYPE LICENSE APPLIED FOR (CHECK ALL THAT APPLIES TO BUSINESS)

- | | |
|---|---|
| <input type="checkbox"/> Package Beer | <input type="checkbox"/> Local Caterer/Concessionaire |
| <input type="checkbox"/> Pouring Beer | <input type="checkbox"/> Growler |
| <input type="checkbox"/> Package Wine | <input type="checkbox"/> Wine Tasting (Package Only) |
| <input type="checkbox"/> Pouring Wine | <input type="checkbox"/> Brew Pub |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Sunday Sales |
| | |
| <input type="checkbox"/> Package Distilled Spirits (Liquor) | |
| <input type="checkbox"/> Pouring Distilled Spirits (Liquor) | |
| <input type="checkbox"/> Pouring Liquor Private Club | |
| | |
| <input type="checkbox"/> Courtyard Market | |

THE LICENSE(S) ARE BEING APPLIED FOR:

- Package Store Restaurant Lounge/Club/Tavern/Pub Non-Profit Organization
 Convenience Store Grocery Store Courtyard Market Other

**THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION**

Please List The Applicant Applying For The License. The Applicant May Be an Individual, Partnership, Corporation or LLC.

Name of Applicant: _____

d/b/a: _____

Local Business Address: _____

Mailing Address: _____

E-Mail Address: _____

City: _____ State: _____ Zip: _____

Business Telephone ____/____/____ Fax Number ____/____/____

Contact Number ____/____/____

IF APPLICANT IS AN INDIVIDUAL, PLEASE COMPLETE THE FOLLOWING:

- (A) ARE YOU A UNITED STATES CITIZEN? PERMANENT RESIDENT ALIEN?
- (B) ARE YOU A RESIDENT OF THE CITY LIMITS OF DALLAS? YES NO
- (C) ARE YOU A RESIDENT OF PAULDING COUNTY? YES NO

*** IF APPLYING FOR DISTILLED SPIRITS (PACKAGE LIQUOR) ANSWER THE FOLLOWING QUESTION.**

D. HAVE YOU BEEN A RESIDENT OF PAULDING COUNTY FOR THE PRECEDING TWELVE MONTHS? YES NO

SIGNATURE OF APPLICANT

STATE OF GEORGIA, PAULDING COUNTY, CITY OF DALLAS

I, _____, Applicant, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Applicant's Signature

Date

THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION
DESIGNATED AGENT

If The Applicant Is Either an Individual Who Does Not Reside In the City or the County or is A Partnership, Corporation or a Limited Liability Company, Then the Applicant Must Name a Designated Agent Who Will Be Responsible For Any Matter Relating To The License. The Designated Agent Must Be an Individual Who Is a Resident Of Paulding County. The Designated agent for a license to sell package distilled spirits must have been a Bona Fide resident of the county for at Least twelve (12) months immediately preceding the application

DESIGNATED AGENT FULL NAME:

List the Name, Address, City, State, Zip & Telephone Number for Designated Agent:

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE NUMBER: _____

WHAT IS YOUR RELATIONSHIP TO THE BUSINESS APPLYING FOR THIS LICENSE?

Check the Appropriate Category

INDIVIDUAL OWNER PARTNER LARGEST STOCKHOLDER/MEMBER AFFILIATE OF BUSINESS OTHER

CITIZENSHIP OF DESIGNATED AGENT

(A) ARE YOU A UNITED STATES CITIZEN? PERMANENT RESIDENT ALIEN?

(B) ARE YOU A RESIDENT OF THE CITY LIMITS OF DALLAS? YES NO

(C) ARE YOU A RESIDENT OF PAULDING COUNTY? YES NO

*** IF APPLYING FOR DISTILLED SPIRITS (PACKAGE LIQUOR) ANSWER THE FOLLOWING QUESTION.**

D. HAVE YOU BEEN A RESIDENT OF PAULDING COUNTY FOR THE PRECEDING TWELVE MONTHS? YES NO

SIGNATURE OF DESIGNATED AGENT

STATE OF GEORGIA, PAULDING COUNTY, CITY OF DALLAS

I, _____, Designated Agent, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION
OWNERSHIP

CATEGORY OF BUSINESS OWNERSHIP

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership or Limited Partnership |
| <input type="checkbox"/> Domestic Corporation (Inside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.) |
| <input type="checkbox"/> Foreign Corporation (Outside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.)
(Outside Georgia) |

PLEASE LIST THE NAME OF THE INDIVIDUAL OWNER, OR PARTNER, MEMBER OR PRINCIPAL STOCKHOLDER:

- Not Applicable, No Individual Partners, Members or Stockholders Holding 5% or More Interest

NAME: _____
ADDRESS: _____
CITY, STATE, & ZIP: _____
TELEPHONE NUMBER: _____

FOREIGN CORPORATIONS/LLC – ONLY

If This Is Organized Outside The State Of Georgia, Please State The Name And Address Of Its Registered Agent In Georgia In The Space Provided.

NAME: _____
ADDRESS: _____
CITY, STATE & ZIP: _____
TELEPHONE NUMBER: _____

SALE OR TRANSFER OF INTEREST OF BUSINESS

HAS THERE BEEN ANY SALE OR TRANSFER OF INTEREST IN THE ABOVE NAMED BUSINESS APPLYING FOR LICENSE TO ANY UNREGISTERED PERSON IN THE PRECEDING 12 MONTHS?

- YES NO IF YES

- A. GIVE NAME _____
B. DATE OF SALE/TRANSFER _____
C. TO WHOM WAS BUSINESS TRANSFERRED _____
D. WHAT PERCENT WAS TRANSFERRED _____
E. REASON FOR TRANSFER _____

**THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION**

**ADDITIONAL STOCKHOLDERS/PARTNERS OF ALCOHOLIC BEVERAGE
ESTABLISHMENT**

All Stockholders, Members, Partners Holding 5% or More Interest

Not Applicable, No Stockholders, Members, Partners Holding 5% or More Interest

Please List All Stockholders, Members, Partners, Holding 5% or More Interest

Stockholder/Partner _____ % of Ownership _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL STOCKHOLDER/PARTNER

STOCKHOLDER/PARTNER _____ % of Ownership _____
HOME ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____

ADDITIONAL STOCKHOLDER/PARTNER

STOCKHOLDER/PARTNER _____ % of Ownership _____
HOME ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____

ADDITIONAL STOCKHOLDER/PARTNER

STOCKHOLDER/PARTNER _____ % of Ownership _____
HOME ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____

**THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION**

MANAGER OF ALCOHOLIC BEVERAGE ESTABLISHMENT

Please List The Manager or Managers of The Business

Manager Name _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL MANAGER

Manager Name _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL MANAGER

Manager Name _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL MANAGER

Manager Name _____
Home Address _____
City/State/Zip _____
Phone _____

THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION

PERSONNEL STATEMENTS

This form must be completed by the following persons and submitted with all Alcohol Beverage License Applications: (1) licensee, (2) anyone with an ownership interest in the business, whether direct, indirect or beneficial, and (3) in the case of a corporation or other legal entity, all officers. Each question must be fully answered. If additional space is required, attach an additional sheet of paper.

DO YOU CURRENTLY HAVE BENEFICIAL INTEREST IN ANY OTHER ALCOHOLIC BEVERAGE BUSINESS OTHER THAN THE BUSINESS FOR WHICH THIS APPLICATION IS BEING FILED? [] YES [] NO	
("Beneficial Interest" as used here means: when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives economic benefit from, or has control over a business.)	
IF "YES", COMPLETE THE FOLLOWING:	
ALCOHOL LICENSE NO.	% AND TYPE INTEREST
LEGAL BUSINESS NAME	
TRADE NAME /DBA NAME	

HAVE YOU EVER HAD ANY BENEFICIAL INTEREST IN ANY OTHER ALCOHOLIC BEVERAGE BUSINESS IN THIS OR ANY OTHER STATE IN WHICH THE ALCOHOL LICENSE WAS DENIED OR REVOKED OR ANY OTHER DISCIPLINARY ACTION WAS TAKEN? [] YES [] NO			
("Beneficial Interest" as used here means: when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives economic benefit from, or has control over a business.)			
IF "YES", COMPLETE THE FOLLOWING:			
ALCOHOL LICENSE NO.	% AND TYPE INTEREST		
LEGAL BUSINESS NAME			
TRADE NAME /DBA NAME			
NUMBER AND STREET			
CITY	COUNTY	STATE	ZIP+4
DESCRIBE WHAT ACTION WAS TAKEN:			

**THE CITY OF DALLAS, GEORGIA
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PERSONNEL STATEMENTS (CONTINUED)

HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY OFFENSE BY ANY LOCAL, STATE, FEDERAL, OR FOREIGN GOVERNMENTAL AUTHORITY? YES NO. IF "YES", GIVE FULL DETAILS. DO NOT INCLUDE **MINOR** TRAFFIC VIOLATIONS. GIVE REASONS CHARGED OR HELD, DATE, PLACE WHERE CHARGED AND DISPOSITION. **FAILURE TO MAKE FULL DISCLOSURE IN RESPONSE TO THIS QUESTION MAY RESULT IN DENIAL OR SUBSEQUENT REVOCATION OF THE LICENSE.**

SIGNATURE SECTION

BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY, COMPLETELY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS REQUIRED HEREWITH. STAMPED SIGNATURE IS NOT ACCEPTABLE.

I, _____, DO SOLEMNLY SWEAR SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENT AND ANSWERS MADE BY ME IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT. I FURTHER HEREBY AUTHORIZE THE CITY OF DALLAS MARSHAL'S BUREAU TO OBTAIN ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

SIGNATURE

DATE

PRINTED NAME

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

**THE CITY OF DALLAS, GEORGIA
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***** NOT REQUIRED FOR AN EXISTING LICENSED LOCATION *****

Sec. 4-111. - Grandfather provision for distance requirements. If the sale of alcoholic beverages was lawful at a location during the 12 months immediately preceding an application for renewal or a new application for an alcoholic beverage license, the premises shall be grandfathered in regarding any distance requirements as outlined in this chapter. (Ord. No. OA-2015-03, 11-2-2015)

SURVEYOR'S AFFIDAVIT

A Registered Surveyor Must Complete This Sworn Affidavit. Attach The Survey To This Application. The Survey Must Be Completed Within Thirty (30) Days Prior To Making Application.

The Undersigned has made The Measurement of Distances Shown on The Attached Survey Plat For

The Facility Proposed for Alcoholic Beverage License from The City Of Dallas and find that all measurements to determine distances required by this chapter shall be measured by the most direct route of travel on the ground and shall be measured in the following manner:

- (1) In a straight line from the front door of the structure from which alcoholic beverages are sold or offered for sale;
- (2) To the front door of the building of a church, government-owned treatment center or a retail package store; or
- (3) To the nearest property line of the real property being for school or educational purposes or property that is owned or operated by a housing authority.

The Above Named Business **MEETS All** Distance Requirements As Specified In Section 4-60, Section 4-70, and in O.C.G.A. 3-3-21 & 3-4-49 From Schools, Churches Etc.”.

The Above Named Business **DOES NOT MEET** The Distance Requirements As Specified In Section 4-60, Section 4-70, and in O.C.G.A. 3-3-21 & 3-4-49 From Schools, Churches Etc.”.

REGISTERED SURVEYOR

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC

MY COMMISSION EXPIRES

**THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION**

**AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION
THIS PAGE MUST BE NOTARIZED**

Business Name

By executing This Affidavit Under Oath, As an Applicant For A City Of Dallas, Alcohol License, Or Other Public Benefit As Referenced In O.C.G.A. Section 50-36-1, I Am Stating The Following With Respect To My Application For A City Of Dallas, Alcohol License, OR OTHER PUBLIC BENEFIT. _____

[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

(1) _____ I Am A United States Citizen

Or

(2) _____ I Am A Legal Permanent Resident 18 Years Of Age Or Older Or I Am An Otherwise Qualified Alien Or Non-Immigrant Under The Federal Immigration And Nationality Act 18 Years Of Age Or Older And Lawfully Present In The United States.*

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 Code Section 16-10-20 Of The Official Code Of Georgia.

Signature Of Applicant

Date

Printed Name

* Alien Registration Number For Non-Citizens

Date of Birth

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

DAY OF _____ 20 _____

Notary Public

My Commission Expires: _____

You must submit a front and back copy of a Secure and Verifiable Document with this Affidavit. A complete list of Secure and Verifiable Documents may be found at <http://dor.cieorcia.gov/citizenship-affidavit-secure-and-verifiable-documents> or on the Georgia Attorney General's website.

THE CITY OF DALLAS, GEORGIA
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*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: _____

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)
MUST BE NOTARIZED

Please Check One:

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
(E-Verify Company ID Number)

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Office or Agent

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 less 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.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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

Executed on _____, _____, 20__ in _____ (City), _____ (State).

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires: _____

THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION

SIGN OFF SHEET

- This Is to Certify That I Have Received and Read the City of Dallas Code of Ordinances Chapter 4 Entitled Alcoholic Beverage.

- This Is to Certify That I Understand the Rules & Regulations Required by the City of Dallas to include but Not Inclusive of the Following:

Closing & Vacation of Premises
Hours of Operations
Sales to Underage Persons

- This Is to Certify That I Understand That a Copy of this Chapter Shall Remain on the Premises of My Establishment Permanently.

Applicant/Designated Agent – Owner

Subscribed and sworn before me on this

The _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

**THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION**

CERTIFICATION

Business Name

Address

Will Begin Business on _____
Date

OR

Is Already In Operation

And, Will Begin the Sale of Alcohol Beverage on _____
Date

I certify that I Have Received and Read the City of Dallas Code of Ordinances Chapter 4 Entitled Alcoholic Beverage and that I Understand the Rules & Regulations Required by the City of Dallas; and a Copy of Chapter 4 Will Remain on the Premises.

Signature

Title

Date

**THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION**

SUNDAY SALES PERMIT

Applicant Name: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Location of Premises on which Alcoholic Beverages are proposed to be sold:

New applicants must meet all the requirements of the ALCOHOL BEVERAGE ORDINANCE of the CITY OF DALLAS and hold a package license to qualify for Sunday sales permit.

Renewals must meet the requirements of the City of Dallas Alcoholic Beverage Ordinance No. 4-68 hours of operation on Sundays are 12:30 P.M. until 11:30 P.M.

The permit fee is \$250.00

Applicant Signature: _____

Date Signed: _____

Approved By: _____

Date Approved: _____