

ALCOHOLIC BEVERAGE INFORMATION SHEET  
FOR NEW APPLICANTS

PER CITY OF LOVEJOY ALCOHOL ORDINANCE NUMBER 01-10

Terms and phrases used in this application have the meaning assigned to them by the regulations.

Print or type the requested information and complete each section fully.

If there is inadequate space provided, attach a separate sheet with the additional information and corresponding question number.

This application, together with all supporting documentation, and a money order or certified check in the amount of \$250.00, payable to "City of Lovejoy", must be submitted to the City of Lovejoy, City Clerk. Be certain to date and sign the forms in all spaces provided. An application will not be accepted nor will processing begin until all requested information has been submitted.

Before signing the application, check all answers, explanations and attachments to insure that each is completed fully and correctly.

## VERIFICATION

State of Georgia  
County of Clayton

I, \_\_\_\_\_, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that I have a copy of the alcoholic regulations from the City of Lovejoy, that I have read and understand these regulations and that the statements, answers and information given by me as the Applicant in this application for a City of Lovejoy Malt Beverage and/or Wine Consumption License are true and correct.

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**Applicant's Signature**

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.  
  
*[Signature]*

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## Notary Public

ALCOHOLIC BEVERAGE LICENSE APPLICATION

FOR OFFICE USE ONLY

Investigation Fee: \_\_\_\_\_

Paid by: \_\_\_\_\_

Date Received: \_\_\_\_\_

License Fee: \_\_\_\_\_

Received: \_\_\_\_\_

License Number: \_\_\_\_\_

Application for  
Calendar Year \_\_\_\_\_

Received \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

REVIEWED BY:

Police Department \_\_\_\_\_

Fire Department \_\_\_\_\_

Commercial Building Insp. \_\_\_\_\_

Business License \_\_\_\_\_

Zoning Administrator \_\_\_\_\_

Approved Retail Consumption Dist. \_\_\_\_\_

Environmental Health Dept. \_\_\_\_\_

Traffic Engineering \_\_\_\_\_

Other \_\_\_\_\_

APPROVED

\_\_\_\_\_

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APPLICANT/LICENSEE

1. Full Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

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

Sex \_\_\_\_\_ Race \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Telephone Number (Business) \_\_\_\_\_ (Home) \_\_\_\_\_

Position/Title \_\_\_\_\_

2. Business for which the license is applied for:

Business/Corporate Name or Other \_\_\_\_\_

DBA Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Business Location \_\_\_\_\_ Suite \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Type of Ownership:

Sole Ownership \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Name

Address

Date of Birth

of all employees (PLEASE ATTACH SHEET)

4. Type of Alcohol License you are applying for:

- Sales by the drink, malt beverages only, \$1,250.00
- Sales by the drink, malt beverages and wine, \$2,000.00
- Sales by the drink, malt beverages, wine and distilled spirits, \$5,000.00
- Package Sales, \$2,000.00

5. Indicate what types of alcoholic beverages will be for sale or consumption at your place of business:

Malt Beverages (Beer) \_\_\_\_\_ Wine \_\_\_\_\_

6. Ownership information: Name each person that has ownership or interest in this business, and indicate percentage of ownership:

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7. General Manager of particular business location:

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8. If applicant is a corporation, was the corporation incorporated in the State of Georgia or is it registered to do business in the State of Georgia? \_\_\_\_\_, Give the following information of the corporation's registered agent to receive process:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

9. If application is for a corporation, have any of the stockholders owning 5 percent or more of the corporation's stock been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude?

If yes, explain.

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10. Does the business operation or, where applicable, corporation have any interest in a wholesale license or retail consumption?

If so, explain.

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11. Has any person, firm, partnership or corporation, which would have an interest in the license ever violated a Federal, State, County, or City law, statute, or ordinance, or any regulation regarding alcoholic beverage, their sale distribution or manufacture? If so, explain.

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12. Has any person, firm, partnership, or corporation, which would have an interest in the license, ever had an alcoholic beverage or business license suspended or revoked by the State of Georgia, or any political subdivision thereof?  
If so, explain.

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13. Describe the business operation.

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14. If this application is for a retail consumption license indicate the seating capacity for the premises as established by the Clayton County Fire Marshal. \_\_\_\_\_

15. If this application is for a retail dealer license, indicate the monetary amount of inventory of food, tobacco products, household supplies and periodicals. (Note: Automotive supplies are not to be considered in determining this amount.) \_\_\_\_\_

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16. Is the business located less than:

Retail Dealer

100 Yards from a church \_\_\_\_\_  
200 Yards from a school building or grounds, educational building or college campus. \_\_\_\_\_  
100 Yards from an alcoholic treatment center. \_\_\_\_\_

Retail Consumption

100 Yards from a church \_\_\_\_\_  
200 Yards from a school building or grounds, educational building or college campus. \_\_\_\_\_  
100 Yards from an alcoholic treatment center. \_\_\_\_\_

17. Provide Blue Print or scale drawing of building. Also, survey of property.

1. FULL NAME: \_\_\_\_\_ S.S.# \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DOB \_\_\_\_\_ RACE \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ SEX \_\_\_\_\_  
COUNTY OF \_\_\_\_\_, GEORGIA D.L.# \_\_\_\_\_ STATE \_\_\_\_\_  
TELEPHONE NO. (BUSINESS) \_\_\_\_\_ (HOME) \_\_\_\_\_

2. Indicate whether you are the owner, co-owner, corporate officer, other \_\_\_\_\_  
Indicate percentage of ownership: \_\_\_\_\_

3. Are you a citizen of the United States of America? \_\_\_\_\_  
If not, are you a permanent, registered alien? \_\_\_\_\_  
Registration No. \_\_\_\_\_ Native Country: \_\_\_\_\_

4. Are you and have you been a resident of the State of Georgia for one year preceding the date  
of the application: \_\_\_\_\_ Attach Certificate of Residence from the Probate Court of  
your county of residence.

5. List, in reverse chronological order, your legal residences for past 10 years:

FROM	TO	ADDRESS

6. Within the 10 years immediately preceding the date of the application, have you been  
convicted or entered a plea of nolo contendere for any felony or crime involving moral  
turpitude? If yes, explain.  
\_\_\_\_\_

7. Do you have an interest in any wholesale dealer license? If so, explain.  
\_\_\_\_\_

8. Do you have an interest in any retail dealer license? If so, explain.  
\_\_\_\_\_

9. Do you have an interest in any retail consumption license? If so, explain.  
\_\_\_\_\_

**CERTIFICATE OF RESIDENCE  
FOR CONSUMPTION ON PREMISES APPLICANTS ONLY**

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, Judge of the Probate Court for \_\_\_\_\_ County, Georgia, hereby certify that \_\_\_\_\_ is now a bona fide resident of the State of Georgia for one year and the County of \_\_\_\_\_ for one year immediately preceding this date based upon the affidavit of applicant and the evidence submitted therewith.

IN WITNESS, WHEREOF, I have herewith set my hand and affixed the seal of said Probate Court, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge of the Probate Court  
\_\_\_\_\_  
County, Georgia

VERIFICATION

STATE OF GEORGIA  
COUNTY OF CLAYTON

I, \_\_\_\_\_, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that the statements, answers and information given by me on this form and any attachments thereto are true and correct.

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Proposed Licensee's Signature

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

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Notary Public

CITY OF LOVEJOY  
2601 STEELE ROAD  
LOVEJOY, GEORGIA 30250  
770/471-2304 FAX 770/471-6499  
CONSENT FORM

MUST BE PRINTED OR TYPED IN ORDER TO BE ACCEPTED FOR PROCESSING

I hereby authorize the Clayton County Police Department and the City of Lovejoy City Clerk to receive any criminal history record pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Name of Business \_\_\_\_\_  
Business Address \_\_\_\_\_  
City and State, Zip Code \_\_\_\_\_  
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Name in Full \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ (Attach A Copy)

Color of Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Employment Date \_\_\_\_\_

Last residence prior to current address \_\_\_\_\_

Have you ever been convicted of any violation of the law? \_\_\_\_\_ If yes, disclose all criminal convictions other than misdemeanor traffic violations including the dates and place of conviction(s) and nature of the offence(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ If not, list immigration registration number \_\_\_\_\_ and attach a copy.

I DO HEREBY SWEAR THAT THE ABOVE IS TRUE AND CORRECT UNDER THE PENALTY OF GEORGIA STATE LAW 16-10-71 FOR FALSE SWEARING AND 16-10-20 FOR FALSE STATEMENTS.

SIGNATURE

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

Notary Public