



CITY OF JONESBORO
124 North Avenue
Jonesboro, Georgia 30236
City Hall: (770) 478-3800
Fax: (770) 478-3775
www.jonesboroga.com

ALCOHOL BEVERAGE SUB-PERMIT INSTRUCTION SHEET

SUB PERMIT ALCOHOLIC BEVERAGE INSTRUCTION SHEET

SATISFACTORY COMPLETION OF THE FOLLOWING REQUIREMENTS ARE NECESSARY TO FILE APPLICATIONS. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

- 1. **ORIGINAL SPECIAL EVENT/OUTDOOR FESTIVAL APPLICATIONS** – Answer all questions on both applications legibly appropriately in black ink or typed. Be sure applications are notarized.
- 2. **PERSONAL HISTORY FORM/FINGERPRINT CARDS** – All applicant/licensee/agent and spouse (if applicable) must be fingerprinted. One (1) Personal History Card and spouse (if applicable) must be completed and signed. Fingerprints are \$20.00 per card (payment must be in the form of a money order/cashier's check). If applicant has a corporation, the agent and first (5) corporate officers or major stockholders must complete a personal history card and be fingerprinted. (Fingerprints can be obtained from another Law Enforcement Agency).
- 3. **CORPORATE PAPERS** – Submit a Certificate of Incorporation and a copy of the Corporate Charter and/ Bylaws that have been properly signed by the Secretary of State and the registered agents(s) for the corporation. List all percentages held and title of each officer on the application.
- 4. **Certificate of Residence** – Applicant/Licensee/Agent must reside in one of the thirteen Metro-Atlanta counties (Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Paulding and Rockdale).
- 5. **Proof of Citizenship** – Applicant/Licensee/Agent must be a citizen of the United States or an alien lawfully admitted for permanent residence. A copy of the citizenship naturalization certificate or resident alien status is required. A United States Passport or Birth Certificate may also be utilized to prove citizenship.
- 6. **LEASE OR VALID DOCUMENT** – Shows applicant has legal access to the proposed premises (deed, lease, sublease, rental agreement, etc.).
- 7. **LICENSE REVIEW BOARD HEARING**- All applicants/licensee/agent must appear before the City of Jonesboro Mayor & Council (No substitute individuals will be permitted). Once an

application has been accepted by the City Administrator, a tentative License and Review Board hearing date will be assigned.

□ **8. BUSINESS LICENSE OFFICE-** After the Mayor & Council have approved and signed the Alcohol Sub-Permit Application, a copy of the application will be forwarded to the Business License Office. Contact the Business License Office at (770) 478-3800 to obtain the Special Event Alcohol License.

IF THERE ARE ANY QUESTIONS CONCERNING THE COMPLETION OF THE APPLICATIONS, PLEASE FEEL FREE TO CALL THE CITY ADMINISTRATOR'S OFFICE FOR ASSISTANCE AT (770) 478-3800.

PLEASE CALL FOR AN APPOINTMENT TO FILE AN APPLICATION. APPOINTMENTS ARE SCHEDULED MONDAY - FRIDAY FROM 9:00 AM TO 3:00PM.

NOTE: ALL APPLICATIONS MUST BE RECEIVED BY CITY HALL 30 DAYS PRIOR TO THE DATE OF THE SPECIAL EVENT.

Jonesboro City Hall
124 North Avenue
Jonesboro, Georgia 30236



CITY OF JONESBORO
124 North Avenue
Jonesboro, Georgia 30236
City Hall: (770) 478-3800
Fax: (770) 478-3775
www.jonesboroga.com

ALCOHOL SUB PERMIT APPLICATION

LICENSE FEE: (Please Check One)

_____ Alcohol License Sub-Permit for one day: \$350.00.

_____ Application Fee: \$50.00

\$35.00 per individual who shall pour, handle, dispense, or serve alcoholic beverages on the licensed premises or anyone who manages or supervises said individual(s). ALL FEES ARE NON-REFUNDABLE.

ANY MISSTATEMENT OR CONCEALMENT OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE ISSUED AND SHALL MAKE THE APPLICANT LIABLE TO PROSECUTION FOR PERJURY. PLEASE DO NOT LEAVE ANY AREAS UNANSWERED.

Legal Business Name: _____

Physical Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please check all that apply to the type of business you operate:

- Hotel/Motel/Bed & Breakfast
- Private Club
- Restaurant
- Retail Consumption Dealer

Licensee/License Representative Name: _____

Relationship of Applicant to Business: _____

Other names used by applicant, including maiden name, names by former marriages,

former names changed legally or otherwise, aliases, nicknames, etc.: _____

Phone: (Day) _____ (Evening) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Is the above address your legal and bona fide domicile? _____ If yes, for how long? _____

Are you a United States citizen? _____

If yes, are you a citizen by birth or a naturalized citizen? _____

If no, please state your native country, date and port of entry. If applicable, also state the date, place, and court of your naturalization: _____

Owner of the building and/or land in which the proposed business is to be located (you may skip this section if you are an owner/applicant): _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

Event Information:

Location where event is to be held. (If Park, name and address of park)

Date of Event: _____ Time: _____ Duration: _____

Indicate the type of alcoholic beverage which will be sold:

Has the applicant entered into an agreement or contracted with either the owner or owners, lessors and sublessors, for either the building or the land or both, which provide payment of rent on a percentage or profit share basis? _____

If so, explain the nature of the agreement, including the name(s) and contact information of all parties: _____

Are there other uses or businesses within the same property? _____ If so, please describe, and provide contact information for the shared users of the property:

Do you, alone or with others, hold (or have held) any other license for the sale of alcoholic beverages? _____ If so, please state the type of license, name in which the license was issued, the dates held, and the full address of the licensed premises for each license:

Do you currently own any property on which an alcoholic beverage licensed establishment is located? _____ If so, please provide the property address and business name for each property:

Have you ever had any financial interest in a liquor business which was denied a liquor license or had its license revoked or suspended for any reason? _____ If so, please give details:

Has any place of business, engaged in the sale of alcoholic beverages, with which you have been associated, ever been cited or charged, at any time, with any violation of Georgia, Federal, or Municipal law or any rule, regulation, or ordinance concerning the sale of such products? _____ If so, please provide full details, including the date(s), alleged charge(s), citation issuing authority, and any legal action or result:

Has any business, with which you were affiliated as owner, manager, employee, stockholder, officer, director, partner, or any other capacity, or have any of your associates, partners, or employees ever been charged with violating any law or ordinance related to narcotics, prostitution, or gambling? _____ If so, please explain in detail: _____

Applicants cannot have been convicted of, nor entered a plea of nolo contendere to, any felony or misdemeanor relating to the sale or use of alcoholic beverages or illegal drugs within five (5) years prior to the date of this application. Applicants must read and understand the City of Jonesboro ordinance regarding the rules and regulations of the sale of alcoholic beverages. The licensee and/or the license representative must be a resident of the State of Georgia and an acting manager of the business. If the Licensee and/or License Representative have not been a resident of the State of Georgia for at least five years, then they must have a background investigation conducted by a law enforcement agency in their previous state(s) of residence. The background investigation report must include all arrests and convictions for misdemeanors, felonies and local ordinances. This report must be sent directly from the investigating agency to the City of Jonesboro, Chief of Police, 170 South Main Street, Jonesboro, Georgia 30236.

The Licensee and/or License Representative must also be fingerprinted or have on file at the Jonesboro Police Department.

Date last fingerprint taken: _____ File Verified by: _____

Is any person who owns an interest in this license an employee, or elected official, of the City of Jonesboro? If so, please explain whom and how the person(s) is affiliated with the City and this potential licensee:

Before signing this application, please check to make sure all answers and explanations are stated fully and correctly. The following statement is to be executed under oath and is subject to the penalties of false swearing. Be sure that it includes all attached sheets submitted herewith.

STATE OF GEORGIA, CLAYTON COUNTY, CITY OF JONESBORO

I, _____, do solemnly swear or affirm, subject to the penalties of false swearing, that the statements and answers made by me, as the applicant, in the foregoing application are true and correct. I am familiar with, have read, understand, and agree to abide by all applicable City Ordinances, local, state, and federal laws pertaining to the establishment and operation of a business inside the City of Jonesboro's City limits involved in the sale of alcohol and the proper conduct of its management. I understand that a violation of any applicable law, no matter how minor, may result in the permanent revocation of my liquor license. Further, I hereby authorize the Jonesboro Police Department to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70..

Full legal name: _____

Date of Birth: ____/____/____

Social Security Number: _____

Drivers License Number: _____ Issuing State: _____

Applicant Signature: _____ Date: ____/____/20____

I hereby certify that _____ signed his or her name to the foregoing application stating to me that he or she knew and understood all statements and answers made therein, and other oath actually administered by me, has sworn or affirmed, that said statements and answers are true and correct.

This ____ Day of _____, 20____

[place notary seal here]

Notary Public Signature: _____



CITY OF JONESBORO
124 North Avenue, Jonesboro, GA 30236
CITY HALL: (770) 478-3800
FAX: (770) 478-3775

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit, as referenced in O.C.G.A. Section 50-36-1, from the City of Jonesboro, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 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.

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

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

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Jonesboro, Georgia.

Signature of Applicant: _____ Date _____

Printed Name of Applicant: _____

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

Notary Public
My Commission Expires:

*

Alien Registration number for non-citizens

*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: _____

FOR OFFICE USE ONLY:

Date Received: ____/____/20____

Type of License: _____

Fee Amount Enclosed: \$_____

State License No.: _____

Date Approved: ____/____/20____

State License No.: _____

Date Denied ____/____/20____

Reason (if any): _____

Misc. Notes:

City Clerk Signature: _____ Date: ____/____/20____