3120 Stonecrest Blvd
First Floor, Suite 190
Stonecrest GA 30038
Phone: 770.224.0200
Website: www.stonecrestga.gov

Business Mailing Address	Business Name and Physical Address

2021 ALCOHOL LICENSE RENEWAL COVER PAGE

Please complete the form on the back. Be mindful that a list of Distributors and the following required documentation must be submitted with your renewal.

Submittal Documents:

- S.A.V.E. Form
- E-verify Form
- List of Distributors and Wholesalers with contact information (see attached form)
- Notarized Affidavits
- Copy of Government Issued ID
- Copy of 2020 Alcohol License
- Current State Alcohol License
- Copy of Current Business License
- Payment - Money Orders and Cashiers Checks only

Failure to provide ALL documents will result in an incomplete renewal package and will NOT be processed

Mail/bring this completed application along with the required documents Monday thru Friday 9:00am - 4:30pm to:

Stonecrest City Hall
3120 Stonecrest Blvd., Suite 190
Attn: Licensing Dept.
Stonecrest, GA 30038

Completed applications received after December 31st will be subject to late fees and penalties

Turn over for Alcohol License Renewal Application →

Business Mailing Address	Business Name and Physical Address

2021 ALCOHOL LICENSE RENEWAL APPLICATION

Due December 31st, 2020

Type of License:
☐ Consumption on Premise ☐ Retail/Package ☐ Wholesaler/Importer ☐ Other_____

License Fee Schedule: (Check the type of Alcohol License and add total fee)

☐ Beer Only	$ 600.00	☐ Wholesaler/Importer – Beer	$ 600.00
☐ Wine Only	$ 600.00	☐ Wholesaler/Importer – Wine	$ 600.00
☐ Beer & Wine Combination	$ 900.00	☐ Wholesaler/Importer – Liquor	$4000.00
☐ Liquor	$4000.00	☐ Fraternal Org – Beer and /or Wine	$ 500.00
☐ Sunday Sales – Consumption on premises only	$1100.00	☐ Fraternal Org – Liquor	$1000.00
☐ Additional Fixed Bar (s) #_____ x	$ 600.00	☐ Additional Moveable Bar (s) #_____x	$ 300.00
☐ Patio	$ 50.00		

Subtotal Due: _____

Renewals Postmarked after December 31st will be charged twenty percent (20%) penalty.

Penalty (20% x Subtotal Due Amount) _____

TOTAL AMOUNT DUE (Subtotal + Penalty after December 31st) _____

Make all checks and money orders payable to: **City of Stonecrest**

Note: a copy of your Georgia Issued ID and a copy of the City of Stonecrest 2020 Alcohol License certificate MUST be attached.

Email Address_____ **Phone No.** _____

Federal Tax ID _____ **Sales Tax ID** _____

Are you a United States Citizen or legal permanent resident 18 years or older? ☐ **Yes** ☐ **No**

If no, please complete the Affidavit verifying lawful presence form which can be found on our website at www.stonecrestga.gov and include a copy of your verifiable documentation. (ex. Permanent resident card, Visa, Foreign Passport)

Has ownership changed? ☐ **Yes** ☐ **No**

If yes, ** NEW APPLICATION PROCESS MUST BE COMPLETED IN OUR OFFICE**

Has mailing address changed? ☐ **Yes** ☐ **No**

If yes, write new address here: _____

List Distributer/Wholesaler of Beer/Wine/Liquor. Alcohol license renewal will not be distributed without this.

Type of Ownership: ☐ Single Owner ☐ Partnership ☐ Association ☐ Corporation

If a corporation: Corporate Name:_____State where Inc:_____ Date Inc:_____

Name of Corporate Officers or Partners:

Name	Address	Ownership%	Social Security #

Owner/Licensee Information:

Licensee Full Name: _____ **Social Security #:** _____

Licensee Home Address: _____

Home Phone: _____ **Business Phone:** _____ **Date of Birth:** _____

Will you have entertainment? ☐ **Yes** ☐ **No** If yes, fully explain: _____

_____

_____

Arrest Record: Has the licensee, registered agent, partner or any other person having financial interest in this business been arrested, indicted or convicted for an offense by any City, County, State, Federal Officer or any Government Authority within the last ten (10) years? ☐ **Yes** ☐ **NO** If yes, please give full details on a separate sheet.

I, _____, (the applicant and licensee) do solemnly swear subject to criminal penalties that the statement and answers made by me to the foregoing questions in this renewal application are true and correct and no false or fraudulent information, statements or answers are made to procure granting of the City Privilege License.

_____ _____

Applicant/Licensee Signature **Date**

This _____ day of _____, 20_____

_____ _____

Notary Public Signature & Seal **My Commission Expires**

The signed and notarized renewal application, payment, and a copy of your Georgia Issued ID and a copy of the City of Stonecrest 2020 Alcohol License certificate MUST be attached and postmarked by December 31st of the current year to avoid a penalty of 20%. Incomplete renewals will be returned to you to be completed. NO renewals will be accepted after December 31st of the current year.

E-Verify Private Employer Affidavit O.C.G.A. § 36-60-6(d)

The e-verify private employer affidavit must be collected when applying for occupational tax certificates, business licenses and alcohol licenses. The City of Stonecrest will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a _____ (Occupational Tax Certificate, Business License, Alcohol License or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Stonecrest, the undersigned applicant representing the private employer known as _____ (Printed Name of Business) verifies one of the following with respect to my application for the above-mentioned business document:

1. Choose ONE of the following:

(A) _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than 10 employees**. If the employer selected (A) please fill out section 2 below.

(B) _____ On January 1st of the below signed year the individual, firm, or corporation employed **10 or fewer employees**. If the employer selected (B) section 2 is not required.

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

_____ _____

E-Verify # User Identification Number **Date of Authorization**

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

_____

THIS FORM MUST BE NOTARIZED AND SIGNED

_____ _____ _____

Applicant Printed Name **Signature of Applicant** **Date**

****

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE_____ DAY OF _____ ,20 _____

Executed in _____ (City), _____ (State)

_____ _____

NOTARY PUBLIC Signature My Commission Expires

S.A.V.E. Public Benefit Affidavit O.C.G.A. § 50-36-1

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1(f)(2). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for (Occupational Tax license or Alcoholic Beverage license or any other Public benefit) as referenced in O.C.G.A. § 50-36-1, from the City of Stonecrest, the undersigned applicant verifies one of the following with respect to my application for public benefit.
(Please check one)

1) _____ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)

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 has 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 Georgia Law O.C.G.A § 50-36-1(f)(1) A complete list of secure and verifiable documents have been provided within application packet.

REQUIRES VERIFICATION AT SUBMISSION – Which type of secure and verifiable document was provided with this affidavit? _____.

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.

THIS FORM MUST BE NOTARIZED AND SIGNED

I, _____ (representative for) _____
Applicant Printed Name **(Name of BUSINESS, corporation, partnership, etc.)**

_____ _____
Signature of Applicant **Date**

****

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

Executed in _____ (City), _____ (State)

_____ _____
NOTARY PUBLIC Signature My Commission Expires

City of Stonecrest

BUSINESS LICENSE RENEWAL AFFIDAVIT – 2021

The undersigned, _____, being duly sworn, says the following:
(Licensee)

1. Have there been changes of ownership of the establishment? ☐ Yes ☐No If yes, please explain
_____
_____
2. There have been no changes in any information and data contained in and furnished with my original City of Stonecrest Business Registration application.
3. In the past year, have you been convicted of or pleaded nolo contendere to a violation of any federal, state, or county law concerning crime of moral turpitude, misdemeanor, or violation of this Code directly relates to the business for which the certificate is sought? If yes, please explain the violation and provide the date of adjudication and the court of adjudication:
_____
_____
4. I am familiar with all laws, rules and regulations of the State of Georgia and all ordinances of the City of Stonecrest covering the operation of the business establishment I will operate under this renewal.

I swear that all the information contained in the original application is true and I understand that such application is made a part of this renewal application and the renewal is based upon the information contained in the original application. A license issued pursuant to the provisions of this division shall be denied, suspended or revoked by the director if the licensee furnishes fraudulent or untruthful information in the original, renewal or transfer application for a license or omits information required in the original, renewal or transfer application for a license and for failure to pay all fees, taxes or other charges imposed under the provisions of this chapter.

_____
Licensee's Signature

Sworn to and subscribed to before me

this_____ day of _____,20____.

Notary Public

_____
My commission expires:
(SEAL)