



3120 Stonecrest Blvd First Floor,  
Suite 190 Stonecrest GA 30038  
Phone: 770.224.0200  
Website: [www.stonecrestga.gov](http://www.stonecrestga.gov)

Business Mailing Aress	Business Name and Physical Address
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## 2022 ALCOHOL LICENSE RENEWAL COVER PAGE

Please complete all forms and be mindful that a list of Distributors and the following required documentation must be submitted with your Alcohol Renewal Application.

### Submittal Documents:

- S.A.V.E. Form
- E-Verify Form
- List of Distributors and Wholesalers with contact information
- Notarized Affidavit
- Copy of Government Issued ID
- Copy of current Business License
- Copy of 2021 Alcohol License
- Current State Alcohol License
- Payment - Money Orders or Cashier Checks only

**Failure to provide ALL documents will result in an incomplete renewal packet and the application will NOT be processed.**

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

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

**Turn over for Alcohol License Renewal Application →**

**Alcohol License Renewal applications received after December 31, 2021, will not be accepted.**



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<b>Business Mailing Address</b>	<b>Business Name and Physical Address</b>

## 2022 ALCOHOL LICENSE RENEWAL APPLICATION

Due By November 30, 2021

**Type of License:**

Consumption on Premise    Retail/Package    Wholesaler/Importer    Other \_\_\_\_\_

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

<input type="checkbox"/> Beer Only	\$ 600	<input type="checkbox"/> Wholesaler/Importer – Beer	\$ 600
<input type="checkbox"/> Wine Only	\$ 600	<input type="checkbox"/> Wholesaler/Importer – Wine	\$ 600
<input type="checkbox"/> Beer & Wine Combination	\$ 900	<input type="checkbox"/> Wholesaler/Importer – Liquor	\$ 4,000
<input type="checkbox"/> Liquor	\$ 4,000	<input type="checkbox"/> Fraternal Org – Beer and /or Wine	\$ 500
<input type="checkbox"/> Sunday Sales – Consumption on premises only	\$ 1,100	<input type="checkbox"/> Fraternal Org – Liquor	\$ 1,000
<input type="checkbox"/> Additional Fixed Bar (s) # _____ x	\$ 600	<input type="checkbox"/> Additional Moveable Bar (s) # _____ x	\$ 300
<input type="checkbox"/> Patio	\$ 50		

**Subtotal Due:** \_\_\_\_\_

**Renewals Postmarked after December 31 will not be accepted.**

**Penalty (10% x Subtotal Due Amount)** \_\_\_\_\_

**TOTAL AMOUNT DUE (Subtotal + Penalty after December 1)** \_\_\_\_\_

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

**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 not, please complete the Affidavit verifying lawful presence form, which can be found on our website at [www.stonecrestga.gov](http://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 the mailing address changed?**    Yes    No   **If yes, write new address here:** \_\_\_\_\_

**List Distributor/Wholesaler of Beer/Wine/Liquor. The alcohol license renewal will not be issued 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:**

Full Name	Address	Ownership%	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Owner/Licensee Information:**

**Licensee Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Licensee Home Address:** \_\_\_\_\_

**Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_ **Business #** \_\_\_\_\_

Will you have entertainment?    Yes    No   **If yes, fully explain:** \_\_\_\_\_

*Continue to Complete & Sign Alcohol License Renewal Application →*

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**Arrest Record:** Has the licensee, registered agent, partner, or any other person having a 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 preceding questions in this renewal application are true and correct. No false or fraudulent information, statements, or answers are made to procure the granting of the City Privilege License.

\_\_\_\_\_  
**Applicant/Licensee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant/Licensee Name**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Notary Public Signature & Seal**

\_\_\_\_\_  
**My Commission Expires**

**In order to avoid a penalty and interest at the rate of 10% of the annual fee amount, the signed and notarized renewal application, payment, copies of your Georgia Issued ID, City of Stonecrest Business License, 2021 Alcohol License certificate, and current State Alcohol License MUST be postmarked and submitted by November 30th of the current year. NO renewals postmarked after December 31st of the current year will be accepted, and a New Alcohol License Application will be required after that date. Incomplete renewals will be returned to the applicant to be completed.**

**Alcohol License Renewal applications received after December 31, 2021, will not be accepted.**



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**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 business mentioned above document:

**1. Choose ONE of the following:**

- (A) \_\_\_\_\_ On January 1 of the below signed year, the individual, firm, or corporation employed **more than (10) ten employees**. If the employer selected (A) please fill out section 2 below.
- (B) \_\_\_\_\_ On January 1 of the below signed year, the individual, firm, or corporation employed **(10) ten 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 Benefits Affidavit O.C.G.A. § 50-36-1**

Instructions: As required by the 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 an 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 verified that they are 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 has been provided within the 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 makes a false, fictitious, or fraudulent statement or representation in this Affidavit shall be guilty of aviolation 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 the 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

#### ALCOHOL LICENSE RENEWAL AFFIDAVIT – 2022

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

1. Have there been changes in 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 DeKalb County 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 DeKalb County ordinances covering the business establishment I will operate under this renewal.

I swear that all the information contained in the original application is accurate, and I understand that such application is made a part of this renewal application. The renewal is based on the information contained in the original application. DeKalb County sec. 15-45(a). A license issued pursuant to the provisions of this division shall be denied, suspended, or revoked by the director of 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)