



ALCOHOLIC BEVERAGE APPLICATION

ATTENTION BUSINESS OWNERS

Owners with 10% ownership or more must attach the following documents with the Alcoholic Beverage Application:

- 1. Completed GCIC (Georgia Crime Information Center) form**
- 2. Copy of owner's driver's license.**

Failure to provide both documents will delay processing of the alcohol application.

BACKGROUND INVESTIGATION CONSENT FORM

To: Business License Division
City of Stonecrest
3120 Stonecrest Blvd
Stonecrest, GA 30038

With regards to my application for Alcoholic Beverage License, I hereby authorize the Stonecrest Business & Alcohol License Office to receive any criminal history record information pertaining to me, which may be in the files of any State or Local Criminal Agency in Georgia.

_____	_____	_____	
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____	_____	_____	
<i>Sex</i>	<i>Race</i>	<i>Date of Birth</i>	
_____	_____	_____	
<i>Signature</i>	<i>Social Security Number</i>	<i>Date*</i>	

**(Not valid after more than 90 days)*

MUST BE COMPLETED BY REGISTER AGENT AND WHO MUST COMPLETE A PERSONNEL STATEMENT.

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I have read and received a copy of the Privacy Act Statement.

Signature

Date

Print Name



3120 Stonecrest Blvd, Stonecrest, GA 30038
www.stonecrestga.gov

ALCOHOLIC BEVERAGE CHECKLIST

DATE: _____

Contact Name: _____

Contact Telephone #: _____

Business Name: (Corp.): _____

(d/b/a): _____

Business Address: _____

Should you have any questions, please contact The City of Stonecrest – City Hall at 770-224-0200

CHECK OFF LIST FOR ALCOHOLIC BEVERAGE LICENSE

Note: The items checked below must be submitted with your application or prior to issuance of your license.

- APPLICATION - In Duplicate - Must be fully completed, application must be signed & notarized. Two copies of your corporate papers must be filed with your application if the business is incorporated. Also, the applicant must provide a listing of the corporate officers.**
- PERSONNEL STATEMENTS - In Duplicate - Required on licensee, sole proprietor, all partners, any person with 10% or more stock ownership of the corporation, and all corporate officers. Two (2) original pictures and two (2) copies of each person's driver's license are required. If no driver's license, please attach two (2) copies of your military or state issued identification card. U S Citizens must provide two legible/readable copies of their birth certificate or naturalization certificate. Resident Aliens must provide two legible/readable copies of their Immigration Card. Poor quality copies are not acceptable.**
- REGISTERED AGENT - In Duplicate - All businesses with a license to sell beer, wine or liquor must have and continuously maintain a registered agent who lives in DeKalb County. The owner can be the registered agent if they live in DeKalb County, but they must complete the registered agent forms. Two pictures and two copies of the agent's driver's license are required.**
- AFFIDAVIT - In Duplicate - For Liquor Sales - Person having knowledge of applicant's residence.**
- LEGAL LAND SURVEY - All new locations and closed stores/businesses must provide a new survey which was measured no more than 30 days prior to filing date of the alcohol license application.**

- () **FLOOR PLAN DRAWING - In Duplicate** – All applicants must provide a drawing of their business that shows a detailed layout of the inside of the business and the drawing shall show all entrances and exits. Nightclub and restaurants must show their bathrooms, kitchen, office and customer areas.
- () **COPY OF MENU - In duplicate - Nightclubs and Restaurants - Food and beverage service.**
- () **LICENSE FEES - CASHIERS CHECK or MONEY ORDER ONLY - Make payable to CITY OF STONECREST.** The license fees must be paid when the application is filed for processing. The prorated fees include the month of application, plus the remaining months in the calendar year and any portion of a month is counted as a full month. Do not forget to include the administrative fee(s).
- () **BUSINESS LICENSE REGISTRATION - Zoning Department must approve all business locations.**
- () **BACKGROUND INVESTIGATION & CONSENT FORM - A background investigation consent form (in duplicate) and fee of \$50.00 per person applies to the registered agent and everyone who must complete personnel statements. The duplicate copies requested above will be sent to the Public Safety by our office. They will advise our office in writing when the investigation is completed. This fee must be paid with a separate Cashier's Check or Money Order, payable to: DeKalb County Police Dept.**
- () **CERTIFICATE of OCCUPANCY - Zoning Department will make decision. Telephone (770) 224-0200 City of Stonecrest. The zoning dept. usually requires a new building permit application, entertainment letter, copy of Fire Dept. approval, copy of food service permit and a minimum filing fee of \$75.00 for businesses with a consumption on premise alcohol license (nightclubs, restaurants and sports bars). Forms can be obtained from zoning.**
- () **FIRE DEPARTMENT APPROVAL - Restaurants and nightclubs - Call (404) 371-2611 for inspection.**
- () **HEALTH DEPARTMENT - Restaurants and nightclubs are required to get a new food service permit. Call (404) 508-7900 or visit their office at 445 Winn Way, Decatur, Georgia 30033.**
- () **SANITATION SERVICE - Applicants must provide proof of sanitation service or establish service before a license can be issued. Call (404) 294-2900 to set up service.**

*- () **REVIEW** – Additional Information on the Reverse Side and the City Alcohol Ordinance.

CITY OF STONECREST, GEORGIA

- () **LIQUOR STORES** – Retail package sales of distilled spirits. Georgia Law, Article 2 of Chapter 4, Section 3-4-27 requires the applicant to provide proof of a legal advertisement in the Champion News, located at 217 East Trinity Place, Decatur, Ga. 30030. Telephone number - (404) 373-7779.
- () **LEGAL LAND SURVEY:** For all new locations and closed stores/businesses must provide a new survey which was measured no more than 30 days prior to filing date of the alcohol license application.

1. It is advisable that applicants for any business, liquor, beer and/or wine licenses do not sign any contracts, make expenditures, or commit themselves in any manner without first making themselves aware of all requirements for State and County Code compliance.
2. All new locations must submit a land survey with their application for a beer, wine or liquor license. A new survey will not be required on changes of ownership if the purchaser is applying for the same type of license, provided the business is still open and operating. Locations previously licensed are not grand-fathered if the business closes. 3. The applicant is responsible for scheduling their inspections by the fire and health departments, and the zoning department must approve all business locations before a business or alcohol license can be issued. The applicant is responsible for delivery of the final inspections to our office.
4. Any questions you may have with regard to the interpretation of the DeKalb County Code or how it applies to your particular situation must be submitted in writing to the alcohollicensing manager. Your questions will be reviewed and answered in writing as appropriate.
5. **STATE LICENSE** - In addition to the County License, a State License is required. The County License is not valid without a current State License. Please contact the State of Georgia Revenue Department at (404) 417-4490 to obtain forms and information to file for a State License. Their office is located at: 1800 Century Center Blvd, 2nd Floor, Atlanta, Georgia 30345.
6. **FEDERAL PERMIT** - Federal Law requires a Federal Occupational Tax Stamp for alcohol sales. Please call 1- (800) 398-2282 for additional information. They will mail application forms to you.
7. **CITY LICENSE FEES ANNUAL FEE (Jan 1 through Dec 31)**
 - Liquor \$4,000.00 Consumption or package sales (Mon thru Sat) Beer only \$600.00 Consumption or package sales (Mon thru Sat)
 - Wine only \$600.00 Consumption or package sales (Mon thru Sat)
 - Beer & Wine Combination \$900.00 Consumption or package sales (Mon thru Sat)
 - Additional Fixed Bar \$600.00 Consumption on premises only (Mon thru Sat)
 - Additional Movable Bar \$300.00 Consumption on premises only (Mon thru Sat)
 - Sunday Sales Permit \$1,100.00 Consumption on premises only (Only one fee)
8. The following fees are not prorated:
 - Charitable Nonprofit = \$50.00 per day for beer and/or wine. \$50.00 per day for liquor.
 - Fraternal Organizations = \$500.00 annual for beer and/or wine. \$1,000.00 annual for liquor.
 - Wholesalers = \$600.00 each for beer or wine, plus \$4,000.00 for liquor.
 - Administrative/application fee = \$100.00 for beer and/or wine, Plus \$200.00 for liquor.**
9. Mixed drink tax returns – Consumption on premises businesses that sell distilled spirits are required to report and pay excise taxes of three (3) percent each month on the liquor sales only. These taxes must be paid promptly each month to avoid suspension or revocation of your license.
10. An alcohol license allows alcohol sales Monday through Saturday. Eating establishments meeting the minimum food sales requirement may purchase a Sunday Sales permit. The Sunday Sales permit will allow alcohol sales on Sunday from 12:30 noon until 02:55 a.m. Monday morning.
11. Employee permits to work in liquor stores or at consumption on premises establishments must be obtained from the DeKalb County Public Safety Department. Please call them at (404) 297- 3934. The alcohol license must be issued to the business before any employee permits will be issued

ALCOHOLIC BEVERAGE LICENSE APPLICATION

**City of Stonecrest
3120 Stonecrest Blvd
Stonecrest, GA 30038
Phone: (770) 224-0200**

Business Number:	
Alcohol Beverage License Number:	
Business Occ Tax Number	
(GA) Alcoholic Beverage License Number	

**INSTRUCTIONS: PLEASE PRINT OR TYPE APPLICATION AND ANSWER ALL QUESTIONS.
Please fill out entire application. If a portion does not apply to you mark it N/A. Do not leave anything blank.**

TYPE OF LICENSE: (Check appropriate spaces)

- | | | | |
|---------------------|-----|---------------------------------|--------------------------------|
| NEW | () | () RETAIL/PACKAGE | () Wine & Beer |
| CHANGE OF OWNERSHIP | () | () CONSUMPTION ON THE PREMISES | () Wine |
| | | () MANUFACTURER | () Beer Beverage |
| | | () WINE TASTING | () Distilled Spirits (Liquor) |
| | | () BEER TASTING | () Growler Beer Beverage |
| | | () CATERING (EVENTS) | |
| | |) | |

- | | | | | | |
|----------------|-----|------------------|-----|----------------------|-----|
| a. Restaurant | () | b. Bar or Lounge | () | c. Package Store | () |
| d. Private | () | e. Food Store | () | f. Service Station | () |
| g. Hotel/Motel | () | h. Sunday Sales | () | i. Additional Bar(s) | () |

- Full Name of Business _____
Under what name is the Business to be operated _____
Is the business a proprietorship, partnership, corporation, domestic or foreign? _____
- Business Address _____
- Phone _____ Beginning Date of Business in City of Stonecrest _____
- [] New business [] Existing business purchase
If change of ownership, effective date of this change _____
If change of ownership, enclose a copy of the sales contract and closing statement.
- Federal Tax ID Number _____ Georgia Sales Tax Number _____
- Does the business meet the distance requirements from the following?

CHURCH, SCHOOL GROUNDS, COLLEGE CAMPUS	YES	NO
Wine, Beer Beverage, Distilled Spirits 200 Yards (Church) 200 Yards (School)	()	()

- Full name of Applicant _____

Full name of Spouse, if married _____

Are you a Citizen of the United States or Alien _____ Birthplace? _____

Current Address _____ City _____ St _____ Zip _____

Home Telephone _____

Number of years at present address _____

Do you reside in DeKalb County _____ If yes, how long _____

Previous address _____

Number of years at previous address _____

State Driver's License Number _____

What has been your occupation for the past five (5) years? Give detailed list. _____

8. Applicant's employment date with present business _____

If new business, date business will begin in Stonecrest _____

If transfer or change of ownership, effective date of this change _____

If transfer or change of ownership, enclose a copy of the sales contract, closing statement

Previous Applicant _____

D/B/A _____

9. What is the name of the person who, if the license is granted will be the active manager of the business and on the job at the business? List address, occupation, phone number, and employer.

10. Has the applicant, spouse, or any individual having an interest either as owner, partner, or stockholder, been arrested, convicted or entered a plea of nolo contendere within ten (10) years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States, or any municipal ordinance except traffic violations?

If yes, describe in detail and give dates. _____

11. Do you own the land and building on which this business is to be operated? _____

If not, please list the manner in which the rent is determined.

Attach a copy of the lease and any other pertinent documents.

12. How is the proposed location zoned? _____

13. If operating as a corporation, state name and address of corporation, when and where incorporated, and the names of the officers and directors and the office held by each.

14. If operating as a corporation or partnership, list the stockholders (10% or more) and the amount of interest of each stockholder in the corporation or partnership.

15. If an individual, state names of any other persons or firms owning any interest or receiving any funds from the corporation.

16. If this is an application for any retail license hereunder, has applicant or spouse received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages?

17. If this is an application for any retail license hereunder, has applicant or spouse any financial interest in any manufacturer or wholesaler of alcoholic beverages? _____

18. State whether or not applicant, partner, corporation officer, or has been denied for an alcohol beverage license in the county of DeKalb in the preceding 2 years. (Submit full details)

19. Do you or your spouse or any of the other owners, partners, or stockholders have an interest in other liquor stores? If so, state in how many stores?

20. All beer, wine and liquor retailers shall only purchase alcoholic beverages from a State of Georgia Licensed Wholesaler as per Georgia Alcoholic Beverage Laws and Regulations, 1996 Edition, as now or hereafter amended, Chapter 560-2-2.04. Initial_____
21. Do you have any questions or comments regarding the ordinances, laws, regulations or application?
() Yes () No
22. Are you familiar with the City of Stonecrest ordinances, state laws and, regulations, federal laws and regulations governing the operation of this type of business? () Yes () No
23. Have you made application for a State license? () Yes () No
24. Have you answered all questions? () Yes () No

Subscribed and sworn to before me

This_____day of_____, 20___.

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires: _____

DEKALB COUNTY REGISTERED AGENT FORM

City of Stonecrest Alcohol License, 3120 Stonecrest Blvd, Stonecrest GA 30038

Business Name: _____
Business Address: _____
City/State/Zip Code: _____

DeKalb County Code Section 4-27 requires every business applying for or holding an alcoholic beverage license to have and continuously maintain a registered agent for service of process of any notice permitted by law under the alcoholic beverage ordinance. The registered agent must live in DeKalb County. The owner can be their own registered agent if they live in DeKalb County. I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors of the above business and to perform all obligations of such agency under the provisions of DeKalb County Code Section 4-27. I also consent to the required criminal background investigation in order to serve as a registered agent.

Agent's Name (type or print clearly) _____ Agent's Social Security Number _____

Agent's Home Address _____ Agent's Birthday (Month, day & year) _____

City, State & Zip Code _____ Sex _____ Race _____ Height _____ Weight _____

Signature of Agent Date _____ Agent's Home Telephone No. _____

Agent's Business Telephone No. _____

The owner(s) or an officer of the corporation must authorize the person shown above to be their agent. It is the owner's responsibility to maintain a registered agent who lives in DeKalb County. Please attach a money order, payable to DeKalb County Public Safety, for \$50.00 to this form to cover the background investigation. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcoholic beverage license.

Licensee's Name (Type or print clearly) _____

Licensee's Signature _____ Date _____

Owner's Name (Type or Print clearly) _____

Owner's Signature _____ Date _____

Officer's Name (Type or print) _____ Title _____

Officer's Signature _____



TYPE OF LICENSE:

LICENSE FEE:

CONSUMPTION ON THE PREMISES:	
_____ Wine	\$ 600.00
_____ Beer Beverages	\$ 600.00
_____ Wine and Beer Beverages	\$ 900.00
_____ Distilled Spirit (Liquor)	\$4,000.00
_____ Wine, Beer Beverages & Distilled Spirits	\$4900.00
_____ Additional Bar Fixed _____@	\$600.00 (Each)
_____ Additional Bar Movable _____@	\$300.00 (Each)
_____ Sunday Sales (Only one fee)	\$1,100.00
_____ Sunday Sales Malt Beverage	\$250.00
_____ Sunday Sales Wine	\$250.00

HOURS OF OPERATION

PACKAGE - BEER AND WINE

PACKAGE - BEER AND WINE

Monday through Saturday

(City, State, Federal, or County)

PACKAGE - LIQUOR

Monday through Saturday

Sunday

Election Day

(City, State, Federal, or County)

Election Day- Licensees may open their establishments for the sale of alcoholic beverages on any election day

Not allowed within 200 feet of Polling Place, during polling hours

No Sunday Sales

Not allowed within 200 feet of Polling Place, during polling hours

CONSUMPTION ON THE PREMISES – BEER, WINE AND LIQUOR

1 Eating Establishment ONLY – establishment which is licensed to sell alcoholic beverages and which derives at least 50 percent (50%) of its total annual gross food and beverage sales from the sale of prepared meals or food. [Article 2, Section 5(a)] and [Article 3, Section 3(c)]

Sunday 12:30 PM – 2:55 AM

Monday 9:00 AM – 3:55 AM
 Tuesday 9:00 AM – 3:55 AM
 Wednesday 9:00 AM – 3:55 AM
 Thursday 9:00 AM – 3:55 AM
 Friday 9:00 AM – 3:55 AM
 Saturday 9:00 AM – 2:55 AM

Election Day- Licensees may open their establishments for the sale of alcoholic beverages on any election day (City, State, Federal, or County)
Not allowed within 200 feet of Polling Place, during polling hours

NO SALES

Sunday ALL DAY
Monday - Saturday 3:00 AM – 9:00 AM

**City of Stonecrest
3120 Stonecrest Blvd
Stonecrest, Georgia 30038
Phone: (770) 244-0200**

**FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT
DOES NOT APPLY TO RETAIL PACKAGE**

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

LICENSEE'S NAME _____ BUSINESS LICENSE #: _____

I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES. Final reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals. This information must be provided from the financial records of the above establishment on a calendar-year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED: _____
(If existing business, must be 12-month period. If new business must be 12-month estimate)

Gross Receipts from Food Sales this period: \$ _____ (_____ %)

Gross Receipts from Alcoholic Beverage Sales this period: \$ _____ (_____ %)

Total Food Sales and Alcoholic Beverage Sales this period: \$ _____ (_____ %)

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales:

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

CPA Name (Printed)

Name of CPA Firm

CPA Signature

Business Address

City

Phone #

Sworn under oath this _____ day of _____, 20_____. _____
Notary Public Signature

II. I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 12:30 p.m. until 2:55 a.m. (Monday) requires a valid alcoholic beverage pouring license, valid Sunday Sales pouring license, and that at least 50% of the license establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food. I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license, including a Sunday Sales pouring license. I further affirm that I understand that the City of Stonecrest Business License division may audit our records to verify the same at its discretion.

Signature, Licensee/Owner

Sworn under oath this _____ day of _____, 20_____. _____
Notary Public Signature



3120 Stonecrest Boulevard, Suite 100
 Stonecrest, GA 30038
 770.224.0200
www.stonecrestga.gov

BEER WHOLESALE EXCISE TAX RETURN

BUSINESS NUMBER: _____ MONTH OF: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ CITY ISSUING LICENSE: _____

Each wholesaler selling malt beverages to dealers selling malt beverages within the City of Stonecrest, must collect a specific tax in the amount of \$0.05 per 12 ounces, or proportionate part thereof as to graduate said amount of tax on smaller containers, and an excise tax on draft beer of \$6.00 per container of not more than 15 1/2 gallon size, or proportionate part thereof within a bulk container commonly used for tap or draft beer sold by each wholesale dealer within the City of Stonecrest. This tax is due and payable to the City of Stonecrest monthly on or before the 15th day of the month following the month the tax was collected. Failure to pay by the due date will subject the licensee to the penalty and interest on the tax due. Remittance shall be accompanied by a statement under oath from a responsible person employed by the wholesaler showing the total sales of each type of malt beverage, by volume and price, disclosing for the preceding calendar month the exact quantities of malt beverages, by size and type of container, constituting a beginning and ending inventory for the month, sold to every person holding a retail license for the sale of malt beverages in the City of Stonecrest. Returns remitted by mail must be postmarked by the 15th of the month due. For example, the tax collected for the month of January is due and payable on or before February 15th.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
Size of Container	Beginning Inventory	Ending Inventory	Total Sold	Tax Per Container	Tax Due:
7 oz.				\$0.0292	
8 oz.				\$0.0333	
12 oz.				\$0.0500	
14 oz.				\$0.0583	
16 oz.				\$0.0667	
32 oz.				\$0.133	
½ Barrel (15 1/2 gal.)				\$6.00	
1 Barrel (31 gal.)				\$12.00	

This return is subject to audit:

- Multiply columns 4 and 5 to determine tax due amount payable (column 6) \$ _____
- Penalty (add 5% of line 1 for each month or fraction thereof, not to exceed 25% if submitted after the 15th of the month) + \$ _____
- Total Amount Due \$ _____

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Printed Name: _____ Date: _____

Signed: _____ Title: _____

Contact Phone: _____ Fax: _____

Please return this form with remittance to:

City of Stonecrest
 3120 Stonecrest Blvd
 Stonecrest, GA 30038

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT

Note: Incomplete forms will be returned to you to be fully completed



3120 Stonecrest Boulevard, Suite 100
Stonecrest, GA 30038
770.224.0200
www.stonecrestga.gov

ALCOHOL BEVERAGE WHOLESALE EXCISE TAX RETURN

BUSINESS NUMBER: _____ MONTH OF: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ CITY ISSUING LICENSE: _____

The excise taxes imposed by this division shall be collected by all wholesalers selling alcoholic beverages to persons holding retail licenses for sale to the same, in the City of Stonecrest. Said excise taxes shall be collected by the wholesalers at the time of the wholesale sale of such beverages. It shall be the duty of each wholesaler to remit the proceeds so collected, on or before the 15th day of each month, for the preceding calendar month. This remittance shall be accompanied by a statement under oath from a responsible person employed by the wholesaler showing the total sales of each type of wine and alcoholic beverage, by volume and price, disclosing for the preceding calendar month exact quantities of wine and alcoholic beverages, by size and type of container, constituting a beginning and ending inventory for the month, sold to every person holding a retail license for the sale of wine and alcoholic beverages in the City of Stonecrest. Failure to file such a statement, or to remit the tax collected on or before the 15th day of each month, shall be grounds for suspension or revocation of the license provided for by this chapter. Failure to pay by the due date will subject the licensee to the penalty and interest on the tax due. The excise tax levied on the sale of distilled spirits by the package, at the wholesale level, is hereby set at the rate of \$0.22 per liter of distilled spirits, excluding fortified wines, and a proportionate tax at like rates on all fractional parts of a liter. The excise tax levied on the first sale or use of wine by the package is hereby set at \$0.22 per liter, and a proportionate tax at like rates on all fractional parts of a liter.

This return is subject to audit:

- 1. Liters sold of distilled spirits _____ x \$0.22 per liter tax = \$ _____
- 2. Penalty (add 5% of line 1 for each month or fraction thereof, not to exceed 25% if submitted after the 15th of the month) + \$ _____
- 3. Total Amount Due \$ _____

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Printed Name: _____ Date: _____

Signed: _____ Title: _____

Contact Phone: _____ Fax: _____

Please return this form with remittance to:

City of Stonecrest
3120 Stonecrest Blvd
Stonecrest, GA 30038

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT

Note: Incomplete forms will be returned to you to be fully completed



3120 Stonecrest Boulevard
Stonecrest, GA 30038
770-224-0200
www.stonecrestga.gov

RETAIL EXCISE TAX RETURN ON LIQUOR BY THE DRINK

Business Name: _____
Business Address: _____

Account Number: _____
Month/Year Reported: _____

A. Inventory—Liquor Reporting Only

List your inventory purchases from
Licensed wholesaler for the month

B. Excise Tax Reporting

1. Gross Liquor Sales by the Drink _____

2. Tax (-) 3% of line 2: _____

3. Less 3% of line 2:(Timely Returns Only) _____

4. Credit or Debit _____

5. Penalty (-)10% times Line 2
25% fraud or intent to evade _____

6. Interest- 1% per month or
portion thereof times line 2 _____

Total Amount Due _____

Total Amount Paid _____

- 1. ATL Wholesale Wine _____ liters
 - 2. Eagle Distributors _____ liters
 - 3. Empire Distributors _____ liters
 - 4. General Wholesale _____ liters
 - 5. Georgia Crown Distributors _____ liters
 - 6. National Distributors _____ liters
 - 7. Savannah Distributing _____ liters
 - 8. United distributors _____ liters
 - 9. Other: _____ liters
- Liters Purchased** _____ **liters**

Total Cost of Liquor Purchased _____ **liters**

**This return and payment of the taxes collected during the month shown are due
by the 20th day of the next month to avoid a late payment penalty and interest charges.**

**I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE.**

Printed Name: _____ **Date:** _____

Signed: _____ **Title:** _____

Contact Phone: _____ **Fax:** _____

Please return this form with remittance to:

**City of Stonecrest
3120 Stonecrest Blvd
Stonecrest, GA 30038**

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT

Note: Incomplete forms will be returned to you to be fully completed



ALCOHOLIC BEVERAGE LICENSE SURVEY

To: Stonecrest Alcohol Division
3120 Stonecrest Blvd, Suite 190
Stonecrest, GA 30038

Date: _____

Applicants Name: _____

Trade Name: _____

Business Address: _____

BEER AND/ WINE (100 YARDS MINIMUM)

1. _____ Number of yards to the nearest church or place used primarily for religious services at:

2. _____ yards to the nearest school building, school ground, educational facility or college campus; this includes Kindergartens, or churches which have schools or Kindergartens located at the following address:

3. _____ yards to adult entertainment establishment at: _____

4. _____ yards (must be at least 200 yards for Beer or Wine) to the nearest alcohol treatment center located at: _____

LIQUOR (200 YARDS MINIMUM)

1. _____ yards to the nearest church or other place used primarily for religious services at the following address: _____

2. _____ yards to the nearest alcohol treatment center or adult entertainment establishment at the following address: _____

3. _____ yards to private residence (includes houses, apartments, condos & etc.). Give name if other than a house: _____

4. _____ yards to the nearest school building, school ground and college campus; this includes Kindergartens or churches which have schools or Kindergartens. Give name and address :

LIQUOR STORES (1,000 YARDS)

1. _____ yards to the nearest operating liquor store. Give complete name and address:

NOTE: * ALL MEASUREMENTS SHALL BE MEASURED BY THE MOST DIRECT ROUTE OF TRAVEL ON THE GROUND (WALKING OR DRIVING) AND SHALL BE MEASURED IN THE FOLLOWING MANNER*:

- a. From the front door of the structure from which alcoholic beverage is to be sold or served;
b. In a straight line to the nearest sidewalk, street, highway, road or walkway;
c. Along such public sidewalk, street, highway, road or walkway;
d. To the front door of the building, unless you are measuring to an educational facility (schools and school grounds). When measuring to a school, the measurement stops at the nearest property line of the school.

Note: Survey drawing showing distance to the businesses described above must be attached this survey certificate.

The undersigned Surveyor has examined the subject location and has made measurements to determine compliance or non-compliance with the above distance requirements:

Signature of Land Surveyor

State License Number

Date

Official Seal

**Stamp this form with your State Seal. **