

CITY OF SUGAR HILL  
5039 WEST BROAD STREET  
SUGAR HILL, GA 30518  
770-956-6716, FAX 678-714-8145  
C/o Jane Whittington, City Clerk

APPLICATION FOR ALCOHOL/BEER/WINE LICENSES

(1) Type of License Requested

- \_\_\_\_\_ Alcoholic Beverages for Consumption on the Premises  
\_\_\_\_\_ Beer for Consumption on the Premises  
\_\_\_\_\_ Wine for Consumption on the Premises  
\_\_\_\_\_ Retail Sale of Beer  
\_\_\_\_\_ Retail Sale of Wine

(2) Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_

Is the applicant a citizen of the US? \_\_\_\_\_

(3) Is the Business a Corporation? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Inc. \_\_\_\_\_ State Inc. \_\_\_\_\_

If so, Please list Shareholders \_\_\_\_\_  
\_\_\_\_\_

If the business is a Partnership, please list Partner(s): \_\_\_\_\_  
\_\_\_\_\_

Does the applicant owe any outstanding taxes or fees to the City of Sugar Hill?  
\_\_\_\_\_

(4) List the name and address of any person, firm, partnership or corporation (other than those listed above

which have or will have any interest either directly or indirectly in the business for which the license is requested.)

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(5) Describe the interest, if any.

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(6) (a) Has the applicant, the Directors, or any of the shareholders, if the applicant is a corporation, or any partners if the applicant is a partnership or any individual listed in Paragraph 4, been convicted or pled guilty or entered a plea of nolo contendere to a felony or misdemeanor or any state of the United States, or any municipal ordinance except traffic violations within a period of ten (10) years prior to the date of the application?

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(b) If yes, give details.

(7) (a) Has applicant, whether an individual, corporation, partnership or other entity ever been or is presently the holder of a license permitting the sale of alcoholic beverages?

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(b) If so, please give the dates and places of such licenses and their current status.

(8) (a) Has applicant, whether an individual, corporation, partnership or other entity, held any prior license permitting the sale of alcoholic beverages, that was suspended or revoked within a period of ten (10) years prior to the date of the application?

(b) If yes, give details including the identity and address of the governmental agency or political Subdivision where such license was held and the name of the governing authority or political Subdivision which suspended or revoked said license.

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(9) List the names and addresses of the owners of the building and land in and upon which the Licensee proposes to operate and the name and address of any Lessor and Sub-Lessor of the Licensee:

Name

Address

- (a) Owner of Building/Land: \_\_\_\_\_
  - (b) Lessor: \_\_\_\_\_
  - (c) Sub-Lessor: \_\_\_\_\_
- (10) (a) Is there an existing agreement for the sale or transfer of this license, if granted, to another individual, corporation, partnership or other entity? \_\_\_\_\_
- (b) If yes, give details: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**CERTIFICATION:**

The undersigned hereby certifies that he/she is the \_\_\_\_\_  
 (authorized representative)  
 of \_\_\_\_\_ and is authorized to sign this application. The undersigned further  
 (Name of Business)  
 certifies that:

The City of Sugar Hill Alcoholic Beverage Ordinance has been read and understood and a copy will be maintained on the premises, and each and every employee will be required to be familiar with said regulations;

All laws, rules and regulations of the United States of Georgia and of the City of Sugar Hill, now enforced or which may hereafter be promulgated or enacted, regulating and governing the sale of alcoholic beverages will be complied with; and

Any license issued shall cover the period of one year commencing the first day of January and expiring December 31, and that no license shall be assignable or transferrable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that I am liable to penalties of the law (both fine and imprisonment) should any false or fraudulent statement or representation be made in connection with this application.

I solemnly swear that the facts stated in the above and foregoing application for a license in the City of Sugar Hill, Georgia, are true and correct.

\_\_\_\_\_  
 Applicant

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

# REGISTERED AGENT FORM

CITY CLERK  
CITY HALL  
CITY OF SUGAR HILL  
4988 W. BROAD STREET  
SUGAR HILL, GEORGIA 30518

\_\_\_\_\_  
Business Name

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

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

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of the Ordinances of Sugar Hill, Georgia. (Every establishment holding an alcoholic beverage license in the City must have a registered agent and this person must be a resident of Gwinnett County, Georgia.)

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Agent's Social Security Number

\_\_\_\_\_  
Type or Print Name of Agent

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Agent's Home Address

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

APPROVED:

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Officer or Director (Title)

\_\_\_\_\_  
Officer or Director (Title)

CITY OF SUGAR HILL  
5039 WEST BROAD STREET  
SUGAR HILL, GA 30518  
770-956-6716, FAX 678-714-8145  
C/o Jane Whittington, City Clerk

LICENSE PERMITTING THE SALE OF ALCOHOLIC BEVERAGES  
FOR CONSUMPTION ON THE PREMISES

The following applies only to applicant's requesting consumption licenses. Retail sales applicants are not required to complete this portion.

1. Type of license requested:
  - (a) Spirituous liquor beverages for consumption on the premises. \_\_\_\_\_
  - (b) Malt beverages and wine for consumption on the premises. \_\_\_\_\_
  
2. Type of business to be operated in conjunction with this license:
  - (a) Restaurant \_\_\_\_\_
  - (b) Hotel \_\_\_\_\_
  - (c) Other-specify \_\_\_\_\_
  
3. All applicants must submit detailed plans of the completed building and outside premises within which the licensee proposes to operate. If the building is incomplete or not yet constructed, applicant shall attach proposed plans and specifications along with a copy of any building permit issued.
  
4. If applicant is a franchise or if the proposed license will be used as part of a franchise business, applicant shall attach a copy of the franchise agreement or contract.
  
5. Applicant shall attach hereto a completed application form with all attachments and requirements for a state license.
  
6. (a) Does the applicant (if a corporation, the officers and principle shareholders, if a partnership, all partners, whether general or limited) owe any outstanding taxes, fees, special assessments or other monies to the City of Sugar Hill?  
\_\_\_\_\_  
  
(b) If so, give specific details. \_\_\_\_\_  
\_\_\_\_\_
  
7. (a) Is the applicant the Clerk of the City of Sugar Hill, his or her spouse or minor child or children, or a member of the City's Alcoholic Beverage Review Board, his or her spouse or minor children?  
  
(b) If so, give specific details. \_\_\_\_\_  
\_\_\_\_\_

8. (a) Does the City Clerk, his/her spouse or minor children or any member of the City's Alcoholic Beverage Review Board, his/her spouse or minor children, have any whole, partial or otherwise beneficial interest in the license applied for herein? \_\_\_\_\_
- (b) If so, give specific details. \_\_\_\_\_
9. (a) Applicant is required to obtain a survey of the proposed site of the licensed business and said survey is required to show compliance with all distance requirements contained in the City of Sugar Hill Alcoholic Beverage Ordinance. Attach survey.

In that respect:

- (a) Is the business proposed to be licensed hereunder located within a distance of seventy-five (75) feet from any then-existing church? For the purpose of this question, distance will be measured as provided in Section 6-448, 6-362 of the City of Sugar Hill Alcoholic Beverage Ordinance.
- (b) Is the business proposed to be licensed hereunder located within a distance of seventy-five (75) feet of any school or college? For the purpose of this question, distance will be measured as provided in Section 6-448, 6-362 of the City of Sugar Hill Alcoholic Beverage Ordinance.
- (c) Within what zoning district is the proposed licensed business to be operated?  
\_\_\_\_\_
10. (a) Is the applicant a citizen of the United States either by birth or by naturalization? SAVE Affidavit attached.  
\_\_\_\_\_
- (b) Is the applicant an alien lawfully admitted for permanent residence? Attach copy of ID.  
\_\_\_\_\_

**CERTIFICATION:**

The undersigned hereby certifies that he/she is the \_\_\_\_\_  
(authorized representative)  
of \_\_\_\_\_ and is authorized to sign this application. The undersigned further  
(Name of Business)  
certifies that:

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Any license issued shall cover the period of one year commencing the first day of January and expiring December 31, and that no license shall be assignable or transferrable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that I am liable to penalties of the law (both fine and imprisonment) should any false or fraudulent statement or representation be made in connection with this application.

I solemnly swear that the facts stated in the above and foregoing application for a license in the City of Sugar Hill, Georgia, are true and correct.

\_\_\_\_\_  
Applicant

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**City of Sugar Hill Alcoholic Beverage by the Drink  
Excise Tax Reporting Form**

MONTH - \_\_\_\_\_

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Business Phone #: \_\_\_\_\_

**A. Inventory Reporting**

List your inventory purchases from licensed wholesalers for monthly period reported.

<u>Wholesaler Name</u>	<u>In Liters</u>	<u>In Ounces</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. Total Volume Purchased	_____	_____
11. Beginning Inventory	_____	_____
12. Ending Inventory	_____	_____
13. Line 10+Line 11=Line 12	_____	_____
Average ounces per drink sold	_____	_____
Average price per drink sold	\$ _____	_____

**B. Excise Tax Reporting**

1. Gross Sales-Distilled Spirits by the drink 3%	\$ _____
2. Add 10% penalty if paid after the 10th	\$ _____
3. Total Tax Due	\$ _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Individual Preparing Form \_\_\_\_\_ Date \_\_\_\_\_

ALL SECTIONS MUST BE COMPLETED AND FORM MUST BE SIGNED.

Make check payable to City of Sugar Hill and mail to:

City of Sugar Hill  
 Excise Tax Department  
 4988 West Broad Street  
 Sugar Hill, GA 30518  
 Phone: 770-945-6716  
 Fax: 678-714-8145

Note: Please remit on or before the 10<sup>th</sup> of the succeeding month. A 10% penalty is applied on all payments received after the 10<sup>th</sup> day of the month.



**Authorization for Release of Personal Information  
and Criminal History Record Information**

I \_\_\_\_\_ do hereby authorize the review and full disclosure of all records concerning myself to the authorized agent of the City of Sugar Hill, whether the records are of a public, private or confidential nature.

I understand any information obtained by a personal history background investigation will be used in whole or in part to consider my suitability as a candidate for

- \_\_\_\_\_ An Alcohol/Beer/Wine License by the City of Sugar Hill
- \_\_\_\_\_ A Massage and Spa Establishment Application by the City of Sugar Hill
- \_\_\_\_\_ A Massage Therapist Application by the City of Sugar Hill
- \_\_\_\_\_ Taxi Cab Service
- \_\_\_\_\_ Pawn Shop
- \_\_\_\_\_ Locksmith

I also certify that the person(s) who shall furnish such information concerning shall not be held accountable for giving this and hereby release them from any liability which may incur as a result of furnishing such information.

I hereby authorize the Gwinnett County Police Department to receive any criminal history record information pertaining to me which may be in the files of any criminal justice agency.

Applicant's Signature \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
DATE

(Seal)



O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit

By executing this affidavit under oath, as an applicant for a City of Sugar Hill, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, from City of Sugar Hill, 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.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

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 \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_