

Alcohol Beverage Wholesaler or Importer License Application

The City of Dunwoody has established the following application to allow for the lawful wholesaling or importing of alcohol in accordance with the City of Dunwoody's Alcohol Beverages, Chapter 4 as it pertains to Alcohol Beverage Privilege Licenses.

Any wholesale dealer or importer in alcoholic beverages who is licensed by the state and who has a place of business in the city shall procure a license under the same provisions applicable to retail licensees. Alcohol Beverage Privilege Licenses are issued to individual establishments at the specific address. The License is not transferable to a new owner or new address. The Alcohol Beverage Wholesaler or Importer License will expire each year on December 31st. It is the establishment's responsibility to renew the license each following year. The City Manager reserves the right to revoke any license that is not in compliance with the law at any time without refund. Should he choose to do so there will be written notification sent to the licensee.

Please submit the following Alcohol Beverage Wholesaler or Importer License application and required supplemental materials in person (detailed in the following checklist) to the Finance Department located at 41 Perimeter Center East, Suite 250, Dunwoody, GA 30346. If you have questions, please do not hesitate to contact the Finance Department at 678.382.6700.

Alcohol Beverage Wholesaler or Importer License Checklist

Application Requirements: (In Duplicate)

- Applicant/Licensee Information
- Personnel Statements for the applicant/licensee, and all officers of the company
- 2 Passport photos must accompany all Personnel Statements
- Signed & Notarized Affidavit from Applicant (Must be Notarized)
- Registered Agent (Must live in DeKalb County)
- 2 Passport photos of the Registered Agent
- SAVE Affidavit Form (Must be Notarized)
- Background Check Consent Form for Licensee
- Background Check Consent Form for Registered Agent
- Background Check Consent Form for any and all owners or partners with 10% or more ownership (If Applicable)
- Occupational Tax Registration
- Alcohol Excise Tax Acknowledgement (If Applicable)

Application Required Attachments:

- Payment in Full (Cash in person, Cashier's Check or Money Order ONLY)
- Signed Authorization for Criminal Background Check
- Fingerprinting by the City of Dunwoody Police Department (Tuesdays & Thursdays: 9:00am-11:00am or 1:00pm-2:45pm)

The following items may be required, if applicable:

- Arrest and Conviction Information, including:
 - date(s) of conviction or arrest
 - charge(s)
 - location(s)
 - dates served in jail
 - dates served on probation or parole

Alcohol Beverage Wholesaler or Importer License Application

Business Information	Business Name:		Business Address:		City/State/Zip:		
	Business Telephone:		Mailing Address:		City/State/Zip:		
	Check One: () New Location () New Licensee () New Ownership Non-Residents Circle One: Beer Only Wine Only Beer & Wine Beer, Wine & Liquor						
	Type of Business/License:						
	<input type="checkbox"/> Resident Wholesaler (Located within Dunwoody city limits) <input type="checkbox"/> Non-Resident Wholesaler (Located outside of Dunwoody city limits) <input type="checkbox"/> Resident Importer (Located within Dunwoody city limits) <input type="checkbox"/> Non-Resident Importer (Located outside of Dunwoody city limits)						
			Monthly Fees		# of Months		License Fee Due
	<input type="checkbox"/>	Admin: Beer and/or Wine	\$100.00			=	_____
	<input type="checkbox"/>	Admin: Liquor	\$200.00			=	_____
	<input type="checkbox"/>	Beer Only	\$50.00	X		=	_____
	<input type="checkbox"/>	Wine Only	\$50.00	X		=	_____
<input type="checkbox"/>	Beer & Wine	\$75.00	X		=	_____	
<input type="checkbox"/>	Liquor	\$333.00	X		=	_____	
<input type="checkbox"/>	Non-Resident Wholesaler	\$100.00 (Annual)			=	_____	
<input type="checkbox"/>	Non-Resident Importer	\$100.00 (Annual)			=	_____	
Total Fee Due with Administrative Fee:						_____	
Applicant/Ownership Information	APPLICANT/LICENSEE NAME						
	Last:		First:		Middle:		
	Aliases / Stage Names:			Social Security Number: - -			
	County of Residence:		Home Address:		City/State/Zip:		
	Type of Ownership:						
	() Single Proprietor () Partnership () Association () Corporation or LLC						
	Corporate Name:		Corporate Address:		Date of Incorporation/State of Inc.		
	Corporate Officers or Partners	Home Address	City/State/Zip	% of Interest	Social Security #		
<p>This application must be executed under oath and the applicant is subject to criminal penalties for false swearing. The application includes all attachments and forms that are required for processing of this application. I, _____ the Licensee, do solemnly swear that the answers and statement on this application are true and correct and that no false or fraudulent statements are made herein to obtain an alcoholic beverage license.</p>							
Signature of Applicant/Licensee:		Date:		Seal:			
Signature of Notary Public:		Date:					

Does the Licensee, Partner, Corporation or owner have any ownership interest in any other licensed alcoholic beverage business in the state of Georgia? If Yes, give the name of that person, name of business, and complete address:

List the full name, Address and other pertinent information for each person having any ownership interest in this business:

Name	Address	City/State/Zip	Social Security #	Date of Birth	%Interest

How much money is being invested in the business and by whom?

Total amount of money paid _____

Name of Person	Home Address	City/State/Zip	Amount of Money

How Much of the Money is being borrowed and by whom?

Total amount borrowed _____

Name of Bank, Business or Person	Street Address	City/State/Zip

Name and Home Address of the Manager:

Have you attached two (2) registered agent forms with pictures of the agent? () Yes () No

Have you received a copy of the City of Dunwoody Alcoholic Beverage Ordinance? () Yes () No

No application may be processed without acknowledgement of receipt of this document.

Staff Use Only

Permit #:	Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:

Personnel Statement

Applicant Information	NAME Last:		NAME First:		NAME Middle:	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Aliases / Stage Names:		Social Security Number:	
	Home Address:			City/State/Zip:		
	Date of Birth: / /		Phone:		BIRTHPLACE City: State:	
	Are you a U.S. Citizen?		Naturalized? Provide Certificate No.(Yes/No)		Date, Place, Court.	
	Petition Number		Derived Parents Certificate No.		Alien Register No.	
	*** Note a copy of Resident Alien Card and Drivers License must be provided at the time of application. The application will not be accepted without this documentation.					
	Native Country		Date of Entry		Port of Entry	
	Marital Status		If Married, Spouse's Name:		Spouse's SS No.	
	Spouse's Date of Birth:		Spouses Employer:		Address of Spouse's Employer:	
Business Information	Business of Employment:					
	Job Title:			Supervisor:		
	Street Address:					
	Phone:			Length of Employment:		
	% Ownership if any:			Salary or Annual Compensation:		
Additional Information	Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages: (Yes/No) If Yes, give names and locations of interest in each.					
	1) _____					
	2) _____					
3) _____						
Have you ever had any financial interest in an alcoholic beverage business which was denied a license? (Yes/No) If so give details.						
Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? (Yes/No) If so, give Details.						

Employment Record (Most Recent First)
 Residences for the Past Ten Years

If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved).

Have you ever been denied bond by a commercial security company? (Yes/No) If Yes, give details.

Have you ever been arrested or held by Federal, State, or Other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinances? A criminal background investigation will be conducted to verify this information. (Do not include traffic violations. All other charges must be included even if they were dismissed.

Reason Charged or Held	Date	Place of Charge
------------------------	------	-----------------

Reason Charged or Held	Date	Place of Charge
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No Arrests? (Yes/No)	Attached additional Arrests? (Yes/No)
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Please list any other names used by the applicant (maiden name, names by former marriages, former names, aliases, nicknames, etc) Specify which and show dates used.

From		To		Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
Month	Year	Month	Year				

Dates		Street	City	State
From	To			

Personnel Statement Affidavit

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State _____ of Georgia, _____ County. I
_____ do solemnly swear, subject to the penalties
of false swearing, that the statements and answers made by me as the applicant in the
foregoing personnel statement are true and correct.

Applicant's Signature: _____

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

Please Attach Original
Photograph (front view)
taken within the past
year (copies are not
acceptable).

Sworn and Attested before me on this _____ day of _____, 20_____.

Notary Signature/Seal: _____

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:

Registered Agent Form

Agent Information	NAME Last:	NAME First:	NAME Middle:
	Date of Birth: / /		Social Security Number: - -
	Home Address:		City/State/Zip:
	Are you a U.S. Citizen?	Home Telephone Number:	Business Telephone Number:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHPLACE City:	BIRTHPLACE State:
Business	Business Name:		
	Street Address:		City/State/Zip

City of Dunwoody Code Chapter 4, Article 2, Section 33(i) 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 City of Dunwoody Code Chapter 4, Article 2, Section 33(i). **I also consent to the required criminal background investigation in order to serve as a registered agent.**

Signature of Agent: _____ Date: _____

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 cashier's check or money order for \$50.00 payable to City of Dunwoody to cover the background investigation. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcohol beverage license.

Licensee Name		Two Pictures taken within the last year are required. Attach one picture of the agent here on each form.
Licensee's Signature	Date	
Owner's Name		
Owner's Signature	Date	
Officer's Name	Title	
Officer's Signature	Date	

**O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit
Verifying Status for City Public Benefit**

****This form is required for ALL LICENSES/PERMITS by State Law****

By executing this affidavit under oath, as an applicant for an alcohol license, as referenced in O.C.G.A. § 50-36-1, from the City of Dunwoody, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen
(Must include copy of either current State Driver's License, Passport, or Military ID)

- 2) _____ I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

- 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.**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**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

Date

Printed Name of Applicant

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

NOTARY PUBLIC/SEAL

My Commission Expires: _____

Alcohol Excise Tax Acknowledgement-Wholesaler

Pursuant to the Chapter 4 Alcoholic Beverage Ordinance, Section 217 all licensed businesses in the City of Dunwoody that hold a valid City of Dunwoody Alcohol Privilege License as a wholesaler must be responsible for submitting their monthly Alcohol Excise Tax returns. Below is an excerpt of Article 8 Excise Tax from the Chapter 4 Alcohol Ordinance.

Tax Imposed on First Sale or Use of Malt Beverages, Wine, and Distilled Spirits in the City.

(a) Where malt beverages, commonly known as tap or draft beer, are sold in or from a barrel or bulk container, a tax of \$6.00 on each container containing not more than 15½ gallons and a proportionate tax at the same rate on all fractional parts of 15½ gallons;

(b) Where malt beverages are sold in bottles, cans or other containers, except barrel or bulk containers, a tax of \$0.05 per 12 ounces and a proportionate tax at the same rate on all fractional parts of 12 ounces;

(c) There is imposed by the city an excise tax on the first sale or use of wine in the city at a rate of \$0.22 per liter and a proportionate tax at the same rate on all fractional parts of a liter;

(d) There is imposed by the city an excise tax on the first sale or use of distilled spirits in the city at the rate of \$0.22 per liter and a proportionate tax at the same rate on all fractional parts of a liter.

Payment and Returns by Licensee.

The excise taxes provided for in this section shall be imposed upon and paid by the licensed wholesale dealer. Such taxes shall be paid on or before the **15th day of the month** following the month in which the alcoholic beverages are sold or disposed of by the wholesaler within the city. Remittances shall be accompanied by completed forms as prescribed or authorized by the city.

Failure to File Return.

(a) If a licensee fails to make a return, the city shall make an estimate of the amount of the tax due for the period for which a return was not filed. Such estimate may be based on any information available to the city. Written notice of the estimate shall be given to the licensee in the manner specified by section 4-218.

(b) If the failure to file a return is due to fraud or an intent to evade this article, a penalty of 25 percent of the amount required to be paid by the licensee shall be added to the estimate of the amount due in addition to any other penalties which may be imposed.

Alcohol Excise forms can be found on our website at www.dunwoodyga.gov. Please sign and date below acknowledging that you understand your responsibility to report your monthly Alcohol Excise Taxes to the City of Dunwoody.

Contact for Excise Taxes

Cory Betterson
678.382.6721

Cory.Betterson@dunwoodyga.gov

Signature: _____

Date: _____

Business Name: _____

Phone: _____

Background Check Consent Form

*****PLEASE NOTE: Background Checks are only performed between the hours of 9AM-11AM and 1PM-2:45PM on Tuesdays and Thursdays.**

I authorize the **Dunwoody Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name: _____

Maiden Name/Previous Name/Alias Info: _____

Date: _____ Telephone Number: _____

Driver's License No: _____ DL State: _____

Are you a U.S. Citizen? Yes _____ No _____

If no, you will need to have your Green Card available. Country of Birth: _____

Date of Birth: _____ Race: _____ Sex: _____ Social Sec#: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Business Name: _____

Business Address: _____

Signature of Applicant: _____

For Finance Dept Use Only:

- Only Background Check & Fingerprints (No Permit Required)
- Only Background Check (No Permit Required)
- Return Results to Finance Department
- Pouring Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 1 yr)

Employee Completing: _____ Date Complete: _____

Record Attached: _____ No Record: _____