

Limited On-Premises Consumption License Application (BYOB)

The City of Dunwoody has established the following application to allow for the lawful limited on-premises consumption of alcohol in accordance with the City of Dunwoody's Alcohol Beverages, Chapter 4 as it pertains to Alcohol Beverage Privilege Licenses.

Limited On-Premises Consumption 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 Limited On-Premises Consumption Alcohol Beverage Privilege Licenses will expire each year. 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 Limited On-Premises Consumption Alcohol Beverage Privilege License application and required supplemental materials in person (detailed in the following checklist) to the Finance Department located at 4800 Ashford Dunwoody RD, Dunwoody, GA 30338. If you have questions, please do not hesitate to contact the Finance Department at 678.382.6700.

Limited On-Premises Consumption License Application (BYOB)

Application Requirements:

- 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)
- Personnel Statement for location manager/operator
- SAVE Affidavit Form (Must be Notarized)
- Background Check Consent Form for Licensee
- Background Check Consent Form for manager/operator
- Background Check Consent Form for any and all owners or partners with 10% or more ownership (If Applicable)
- Legal Land Survey (New Applicants—see description on following page)
- Review by Zoning Department
- Certificate of Occupancy
- Fire Department Approval
- Occupational Tax Registration
- Pouring Permits required for all Managers/Supervisors (If Applicable)
 - For BYOB licenses. Form is located on website.

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-10:45am 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

Description of an accepted Legal Land Survey

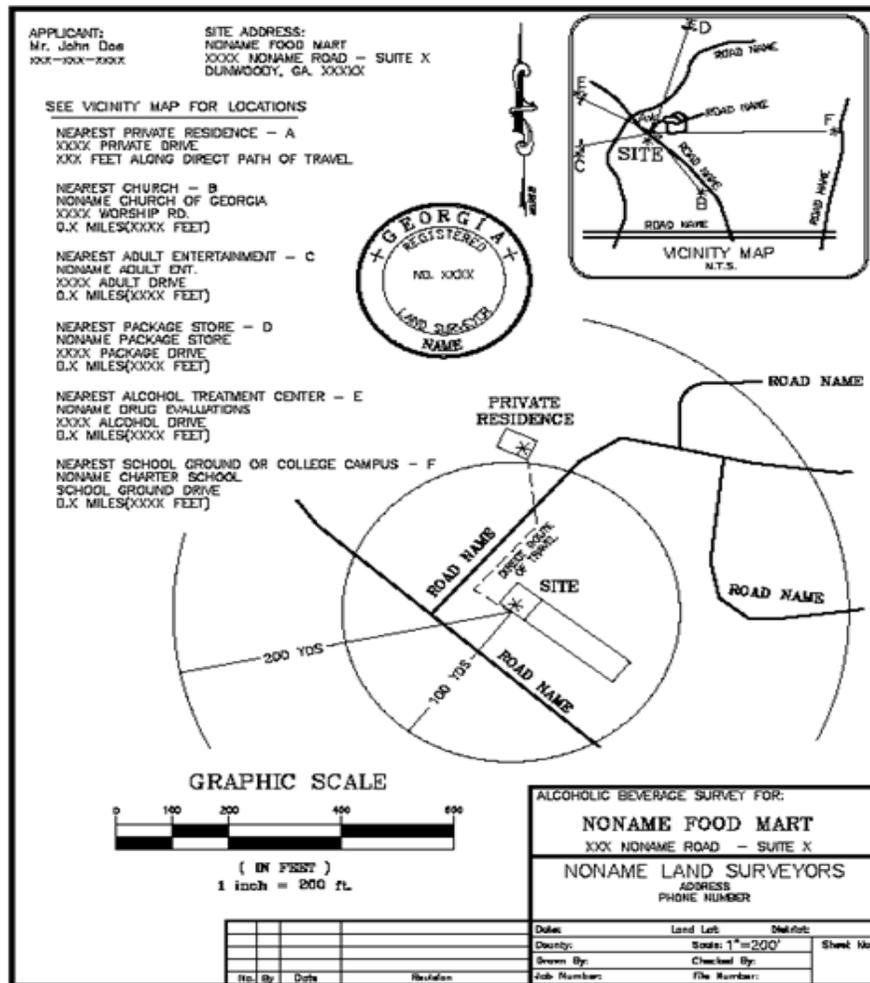
A valid legal land survey must meet the requirements detailed in the City of Dunwoody Chapter 4 Alcoholic Beverage Ordinance, Section 4-99 Distance from churches, school, etc., which can be found in the Code of Ordinances on our website at www.dunwoodyga.gov or by calling the Finance Department at 678.382.6700.

****Please note, all legal land surveys must be certified by a registered surveyor****

Distances shall be clearly indicated on the legal land survey and measured using the most direct route of travel on the ground by measuring:

- (1) From the front door of the structure from which alcoholic beverages are sold or proposed to be sold; and
- (2) In a straight path to the front door of the building or to the nearest portion of the grounds.

An example of an acceptable legal land survey is below:





Limited On-Premises Consumption License Application (BYOB)

Business Information	Business Name:					
	DBA:					
	Business Address:					
	City:		State:		Zip:	
	Mailing Address:					
	City:		State:		Zip:	
	Business Telephone:					
	Check One: () New Location () New Licensee () New Ownership					
			Annual Fees			License Fee Due
	<input type="checkbox"/>	Admin: Beer and/or Wine	\$100.00		=	_____
<input type="checkbox"/>	Beer Only	\$300.00		=	_____	
<input type="checkbox"/>	Wine Only	\$300.00		=	_____	
<input type="checkbox"/>	Beer & Wine	\$600.00		=	_____	
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 #	
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.						
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.				



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		
	No Arrests? (Yes/No)				Attached additional Arrests? (Yes/No)			
	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:



**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__.

My Commission Expires: _____

NOTARY PUBLIC/SEAL



Background Check Consent Form

*****PLEASE NOTE: Background Checks are only performed between the hours of 9AM-10:45AM 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. I also acknowledge that I received a copy of my privacy rights in accordance to both Federal and State regulations.

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: _____

Meets Permit/License Requirements: _____ Does Not Meet Permit/License Requirements: _____

APPLICANT 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 noncriminal 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 §35-335(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>).

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-recordinformation>).



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.

2018-05 Attachment B