



# CITY OF ATLANTA, GEORGIA

## DEPARTMENT OF POLICE

### APPLICATION FOR ALCOHOL RENEWAL

**2017**

Account Number: \_\_\_\_\_  
 Account Type: \_\_\_\_\_  
 Mail Attention: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THIS APPLICATION MUST BE TYPED OR LEGIBLY PRINTED USING BLACK INK AND RETURNED BY NOVEMBER 15. THE 2017 RENEWALS RECEIVED AFTER DECEMBER 31 WILL BE CONSIDERED LATE AND SUBJECT TO FINES.**

<b>PART 1</b>  <b>ESTABLISHMENT TYPE</b>  NOTE: THIS DOES NOT CHANGE ORIGINAL CLASSIFICATION	<b>LIQUOR</b> <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> WHOLESALER <input type="checkbox"/> RETAIL PACKAGE <input type="checkbox"/> FOOD STORE <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> RESTAURANT <input type="checkbox"/> LOUNGE <input type="checkbox"/> PRIVATE CLUB <input type="checkbox"/> PERFORMING ARTS <input type="checkbox"/> CUSTOMER DANCING <input type="checkbox"/> LIVE ENTERTAINMENT <input type="checkbox"/> ADULT ENTERTAINMENT <input type="checkbox"/> CONVENTION CENTER <input type="checkbox"/> IMPORTERS <input type="checkbox"/> BAR <input type="checkbox"/> HOTEL <input type="checkbox"/> SUITE HOTEL <input type="checkbox"/> WINE SPECIALTY SHOP <input type="checkbox"/> OTHER _____	<b>BEER</b> <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> WHOLESALER <input type="checkbox"/> RETAIL PACKAGE <input type="checkbox"/> FOOD STORE <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> RESTAURANT <input type="checkbox"/> LOUNGE <input type="checkbox"/> PRIVATE CLUB <input type="checkbox"/> PERFORMING ARTS <input type="checkbox"/> CUSTOMER DANCING <input type="checkbox"/> LIVE ENTERTAINMENT <input type="checkbox"/> ADULT ENTERTAINMENT <input type="checkbox"/> CONVENTION CENTER <input type="checkbox"/> IMPORTERS <input type="checkbox"/> BAR <input type="checkbox"/> HOTEL <input type="checkbox"/> SUITE HOTEL <input type="checkbox"/> WINE SPECIALTY SHOP <input type="checkbox"/> OTHER _____	<b>WINE</b> <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> WHOLESALER <input type="checkbox"/> RETAIL PACKAGE <input type="checkbox"/> FOOD STORE <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> RESTAURANT <input type="checkbox"/> LOUNGE <input type="checkbox"/> PRIVATE CLUB <input type="checkbox"/> PERFORMING ARTS <input type="checkbox"/> CUSTOMER DANCING <input type="checkbox"/> LIVE ENTERTAINMENT <input type="checkbox"/> ADULT ENTERTAINMENT <input type="checkbox"/> CONVENTION CENTER <input type="checkbox"/> IMPORTERS <input type="checkbox"/> BAR <input type="checkbox"/> HOTEL <input type="checkbox"/> SUITE HOTEL <input type="checkbox"/> WINE SPECIALTY SHOP <input type="checkbox"/> OTHER _____	<b>PART 5 IF THE APPLICATION IS FOR A LICENSE TO OPERATE A RETAIL PACKAGE LIQUOR STORE, GIVE THE AMOUNT OF THE GROSS SALES AT THE ABOVE LOCATION FOR THE PREVIOUS TWELVE (12) MONTHS PRIOR TO THE FILING DATES USED IN COMPUTING SAID FIGURES.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">DATE BEGAN</td> <td style="width: 33%;">DATE ENDING</td> <td style="width: 33%;">GROSS REVENUE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	DATE BEGAN	DATE ENDING	GROSS REVENUE																								
DATE BEGAN	DATE ENDING	GROSS REVENUE																													
<b>PART 2 BUSINESS INFORMATION</b> LEGAL NAME OF BUSINESS OPERATING TRADE NAME OF BUSINESS LOCATION OF BUSINESS (COMPLETE ADDRESS) ADDRESS LINE 2 BUSINESS PHONE				<b>PART 3 LICENSEE INFORMATION</b> FULL NAME OF LICENSEE/AGENT COMPLETE RESIDENCE ADDRESS OF LICENSEE/AGENT ADDRESS LINE 2 COUNTY OF RESIDENCE RESIDENCE PHONE				<b>PART 6 PAYABLE BY:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CASHIER'S CHECK #</td> <td style="width: 50%;">MONEY ORDER #</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		CASHIER'S CHECK #	MONEY ORDER #																				
CASHIER'S CHECK #	MONEY ORDER #																														
<b>PART 4 IF BUSINESS IS A CORPORATION OR PARTNERSHIP, LIST FIVE MAJOR STOCK HOLDERS OR FULL NAME OF EACH PARTNER AND THEIR PERCENTAGE OF OWNERSHIP.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NAME</td> <td style="width: 15%;">PERCENT</td> <td style="width: 25%;">NAME</td> <td style="width: 35%;">PERCENT</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>NAME</td> <td>PERCENT</td> <td>NAME</td> <td>PERCENT</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>NAME</td> <td>PERCENT</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				NAME	PERCENT	NAME	PERCENT					NAME	PERCENT	NAME	PERCENT					NAME	PERCENT							<b>PART 7 GENERAL BUSINESS LICENSE NUMBER</b>  Please provide an e-mail address for confirmation of payment: _____			
NAME	PERCENT	NAME	PERCENT																												
NAME	PERCENT	NAME	PERCENT																												
NAME	PERCENT																														
<b>LICENSE AND PERMITS USE ONLY</b>				<b>PART 8</b> THIS IS TO CERTIFY THAT NO CHANGE HAS TAKEN PLACE WITH RESPECT TO THE OPERATION OF THE ABOVE NAMED BUSINESS AFFECTING THE OWNERSHIP AS STATED IN THE ORIGINAL APPLICATION. I AM CERTIFYING AND AFFIRMING THAT THE ANSWER TO ALL QUESTIONS ON MY ORIGINAL APPLICATION AT THE STATED BUSINESS IS CORRECT AND REMAINS UNCHANGED, APPLICABLE TO THE CITY AND STATE LAWS GOVERNING THE ABOVE BUSINESS.  _____ SIGNATURE OF APPLICANT  _____ SIGNATURE AND TITLE OF PERSON OTHER THAN APPLICANT FILLING OUT THE APPLICATION  SWORN TO AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____, 20____  _____ NOTARY PUBLIC																											
REVIEWED BY		DATE APPROVED		AUTHORIZED SIGNATURE																											