



CITY OF ATLANTA, GEORGIA

DEPARTMENT OF POLICE

APPLICATION FOR ALCOHOL RENEWAL

Year
20__

Account Number: _____
 Account Type: _____
 Mail Attention: _____
 Mailing Address: _____

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

PART 1 ESTABLISHMENT TYPE NOTE: THIS DOES NOT CHANGE ORIGINAL CLASSIFICATION	LIQUOR <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 _____	BEER <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 _____	WINE <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 _____	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.									
	<table border="1"> <tr> <td>DATE BEGAN</td> <td>DATE ENDING</td> <td>GROSS REVENUE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	DATE BEGAN	DATE ENDING	GROSS REVENUE				PART 6 PAYABLE BY:		<table border="1"> <tr> <td>CASHIER'S CHECK #</td> <td>MONEY ORDER #</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	CASHIER'S CHECK #	MONEY ORDER #	
DATE BEGAN	DATE ENDING	GROSS REVENUE											
CASHIER'S CHECK #	MONEY ORDER #												
PART 7 GENERAL BUSINESS LICENSE NUMBER Please provide an e-mail address for confirmation of payment:													

PART 2 BUSINESS INFORMATION	PART 3 LICENSEE INFORMATION
LEGAL NAME OF BUSINESS	FULL NAME OF LICENSEE/AGENT
OPERATING TRADE NAME OF BUSINESS	COMPLETE RESIDENCE ADDRESS OF LICENSEE/AGENT
LOCATION OF BUSINESS (COMPLETE ADDRESS)	ADDRESS LINE 2
ADDRESS LINE 2	COUNTY OF RESIDENCE
BUSINESS PHONE	RESIDENCE PHONE

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.

NAME	PERCENT	NAME	PERCENT
NAME	PERCENT	NAME	PERCENT
NAME	PERCENT		

LICENSE AND PERMITS USE ONLY

REVIEWED BY	DATE APPROVED	AUTHORIZED SIGNATURE

PART 8
 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