



# CITY OF ATLANTA, GEORGIA

## DEPARTMENT OF POLICE

### APPLICATION FOR ALCOHOL RENEWAL

YEAR  
**2021**

Account Number: \_\_\_\_\_  
 Account Type: \_\_\_\_\_  
 Mail Attention: \_\_\_\_\_  
 Mail 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.**

<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"/> WHOLESALE <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"/> WHOLESALE <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"/> WHOLESALE <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> <th style="width: 33%;">BEGIN DATE</th> <th style="width: 33%;">END DATE</th> <th style="width: 33%;">GROSS REVENUE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <b>PART 6 PAYABLE BY:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CASHIER'S CHECK #</th> <th style="width: 50%;">MONEY ORDER #</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> <b>PART 7 GENERAL BUSINESS LICENSE NUMBER LGB</b> _____ <b>E-MAIL ADDRESS FOR CONFIRMATION OF PAYMENT</b> _____	BEGIN DATE	END DATE	GROSS REVENUE				CASHIER'S CHECK #	MONEY ORDER #		
BEGIN DATE	END DATE	GROSS REVENUE												
CASHIER'S CHECK #	MONEY ORDER #													
<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 (AGENT) INFORMATION</b> FULL NAME OF LICENSEE(AGENT) _____ COMPLETE RESIDENCE ADDRESS OF LICENSEE(AGENT) _____ ADDRESS LINE 2 _____ COUNTY OF RESIDENCE _____ RESIDENTIAL PHONE # _____		<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 LICENSEE(AGENT)										
<b>PART 4 SOLE PROPRIETORSHIP / CORPORATION / PARTNERSHIP</b> LIST FIVE MAJOR STOCK HOLDERS OR FULL NAME OF EACH PARTNER AND THEIR PERCENTAGE OF OWNERSHIP.				_____ AUTHORIZED SIGNATURE AND TITLE OF PERSON WITHIN THE BUSINESS  SWORN TO AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____, 20____										
<b>LICENSE AND PERMITS USE ONLY</b>				_____ NOTARY PUBLIC										
REVIEWED BY _____		DATE APPROVED _____		AUTHORIZED SIGNATURE _____										