

# TEMPORARY ALCOHOLIC BEVERAGE APPLICATION



**ATLCORE**  
BUSINESS LICENSING & PERMITTING PORTAL

**USER GUIDE**







# **SUBMISSION INSTRUCTIONS & REQUIRED DOCUMENTS**





## Submission Instructions

These instructions will guide you through submitting an online application through the portal. See the Alcoholic Beverage Application for full instructions online at (<https://www.atlantapd.org/i-want-to/forms/-folder-53>).

-  **APPLICATION COMPLETENESS** -Answer **ALL** questions on the application. Be sure to submit a notarized Certification Form.
-  **PERSONAL HISTORY FORM** -A personal history form is required for the agent/licensee.
-  **NOTARIZED DOCUMENTS** – Ensure that are documents that require notarization are Notarized.
-  **APPLICATION FILING/LICENSE FEE** - \$750.00 per application. This fee must be submitted through the online portal upon submission of the application. Without payment of the application filing/processing fee, your application will not be processed.
-  After submitting, you will receive a confirmation message and an assigned License Record Number. An Investigator or Inspector will contact you for further processing of your application.
-  Be sure to return to the portal and submit your application for the annual license.



## REQUIRED FORMS CHECKLIST

### Temporary Alcohol

- Government Issued ID (Non-Expired)
- Notarized Certification Form
- Affidavits
- Personal History Form

# REQUIRED FORMS



**PRINT THE REQUIRED FORMS AND BE SURE TO  
HAVE THE FORMS NOTARIZED IF APPLICABLE.**



# CERTIFICATION

## TEMPORARY ALCOHOL LICENSE

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Chapter 10§ 10-75 of the Atlanta City Code of Ordinances states in part: “Temporary Licensees/Agents waive any and all rights available to them to appeal the decision by the Chief of Police to deny their application for a temporary license or to revoke a temporary license to them and the applicant.”

1. Have you read and fully understand the City of Atlanta Ordinances, State laws and Regulations governing the operation of an Alcohol Establishment? ( ) Yes ( ) No
2. Do you agree to abide by such ordinances, laws and regulation? ( ) Yes ( ) No

I, \_\_\_\_\_ being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement is made herein that such answers were made in order to procure the granting of such license.

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Signature of Licensee/Agent

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

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Notary Public

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Signature and Title of person other than Licensee/Agent filling out this application

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Telephone Number

CITY OF ATLANTA POLICE DEPARTMENT APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGE



ATLANTA POLICE DEPARTMENT  
PERSONAL HISTORY RECORD

PERMIT TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_

Name in FULL (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(City, State) (Day, Month, Year)

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Have you been convicted of any law? Federal: \_\_\_\_\_ Foreign Country: \_\_\_\_\_ State Law: \_\_\_\_\_

City Ordinance: \_\_\_\_\_ if so, explain: \_\_\_\_\_

List names and addresses of employers for the past three (3) years: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Finger printed by: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CRIMINAL HISTORY CONSENT**

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? ( ) Yes ( ) No

Date of Occurrence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Disposition: \_\_\_\_\_ Explain: \_\_\_\_\_

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF CITY ORDINANCE 106-90.

\_\_\_\_\_  
(SIGNATURE)

**Verification of Lawful Presence with the United States**



By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[type of public benefit], as reference in O.C.G.A §50-36-1, from \_\_\_\_\_  
[name of government entity], the undersigned applicant verifies one of the following with respect to my  
application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States
- 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.

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 (f) (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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ONTHIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

**Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check only one:**

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 2.**

**The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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**I hereby declare under penalty of perjury that the foregoing is true and correct.**

**Executed on \_\_\_\_\_, \_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).**

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.