



Forsyth County Business License Division
110 E. Main Street | Suite 130 | Cumming, GA 30040
(678) 455-9888 | www.forsythco.com

Application for Change of Alcohol Licensee

Please review the Forsyth County [Alcohol Ordinance](#) before applying for your alcohol license. This is also available for review in our office. For questions regarding this Ordinance, please contact: Alcohol@forsythco.com

- To schedule an appointment to submit a change of Alcohol Licensee Application, please email Alcohol@forsythco.com
- You will need to complete your mandatory alcohol training with one of the following companies and provide a certificate of completion with this application.

Operation 21	678-947-1521	Info@operation21.com
Evindi	678-336-7207	kstumpe@tylorenglish.com
T.I.R.V.	404-531-9237	Scott@tirv.net

- When your application is completely executed with all applicable documents attached, and you are ready for submittal, contact office for further instructions. (To confirm you have everything you need, please refer to our checklist.)
- Following the submittal of your application, you are required to visit the Forsyth County Sheriff's Office to submit fingerprints and authorize a criminal history background check. Do not visit the Sheriff's Office until instructed to do so by our office.
- Public hearings for alcohol license applications are held the third Thursday of each month. The deadline for new applications is 38-days prior to the public hearing. Applications that are incomplete or inaccurate will not be processed.
- Note to Applicants: An administrative licensee change is only available to applicants with no prior arrests and convictions, and not more than one (1) citation issued to the outlet for a violation of the Alcohol Ordinance within the last two (2) years. All other applicants must go before the Board of Commissioners.
- Please do not print this application as a double-sided document.
- Please only circle answers. Do not write additional information on the application for yes or no questions.



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Section 1: Application Type

1) Identify application type by checking one of the following boxes. The fee of \$350.00 will be invoiced once the application is processed.

- ☐ Beer and wine by the package
- ☐ Distilled spirits by the package
- ☐ Beer, wine and distilled spirits by the package
- ☐ Beer and wine for consumption on the premises
- ☐ Distilled spirits for consumption on the premises
- ☐ Beer, wine and distilled spirits for consumption on the premises
- ☐ Manufacturer (brewery or distillery)
- ☐ Farm Winery

2) If operating under a trade name (DBA), provide the trade name (DBA):

3) Complete items 3a through 3b if the applicant is a partnership (this includes LLCs).

a) Provide the name and address of the partnership:

b) Provide the name of one of the individual partners/members of the LLC or Partnership who shall serve as the named licensee (this person must complete Sections II, IV, V and VI of their application):

- 4) Is licensee a member or one of the named partners: [YES] or [NO]
- a) If NO, and the original alcohol application was filed prior to 2018, please provide written correspondence appointing the named licensee. (Section 1.4 (g) of the Forsyth County Alcohol Ordinance)
- 5) Complete items 5a through 5c if the applicant is a corporation with its principal business being the sale of alcoholic beverages.
- a) Provide the name and address of the corporation:
-
-
- b) Provide the name of the majority stockholder or principal officer that will be the named licensee, or an applicant who is named by the corporation as the designated licensee (this person must complete Sections II, IV, V and VI of this application):
-
- c) List the names of the majority stockholder and each principal officer:
-
-
- 6) Complete items 6a through 6b if the applicant is a corporation with its principal business not being the sale of alcoholic beverages.
- a) Provide the name and address of the corporation:
-
-
- b) Provide the name of the officer or employee who is primarily responsible for the operations of the licensed premises (this person must complete Sections II, IV, V and VI of this application):
-
- 7) Complete items 7a through 7c if the applicant is a private club.
- a) Provide the name and address of the private club:
-
-

- b) Provide the name of a member of the governing body that will serve as named licensee (this person must complete Sections II, IV, V and VI of this application):

- c) List the names of each member of the governing body:

- 8) Complete items 8a through 8b if the applicant is a nonprofit tax exempt civic, patriotic, or social club or corporation.

- a) Provide the name and address of the nonprofit entity:

- b) Provide the name of the individual to be primarily responsible for compliance with the Forsyth County Alcohol Ordinance. This person shall be the named licensee and must complete Sections II, IV, V, and VI of this application.

Section II: Location

- 9) Provide the address of the establishment:

Section III: Registered Agent Verification

10) Name of registered agent (resides within Forsyth County):

11) Address of registered agent:

12) Phone number of registered agent:

13) Registered Agent Verification:

I solemnly swear that the foregoing statements are true and complete. I understand that any falsehoods are grounds for automatic rejection of this application. I have provided a copy of my valid driver's license.

Name (Print)

Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

*The licensee must have and continuously maintain in Forsyth County, a registered agent upon whom any process, notice, or demand required or permitted by law or under this Ordinance may be served. This person must be an individual and must be a resident of Forsyth County, Georgia.

Section IV: Application Certification

Application must be sworn to and signed by the applicant(s) in the presence of a notary public or other office authorized to administer oaths. Any misstatement or concealment of fact in the application shall be grounds for denying a license and shall make the applicant liable to prosecution for perjury under the laws of the State of Georgia.

I solemnly swear that the foregoing statements are true and complete. I understand that any falsehoods are grounds for automatic rejection of this application.

Name (Print)

Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

Section V: Applicant Statement

- 14) I have read and understand the Forsyth County Alcohol Ordinance: [YES] or [NO]
- 15) I understand that, if a license is granted, I must maintain a copy of the Forsyth County Alcohol Ordinance on the licensed premises and require each employee to be familiar with the Forsyth County Alcohol Ordinance:[YES] or [NO]
- 16) I will visit the Forsyth County Sheriff's Office to furnish a complete set of fingerprints and initiate the criminal history record check: [YES] or [NO]
- 17) Full Name:

- 18) Date of Birth:

- 19) Phone Number:

- 20) E-mail Address: *(required for named licensee only)*

- 21) Home Address:

- 22) Resident of: _____ County, State of: _____

23) Are you a citizen of the United States, an alien lawfully admitted to this country as a permanent resident or 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: [YES] or [NO]

24) Have you been convicted under any federal, state or local law of a felony: [YES] or [NO]

a) If YES to question 24, provide detail of conviction including date and location:

25) Have you been convicted under any federal, state or local law of any felony or misdemeanor involving moral turpitude: [YES] or [NO]

a) If YES to question 25, provide detail including date and location:

26) Please provide additional information regarding any criminal convictions or pending charges on a separate sheet to be submitted with the application.

27) I have completed the mandatory alcohol training course provided by T.I.R.V., Evindi, or Operation 21: [YES] or [NO] *A copy of your certificate is required and must be provided with your application, otherwise the application is deemed incomplete.*

28) The following items will be considered as part of your request:

a) Have you been convicted under any federal, state or local law of a misdemeanor involving alcoholic beverages, gambling, tax law violations or violations relating to the Georgia Controlled Substances Act: [YES] or [NO]

1. If YES to question 28a, provide detail of conviction including date and location:

b) Have you been held in civil or criminal contempt by any federal, state or local court: [YES] or [NO]

1. If YES to question 28b, provide detail including date and location:

29) Are you requesting an application for the sale of distilled spirits by the package or requesting an application for consumption of any type: [YES] or [NO]

30) Are you requesting the sale of distilled spirits at a retail dealer location: [YES] or [NO]

31) Are you requesting the sale of beer and wine by the package: [YES] or [NO]

32) I understand the named licensee shall be active in the operation of the outlet and personally present on the premises sufficiently to ensure compliance with the provisions of this Ordinance and must maintain a valid alcohol sales permit: [YES] or [NO]

33) As the licensee I understand that, "(a)An alcohol sales permit shall be required for those employees who meet any one or more of the following criteria:

- a) Any employee of a package outlet whose primary business is the sale of alcoholic beverages;
- b) Any employee who serves alcoholic beverages at an outlet with a consumption on the premises license, which shall include, but shall not be limited to, taking of order(s),dispensing, or serving alcoholic beverages, and checking identification(s); or
- c) Any employee of a package outlet whose duties include conducting alcohol sales transactions or who will be on duty alone at such establishment." [YES] or [NO]

34) As the licensee I understand that I may be subject to a citation for allowing an employee to work on the premises where the employee has never been issued a sales permit or where such sales permit has expired. [YES] or [NO]

35) Are you the named licensee for another alcohol license in Forsyth County? [YES] or [NO]

Certification of Applicant Statement:

I solemnly swear that the foregoing statements are true and complete. Any misstatement of concealment of fact in the application shall be grounds for denying a license and shall make the applicant liable to prosecution for perjury under the laws of the State of Georgia. I understand that any falsehoods are ground for denial of this application.

Name (Print)

Signature

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public



Affidavit Verifying Residency Status of an Applicant
as Required by the Georgia Security and Immigration Compliance Act
O.C.G.A. § 50-36-1(e)(2) Affidavit

Section VI:

By executing this affidavit under oath, as an applicant for a Forsyth County, Georgia Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for a Forsyth County Alcohol License.

_____ I am a United States citizen

_____ I am a legal permanent resident of the United States

_____ 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 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 such as a copy of a photo identification, driver's license, passport, permanent resident card, etc., 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

Applying on Behalf of / Name of Associated Business

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20____

Notary Public

My Commission Expires _____

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- 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.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a 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 officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

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.

Principle 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.

As of 02/04/2021

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date