



Forsyth County Business License Department  
110 E. Main Street | Suite 130 | Cumming, GA 30040  
(678) 455-9888 | [www.forsythco.com](http://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](mailto:Alcohol@forsythco.com)

- To schedule an appointment to submit a change of Alcohol Licensee Application, please email [Alcohol@forsythco.com](mailto: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
Evindi	678-336-7207
T.I.R.V.	404-531-9237

- When your application is completely executed with all applicable documents attached, and you are ready for submittal, call our office for an appointment. (To confirm you have everything you need, please refer to our checklist)
- Applications will not be accepted without correct payment amount. Any applicant submitting an application after May 1 shall pay one half the annual license fees.
- 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.
- 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.
- Please do not print this application as a double-sided document.
- 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.



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## Application for Change of Alcohol Licensee

### Section 1: Application Type

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- 1) Identify application type by checking one of the following boxes. Include a check made payable to Forsyth County in the amount of \$350.00 for the investigative fee. Visa and MasterCard are acceptable forms of payment, please contact our office for assistance.

- ☐ 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):

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- 3) Complete items 4a through 4b if the applicant is a partnership (this includes LLCs).

- a) Provide the name and address of the partnership:

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- 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):

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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 6a through 6c 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:

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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):

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c) List the names of the majority stockholder and each principal officer:

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6) Complete items 7a through 7b 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:

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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):

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7) Complete items 8a through 8c if the applicant is a private club.

a) Provide the name and address of the private club:

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- 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):

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

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- 8) Complete items 9a through 9b 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:

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- 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.

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## **Section II: Location**

- 9) Provide the address of the establishment:

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### Section III: Registered Agent Verification

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

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11) Address of registered agent:

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12) Phone number of registered agent:

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

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Name (Print)

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Signature

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

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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

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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

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- 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 25, provide detail of conviction including date and location:

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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 26, provide detail including date and location:

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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 29a, provide detail of conviction including date and location:

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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 29b, provide detail including date and location:

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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) 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

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Section VI:

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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 \_\_\_\_\_