



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

Application for Wholesale Alcohol License

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:

Business License Department
678-455-9888 (option 2)
alcohol@forsythco.com

- **Please call for an appointment and submit completed applications to:**

Forsyth County Business License Department
110 East Main Street, Suite 130
Cumming, GA 30040

- 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.
- Public hearings for alcohol license applications are held the third Thursday of each month. The submittal deadline 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.
- 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. Please do not visit the Forsyth County Sheriff's Office for a background check until you are given instructions by the Business License Department.
- Must include a copy of your fully executed lease (distilled spirits).
- Include a copy of the Articles of Organization and copy of partnership/operating agreement (LLC/Partnerships).
- Include a copy of the Articles of Incorporation and By-Laws, including any amendments (Corporations).
- Include a copy of the DBA (if applicable).
- Alcohol Excise Tax is due by the 10th of every month.



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Section I: Details of Requested Application

- 1) Identify application type by checking one of the following boxes. Include \$350 for the investigative fee. If there are additional applicants for an LLC, partnership, majority stockholder or principal officer include an additional \$44.25 for each partner, member or officer for fingerprints. Include a check made payable to Forsyth County for the total amount. Visa and MasterCard are acceptable forms of payment, please contact our office for assistance.

- ☐ Wholesale distilled spirits, beer and wine: \$300
- ☐ Wholesale distilled spirits and wine: \$200
- ☐ Wholesale distilled spirits and beer: \$200
- ☐ Wholesale distilled spirits: \$100
- ☐ Wholesale beer and wine: \$200
- ☐ Wholesale wine: \$100
- ☐ Wholesale beer: \$100

- 2) If operating under a trade name (DBA), provide the trade name (DBA): Include a copy of the DBA
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- 3) Complete item 3a if the applicant is a sole proprietor. (if you are a LLC or Corporation you are not a sole proprietor)

- a) Provide the name of the sole proprietor (this person will be the named licensee and must complete Sections III and IV of this application):
-

- 4) Complete items 4a through 4e if the applicant is a partnership (this includes LLCs and their members).

- 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 III and IV of this application):
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- c) List the name of each partner/member:
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- d) Each partner/member is considered an applicant and shall individually complete Sections III and IV of this application. Print additional copies of these sections for each applicant identified in question 4c.
- e) Include a copy of the partnership/operating agreement, including any amendments. REQUIRED
- 5) Complete items 5a through 5e 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 (this person must complete Sections III and IV of this application):
- _____
- c) List the names of the majority stockholder and each principal officer:
- _____
- _____
- _____
- d) The majority stockholder and each principal officer of the corporation are considered an applicant and shall individually complete Sections III and IV of this application. Print additional copies of these sections for each applicant identified in question 5c.
- e) Include a copy of the Articles of Incorporation and By-Laws, including any amendments. REQUIRED
- 6) Complete items 6a through 6c 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 shall be the named licensee and shall individually complete Sections III and IV of this application:

- c) Include a copy of the Articles of Incorporation and By-Laws, including any amendments.
REQUIRED

- 7) Provide the address of the proposed establishment:

- 8) Has any applicant associated with this request been denied under the provisions of this Ordinance for the same type of license in the last 12 months: [YES] or [NO]

- 9) Provide the following information for the Named Licensee:

- a) Full Name and Home Address:

- b) Phone Number:

- c) E-mail Address:

- 10) Did you purchase an existing business: [YES] or [NO]

- a) If YES to question 10, provide the name of the business you purchased and the date purchased:

Section II: Registered Agent Verification

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

12) Address of registered agent (residential address required):

13) Phone number and email of registered agent:

14) 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.

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 III: Certification of Applicant Statement

Certification of Applicant Statement:

I solemnly swear that the foregoing statements are true and complete. 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 understand that any falsehoods are grounds 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 IV:

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 _____