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

Application for Non-Traditional Tobacco Paraphernalia License

Please review the Forsyth County Non-Traditional Tobacco Paraphernalia Ordinance before applying for this type of license. This is also available for review in our office. For questions regarding this Ordinance, please contact:

Business License Division:
678-455-9888 (option 2) or
alcohol@forsythco.com

- When your application is completely executed with all applicable documents attached, and you are ready for submittal, call our office for an appointment.

- Following the submittal of your application, applicants are required to visit the Forsyth County Sheriff's Office to submit fingerprints and authorize a criminal history background check. The Sheriff's Office will provide you a criminal background report; you must return this document to the Business License Department.

- Public hearings for Non-Traditional Tobacco Paraphernalia 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.

Section 1: Application Type

1) Identify application type and one or more additional line of devices by checking one of the following boxes. Include $350.00 for the investigative fee. Also, 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 amount. Visa and MasterCard are acceptable forms of payment, please contact our office for assistance.

   · Non-Traditional Tobacco Paraphernalia: $2000.00

   Additional Line of Devices (associated with tobacco, vaping or drug use)
   · Storage devices with false or hidden doors: $250.00
   · Grinders: $250.00
   · Weighing devices: $250.00
   · Torch lighters: $250.00

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

   _____

3) Is applicant a sole proprietor: [YES] or [NO]
   a) If yes to question 3, provide the name of the sole proprietor (this person will be the names licensee and must complete Sections III, IV, and V 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 who shall serve as the named licensee (this person must complete Sections III, IV, and V of their application):

   _____

   c) List the names of each partner/member:

   _____

   _____

   d) Each partner/member is considered an applicant and shall individually complete Sections III, IV, and V of this application. Print additional copies of these sections for each applicant identified in questions 4c.

e) Include a copy of the partnership/operating agreement, including any amendments.

5) Complete items 5a through 5e if the applicant is a corporation with its principal business being the sale of non-traditional tobacco paraphernalia.
   a) Provide the name and address of the corporation:

   _____

   _____

   b) Provide the name of one of the majority stockholder or principal officer that will be the named licensee (this person must complete Sections III, IV, and V of their application):

   _____

   c) List the names of the majority stock holder 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, IV, and V of this application. Print additional copies of these sections for each applicant identified in questions 5c.

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

6) Complete items 6a through 6c if the applicant is a corporation with its principal business <u>not</u> being the sale of non-traditional tobacco paraphernalia.
   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 will be the named licensee and shall individually complete Sections III, IV, and V of this application:

   _____

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

7) Complete items 7a through 7e 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 individually complete Sections III, IV, and V of this application:

_____

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

_____

_____

d) Each member of its governing body is considered an applicant and shall individually complete Sections III, IV, and V of this application. Print additional copies of these sections for each applicant identified in questions 7c.

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

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

a) Provide the name and address of the non-profit entity:

_____

_____

b) Provide the name of the individual to be primarily responsible for compliance with the Forsyth County Non-Traditional Tobacco Ordinance. This person shall be the named licensee and shall individually complete Sections III, IV, and V of this application:

_____

c) Include a copy of the charter or Articles of Incorporation.

d) Include documentation verifying the organization's tax-exempt status.

e) Is the nonprofit entity organized and operated in Forsyth County as a mutual benefit membership group? [YES] or [NO]

Section II: Proposed Location

9) Provide the address of the proposed establishment:

_____

_____

10) Provide a survey and from a registered surveyor showing the compliance with the distance requirements identified in Sections 50-6-(1)(a) and (2)(g) of the Forsyth County Non-Traditional Tobacco Paraphernalia Ordinance.

11) Provide a floor plan identifying the screened room and the public sales floor.

12) Is the applicant the owner of the premises or the holder of the lease for the period covered by the licensee? [YES] or [NO]

13) Is the property leased? [YES] or [NO]
    a) If YES to question 13, the application must include a copy of the lease.

14) Did you purchase an existing business? [YES] or [NO]
    a) If YES to question 14, provide the name of the business you purchased, and the date purchased:

_____

_____

Section III: Applicant 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 and subscribed before me this _____ day of _____, 20_____.

_____
Notary Public

Section IV: Applicant Statement

15) I have read and understand the Forsyth County Non-Traditional Tobacco Paraphernalia Ordinance: [YES] or [NO]

16) I understand that, if a license is granted, I must maintain a copy of the Forsyth County Non-Traditional Tobacco Paraphernalia Ordinance on the licensed premises and require each employee to be familiar with same: [YES] or [NO]

17) 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]

18) Full Name:

_____

19) Date of Birth:

_____

20) Phone Number:

_____

21) Email Address (required for named licensee only)

_____

22) Address

_____

23) Resident of: _____ County, State of _____

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 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) Have you been denied under the provisions of this Ordinance for the same type of license in the last 12 months? [YES] or [NO]

27) 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 the usage, distribution, or possession of controlled substances, or alcohol? [YES] or [NO]

1. If YES to question 27a, provide detail of conviction including date and time:

_____

_____

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 27b, please provide detail including date and location:

_____

_____

c) Does your business experience financial standing, trade associations, personal associations, records of arrests, or reputation in any community in which you have resided, suggest that you will likely fail to maintain the outlet for which you are seeking a license in conformity with federal, state, or local laws? [YES] or [NO]

Certification of Applicant Statement

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

_____
Notary Public

Section V:

By executing this affidavit under oath, as an applicant for a Forsyth County, Georgia Non-Traditional Tobacco Paraphernalia 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 Non-Traditional Tobacco Paraphernalia 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 on 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 application 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 by 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).

_____
Printed Name of Applicant

_____
Signature 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 _____