- Ordinance 127 regulating the use of Vapor and E-Cigarette products is available at www.forsythco.com, located on the Business License page.
- Please circle your answers.
- Please do not print this application front and back.
- The application shall have attached a survey (dated no more than 180 days prior to submission of the application to the County), certified by a registered surveyor of this State, showing a scaled drawing of the premises, the location on the premises where the Applicant desires to sell any item of alternative nicotine products and/or vape juice, and the distance in yards measured from the front door of the premise where alternative nicotine product is to be sold, to the property line of the tract upon which is located the nearest church building, school building, educational building, school grounds or college grounds or college campus building.
- Applications are required to submit a Forsyth County Business License application with the Vapor and E-Cigerattes Application.
- Please note: Applications should not be submitted prior to receiving the Conditional Use Permit approval letter. The approval letter must be submitted with this application.
- Submit completed applications by requesting an appointment :
  Please email alcohol@forsythco.com for available appointments.
    - For questions related to Ordinance 127

      Contact: 678-455-9888 (option 2)

      alcohol@forsythco.com

Section I: General Information

1) Is this application for a license for Vapor and E-Cigarettes? [YES]

   a) Please submit payment of $1,000.00 with completed application in the form of a check, cash, or credit card (Visa / MasterCard).

2) Is the applicant 21 years of age or older? [YES] or [NO]

3) Provide the name of your business as it appears on the Georgia Secretary of State and the location address:

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

   _____

   _____

4) Provide the name of the licensee: _____

5) Provide a survey (refer to section 50-7 (e) (1) a) and certificate from a registered surveyor showing the compliance with the distance requirements identified in Sections 50-7 (b) of the Forsyth County Ordinance 127.

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

   a) If yes to question 6 and property is leased, please provide a copy of the executed lease and all amendments.

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

8) I have provided a copy of the Conditional Use Permit approval letter. [YES] or [NO]

**A copy of your approval letter is required and must be submitted with your application, otherwise the application is deemed incomplete.*

Section II: 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 III: Applicant Statement

11) I have read and understand the Forsyth County Ordinance 127: [YES] or [NO]

12) I understand that, if a license is granted, I must maintain a copy of the Forsyth County Ordinance 127 on the licensed premises and require each employee to be familiar with the Forsyth County Ordinance 127: YES] or [NO]

13) I understand that my if a license is granted, I am not permitted to sell any Non-Traditional Tobacco Paraphernalia as listed in section 50-6 (a) (7) of the Forsyth County Ordinance 127:[YES] or [NO]

14) Applicant Name:

_____

15) Date of Birth:

_____

16) Phone Number:

_____

17) E-mail Address:

_____

18) Home Address:

_____

19) Resident of: _____ County, State of: _____

Application must be sworn to and signed by the applicant in the presence of a notary public or other officer authorized to administer oaths. 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. I solemnly swear that the foregoing statements are true and complete.

_____

Business Name

_____

Applicant Printed Name

_____

Applicant Signature

Subscribed and sworn before me on this the _____day of _____, 20 _____.

_____

Notary Public

My Commission Expires: _____