



## Application for Alcohol License

**\* Please read the following directions before you complete the application. \***

**Please note: Application packet must be complete with ALL accompanying documentation.**

- The Forsyth County Alcohol Ordinance is available at [forsythco.com](http://forsythco.com). This document is also available for review in the Business License Department.
- Three companies are approved to provide the mandatory training. Call the companies directly to make arrangements. To ensure you are registered for the correct class, make sure to request the mandatory training class for the Forsyth County Alcohol Ordinance. You will be required to submit a copy of your diploma with this application.

Operation 21	678-947-1521
Evindi	678-336-7207
T.I.R.V.	404-531-9237

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

Forsyth County Business License  
Department 110 East Main Street, Suite 130  
Cumming, GA 30040  
678-455-9888

- 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.
- Applicants must submit a Forsyth County Business License with the alcohol application. License fees must be paid separately if paying by check.
- 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 with a criminal background report; you must return this document to the Business License Department. For the purposes of this requirement, the following individuals are considered applicants:
  - Sole Proprietor: The sole proprietor
  - Partnership: Each partner/member
  - Limited Liability Company: each partner/member
  - Corporation with the principal business being the sale of alcohol: The majority stockholder and each principal officer
  - Corporation with the principal business not being the sale of alcohol: The officer or employee who is primarily responsible for the operations of the licensed premises
  - Nonprofit: The named licensee
  - Private Club: Each member of governing body

- Please do not visit the Forsyth County Sheriff's Office for a background check until you are given instructions by the Business License Department.
- For questions related to the Forsyth County Alcohol Ordinance:

Angie Belt  
770-205-4645  
[Arbelt@forsythco.com](mailto:Arbelt@forsythco.com)

- Note to Applicants: Following the approval of your Forsyth County Alcohol License, you will be required to obtain a Georgia Alcohol License. Contact the Georgia Department of Revenue for additional details: [www.dor.ga.gov](http://www.dor.ga.gov)
- 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.
- Please Circle YES or NO.
- A survey is not required if location has a current same type alcohol license.
- If a survey is required - see question 10 (must not be older than 180 days).
- All applications require a site plan, consumption applications must have lighting statement - see question 14 if you have outdoor seating please submit a photo of this area either street view or from the parking lot.
- All applications for consumption must submit a floor plan with lighting statement - see question 15.
- All applications for distilled spirits by the package must submit a floor plan labeling all entrances and exits - see question 16.
- All application for distilled spirits by the package must include a copy of the lease.
- 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).
- Provide a copy of a secure and verifiable document (photo identification) such as a driver's license, passport, permanent resident card, etc.
- Payment is required at time of submittal.



Application for Alcohol License

Section 1: Application Type

1) Identify an application type by checking one of the following boxes. Include \$350.00 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.

- Beer and wine by the package: \$1500.00
- Distilled spirits by the package: \$4000.00
- Beer, wine and distilled spirits by the package: \$5500.00
- Beer and wine for consumption on the premises: \$1500.00
- Distilled spirits for consumption on the premises: \$2500.00
- Beer, wine and distilled spirits for consumption on the premises: \$4000.00
- Manufacturer (brewery or distillery): \$3000.000
- Farm Winery: \$1500.00

Food-Service Exempt Establishments. If applying for a license for consumption on the premises, is the proposed establishment one of the following:

- Hotel outlet
- Golf course
- Marina
- Bowling alley
- Art studio, art gallery or performing or cultural arts arena
- Nationally recognized chartered organizations with tax exempt status.
- Cigar shops (Forsyth County Alcohol Ordinance – Section 4.1 Cigar shops limited to beer and wine only)
- Vintage or luxury elite automobile storage facility
- Manufacturer (brewery or distillery)
- Farm Winery

2) If operating under a trade name (DBA), provide the trade name (DBA) *Include a copy of the DBA*

3) Is applicant a sole proprietor: [YES] or [NO] (if you are an LLC or Corporation, circle NO)

a) If YES to question 3, provide the name of the sole proprietor (this person will be the named licensee and must complete Sections II, IV, V and VI 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:

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b) Provide the name of one of the individual partners/members who shall serve as the named licensee (this person must complete Sections II, IV, V and VI of their 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 IV, V and VI of this application. Print additional copies of these sections for each applicant identified in question 4c.

e) Include a copy 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:

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b) Provide the name of the majority stockholder or principal officer that will be the named 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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- d) The majority stockholder and each principal officer of the corporation are considered an applicant and shall individually complete Sections IV, V and VI 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 II, IV, V and VI of this application:  
  
\_\_\_\_\_
  - c) Include a copy of the Articles of Incorporation and By-Laws, including any amendments. REQUIRED
- 7) Complete items 7a through 7f 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:  
  
\_\_\_\_\_
  - d) Provide documentation verifying the private club is in compliance with the requirements of Article 5 of the Forsyth County Alcohol Ordinance regarding existence, membership, staff, compensation, and building design. REQUIRED
  - e) Each member of its governing body is considered an applicant and shall individually complete Sections IV, V and VI of this application. Print additional copies of these sections for each applicant identified in question 7c.
  - f) Include a copy of the Articles of Incorporation and By-Laws, including any amendments. REQUIRED

8) Complete items 8a through 8f 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 shall individually complete Sections II, IV, V, and VI of this application.

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c) Include a copy of the charter or Articles of incorporation. REQUIRED

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]

f) Can any officer, director, trustee, manager, member, or stockholder derive any financial gain from the sale of alcoholic beverages: [YES] or [NO]

## Section II: Proposed Location

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9) Provide the address of the proposed establishment:

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10) Provide a survey and certificate from a registered surveyor showing the compliance with the distance requirements identified in Sections 1.3 (H) and 1.4 (A) (2) of the Forsyth County Alcohol Ordinance. Please refer to the Forsyth County website Alcohol Ordinance page for distance chart. *(if location has a current same type alcohol license within the past 12 months a new survey will not be required)*

11) Is the property zoned Neighborhood Shopping District (NS), Urban Village District (UV), Highway Business District (HB), Commercial Business District (CBD), Heavy Commercial District (HC), Business Park (BP), Office Commercial Multiple Story District (OCMS), Restricted Industrial District (M1), Heavy Industrial District (M2), Agricultural District (A1), Agricultural Residential District (AG-RES), Planned Unite Development District (PUD), or Master Planned District (MPD): [YES] or [NO] *Please circle applicable zone.*

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

13) Is the property leased: [YES] or [NO]

a) If YES to question 13, is the application for retail package including distilled spirits: [YES] or [NO]

b) If YES to question 13(a), the application must include a copy of the lease: [YES] or [NO]

c) If YES to question 13(b), is the rent paid for the licensed premises based in whole or in part on the volume of sales of alcoholic beverages or any other arrangement in which the lessor otherwise shares in profits or receipts from the sale of alcoholic beverages: [YES] or [NO]

14) All applications are required to provide a site plan of the property that includes the location and type of structures; the location and number of parking spaces; sidewalks; patios; and vehicle ingress and egress points. Applications for consumption must also include the following statement on the site plan, ***The exterior lighting shall comply with the requirements of the Forsyth County Alcohol Ordinance.*** [Link to GIS](#)

15) Is the application for consumption and not exempt from the Forsyth County Alcohol Ordinance food service requirements: [YES] or [NO]

a) If YES to question 15, a floor plan is required identifying a full service kitchen, consisting of a three compartment pot sink, a stove or grill permanently installed and a refrigerator; quantity of seating with bar seating calculated separately; the location of all entrances and exits; the location of outdoor patios, including patio enclosure details; and the following statement, ***The interior lighting shall comply with the requirements of the Forsyth County Alcohol Ordinance.***

16) Is the application for distilled spirits by the package: [YES] or [NO]

- a) If YES to question 16, provide floor plan detailing the location of all entrances and exits.
- b) If YES to question 16, will pool tables, pinball machines, electronic games, or any other games be provided within the outlet: [YES] or [NO]
- c) If YES to question 16, is the outlet devoted exclusively to the retail sale of distilled spirits, beer and wine by the package or liquid commodities and mixes normally used in the preparation and serving of distilled spirits; or is a state licensed distillery: [YES] or [NO]

17) Is the application for beer and wine by the package: [YES] or [NO]

- a) If YES to question 17, is the business located within an outlet duly licensed to sell distilled spirits by the package; or is 75% or more of the floor space and storage area devoted to foods, groceries, and general merchandise; or is the business a state-licensed brewpub solely for the sale of malt beverages and only in Growlers; is a state licensed brewery or farm winery:[YES] or [NO]

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

- a) If YES to question 18, provide the name of the business you purchased and the date purchased (If you only purchased the business assets please state Business Assets Only):

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**Section III: Registered Agent Verification**

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

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

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21) Phone number and email of registered agent:

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22) 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 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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23) I have read and understand the Forsyth County Alcohol Ordinance: [YES] or [NO]

24) 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]

25) 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] (Please don't visit the Sheriff's Office until given instructions by the Business License Department)

26) Full Name:

\_\_\_\_\_

27) Date of Birth:

\_\_\_\_\_

28) Phone Number:

\_\_\_\_\_

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

\_\_\_\_\_

30) Address:

\_\_\_\_\_

31) Resident of: \_\_\_\_\_ County, State of: \_\_\_\_\_

32) 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]

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

a) If YES to question 33, provide detail of conviction including date and location:

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34) 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 34, provide detail including date and location:

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35) Do you have any other pending charges: [YES] or [NO]

a) If YES to question 35, provide additional information on a separate sheet to be submitted with the application.

36) Have you 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 submitted with your application.*

37) Are you in compliance with all federal, state and local regulations, including but not limited to payment of county taxes, fees and assessments: [YES] or [NO]

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

39) Do you or any member of your immediate family own a financial interest in any other alcoholic beverage outlet, or any interest in a wholesale alcoholic beverage entity, and/or distillery or brewery: [YES] or [NO]

a) If YES to question 39, provide the name of the person, their relationship to you, the name of the outlet/wholesaler/distillery/brewery and the interest they have in the organization.

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40) Provide information detailing what interest your immediate family will have in this alcoholic beverage outlet being requested from this County:

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41) 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 41a, 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 41b, provide detail including date and location:

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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]

42) 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]

a) If YES to question 42, have you been denied or had revoked within five years of the date of this application any license issued to you by Forsyth County or any other city, county or state to sell alcoholic beverages: [YES] or [NO]

b) If YES to question 42, has the proposed location had a past lease holder that has been denied or had revoked within five years of the date of this application any license issued by Forsyth County or any other city, county or state to sell alcoholic beverages: [YES] or [NO]

43) Are you requesting the sale of distilled spirits at a retail dealer location: [YES] or [NO] *retail dealer means any person who sells distilled spirits in unbroken packages at retail only to consumer and not for resale.*

a) If YES to question 43, do you or a member of your immediate family have any interest in more than two retail dealer licenses for the sale of distilled spirits, regardless of the degree of such interest: [YES] or [NO]

b) If YES to question 43, do you or a member of your immediate family own any interest in a liquor distillery, or wholesale distributor: [YES] or [NO]

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

a) If YES to question 44, in the last five years, have you been the full or partial owner of a licensed premises which has had its license revoked: [YES] or [NO]

b) If YES to question 44, has the proposed location had a past lease that has been denied or had revoked within five years of the date of this application any license issued by Forsyth County or any other city, county or state to sell alcoholic beverages: [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:**

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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 \_\_\_\_\_