

## CHECK-OFF LIST FOR ALCOHOLIC BEVERAGE LICENSE



### ALL APPLICANTS:

- APPLICATION** – All blanks must be completed, signed, and notarized.
  - LIST OF OWNERS** – *For businesses not publicly traded*: A list of business owners including their names, city and state of their residential and work addresses, and ownership percentages for every owner. *For publicly traded businesses*: A list of corporate officers including their names, city and state of their residential and work addresses and corporate titles.
  - HOURS** – Operating hours information [for restaurants, see 6-142(b)(2)].
  - REVIEW OF ALCOHOL ORDINANCE** and the following notes:
    1. It is advisable that applicants of any business, liquor, beer and/or wine licenses make no expenditures, sign no contracts or obligate themselves in any manner without first making themselves aware of all requirements for State and City Code compliance.
    2. Handling permit requirement.
    3. All applicable distance requirements for liquor, beer and/or wine are to be measured in accordance with City Code Section 6-46(d).
- PERSONNEL STATEMENTS** – Required of the primary applicant and of each additional applicant (defined in City Code Sec. 6-1). Original pictures are required on each form.
- S.A.V.E. AFFIDAVIT** – Required with each Personnel Statement. Must be notarized and a copy (front and back) of approved document attached.
- PRIVATE EMPLOYER AFFIDAVIT** – Must be notarized – please make sure you complete parts that apply to your business – 10 or fewer employees **OR** 11 or more employees
- REGISTERED AGENT FORM** – Registered agent must reside in DeKalb County.
- AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF REGISTERED AGENT RESIDENCE** – Must be notarized.
- LEGAL SURVEY** – Scale drawing showing business location and completion of enclosed SURVEYOR'S CERTIFICATE (Sec 6-46(d)).
- FLOOR PLAN DRAWING** – Restaurants seeking to be licensed for consumption on premises must provide a diagram in accordance with 6-142(b)(1).
- STATEMENT OF FLOOR AREA** – Restaurants must meet requirements stated in City Code Sec 6-142(a)(2). Retail package sales of wine and malt beverages must meet the requirements stated in City Code Sec 6-121.
- PAYMENT** – Prorated on number of remaining months in calendar year; any portion of a month is counted as a full month.
- OCCUPATIONAL TAX CERTIFICATE APPLICATION** – Submitted to the City Clerk's Office with required documents.
- FINGERPRINTS** – After submitting application, each applicant must take his/her form (provided by City Clerk) to the Chamblee Police Department to have fingerprints taken electronically, and then return the form to the City Clerk.
- STATE ALCOHOL LICENSE**

### APPLICANTS FOR CONSUMPTION-ON PREMISES LICENSE:

- COPY OF MENU**
- LIST OF EMPLOYEES**
- LIST OF WHOLESALE DISTRIBUTORS** – Cannot purchase and re-sell alcohol from retail establishment (i.e. Sam's, Costco, B.J.'s, Tower, etc.).
- AFFIDAVIT – ALCOHOL AND FOOD SALES**
- BUSINESS SEEKING TO OPERATE AFTER 12:30 AM MUST PROVIDE:**
  - Safety plan as set forth in City Code Sec. 6-155.
  - Promotional information (print advertisements, social media info). See City Code Section 6-142(b)(3)(b) & (b)(3)(c).

### ADDITIONAL INFORMATION FOR WHOLESALE ONLY APPLICANTS:

- PERFORMANCE BOND**
- LIST OF EMPLOYEES**

Note: An applicant shall supplement the information provided in its application in writing by certified mail, return receipt requested, to the city clerk within ten (10) working days of a change of circumstances which would render the information originally submitted inaccurate or incomplete. (See City Code Sec. 6-44(c)).

## CITY OF CHAMBLEE PRIVILEGE LICENSE APPLICATION



INSTRUCTIONS: Every question must be fully and correctly answered. If space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. When completed, it must be dated, signed, and verified, under oath by the primary applicant and filed with the City Clerk, 5468 Peachtree Road, Chamblee, GA 30341, together with all supporting papers and Cash, Money Order, Cashiers or Certified Check for the exact fees. If license requirements are satisfied, the license will issue to the primary applicant, business, and other applicants listed in the application.

**Check one:** ( ) New Location ( ) New Licensee ( ) New Ownership ( ) Other Changes (Specify): \_\_\_\_\_

**TYPE OF BUSINESS** Check one:

( ) Package Store ( ) Grocery Store ( ) Restaurant ( ) Convenience Store ( ) Country Club  
 ( ) Art Shop ( ) Performing Arts Facility ( ) Manufacturer ( ) Other (specify): \_\_\_\_\_

**TYPE OF LICENSE:** ( ) Retail/Package ( ) Wholesaler ( ) Consumption on Premises ( ) Manufacturer

	Annual Fee	Monthly Fee		*Months	=	Fee Due
(1) Liquor/Beer/Wine	\$5,000	\$416.67	x	_____	=	\$ _____
(2) Beer/Wine	\$2,500	\$208.34	x	_____	=	\$ _____
(3) Beer Only	\$1,250	\$104.17	x	_____	=	\$ _____
(4) Wine Only	\$1,250	\$104.17	x	_____	=	\$ _____
(5) ** Sunday Sales	\$1,700	\$141.67	x	_____	=	\$ _____
(6) Art Shop	\$ 500	\$ 41.67	x	_____	=	\$ _____
(7) Performing Arts Facility	\$1,000	\$ 83.33	x	_____	=	\$ _____
(8) Manufacturer	\$ 500	\$ 41.67	x	_____	=	\$ _____
(9) Wholesaler	\$ 750	\$ 62.50	x	_____	=	\$ _____
Administrative and Investigation Fee =						\$200.00
Fingerprinting Fee: \$50 x ____ =						\$ _____
Total Due =						\$ _____

\*LICENSES ARE ISSUED ONLY FOR NUMBER OF MONTHS REMAINING IN CALENDAR YEAR. ANY PARTIAL MONTHS SHALL BE COUNTED AS A FULL MONTH. LICENSE FEES ARE NOT REFUNDABLE.

\*\*SUNDAY SALES PERMITS ARE ISSUED ONLY TO CONSUMPTION ON PREMISES ESTABLISHMENTS.

**Primary Applicant** (Must print legibly):

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address (Street, City, State, Zip Code): \_\_\_\_\_

**Business Information** (Must print legibly):

Legal Name: \_\_\_\_\_

Doing Business As (If applicable – This is the name that will appear on the business location door): \_\_\_\_\_

Location (Street, Suite, City, State, Zip Code): \_\_\_\_\_

Mailing Address (Street, City, State, Zip Code): \_\_\_\_\_

Federal Employer Identification Number/SSN: \_\_\_\_\_ Georgia Sales Tax Number: \_\_\_\_\_

Georgia Withholding Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Is the business publicly traded? ( ) Yes ( ) No Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Business: ( ) Partnership or Association ( ) Sole Proprietor ( ) Corporation: Type of Corporation: \_\_\_\_\_ Place of Incorporation: \_\_\_\_\_

Owner(s)/Corporate Officer(s):

Name	Corporate Title	Residence City/State	Work Address (street, city, state, zip code)	% Interest

Use additional page if necessary with the same information if additional space for owner(s)/corporate officer(s) is needed.

**For Office Use Only:**

\$ \_\_\_\_\_ Fingerprinting Fee \$ \_\_\_\_\_ Investigation Fee \$ \_\_\_\_\_ License Fee \$ \_\_\_\_\_ Total Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Date Sent to PD \_\_\_\_\_

**CITY OF CHAMBLEE PRIVILEGE LICENSE APPLICATION (Continued)**

**Day(s) & Time(s) of Operations:** Does this establishment seek to remain open any time after 12:30 am?  Yes  No

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_  
 Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
 Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_  
 Sunday: \_\_\_\_\_

**If a restaurant, does the establishment serve the prepared meals described on its menu every hour that it is open?**

Yes  No  Not applicable (because the establishment is not a restaurant)

If NO, EXPLAIN: \_\_\_\_\_

**NOTE:** Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Licensee understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

I, \_\_\_\_\_, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the primary applicant in the foregoing application are true and correct. Furthermore, I affirm that the City of Chamblee may request an audit, at any time at the businesses expense to verify any information provided. **I affirm that I have received and read the City of Chamblee Alcohol Ordinance.** 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 violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal state.

\_\_\_\_\_  
 Primary Applicant Signature (Full name in ink)

I hereby certify that \_\_\_\_\_ State of Georgia \_\_\_\_\_ County  
 Full name of Primary Applicant

signed his name to the foregoing after stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
 Notary Public



## PERSONNEL STATEMENT

Instructions: A personnel statement must be executed under oath, by the Primary Applicant and by each Additional Applicant (see definitions in City Code Section 6-1) applying for an alcoholic beverage license. Each question must be fully answered. If space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. A personnel statement for all the above persons must be submitted with each license application.

1. Full Name \_\_\_\_\_
2. Full name and address of business of which this personnel statement is a part:  
\_\_\_\_\_
3. Position of applicant in business: \_\_\_\_\_  
State ownership or interest if any in this business: \_\_\_\_\_
4. Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages?: \_\_\_\_\_  
If yes, give names and locations and amount of interest in each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? \_\_\_\_\_  
If so, give details: \_\_\_\_\_
6. Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages? \_\_\_\_\_ If so, give details: \_\_\_\_\_  
\_\_\_\_\_
7. If during the past ten years you have bought and sold any alcoholic beverage business, give details (date, license number, persons and considerations involved). \_\_\_\_\_  
\_\_\_\_\_
8. Have you ever been denied bond by a commercial security company? \_\_\_\_\_ If so, give details: \_\_\_\_\_  
\_\_\_\_\_
9. Other names used by applicant: Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used: \_\_\_\_\_  
\_\_\_\_\_
10. Home address \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Business address \_\_\_\_\_ Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
11. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
12. Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_
13. If married or separated, complete the below requested information on spouse/partner:  
Full name of spouse: \_\_\_\_\_  
Birth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



## PERSONNEL STATEMENT (Continued)

14. Employment Record for the past ten years (Give most recent experience first):

Dates Employed (from/to)				Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
Month	Year	Month	Year				

15. List in reverse chronological order, all of your residences for the past ten years:

Dates		Street	City	State
From	To			

16. Have you ever been arrested, or held by Federal, State or other law-enforcement authorities, for any violation of federal law, state law, county or municipal law, regulation or ordinances? (Do not include traffic violations. All of the charges must be included, even if they were dismissed. Give reason charged or held, date, place where charged, disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest).

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17. Attach photograph (front view) taken within the past year.

18. To complete this application, I will submit a complete set of my fingerprints to the Chamblee Police Department for a criminal background check, and will provide a receipt to the City Clerk.



**Note: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith.**

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_ do solemnly swear, subject to the penalties of false swearing that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

\_\_\_\_\_  
Applicant's Signature

I hereby certify that \_\_\_\_\_ signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made therein, and, under oath, actually administered by me, has sworn that said statements and answers are true and correct.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

(Seal)



S.A.V.E AFFIDAVIT

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)

This form is required from both primary and additional applicants for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an Applicant, as a City Vendor, or as a Recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act, (O.C.G.A. § 50-36-1), I am stating the following:

- I am a United States citizen, or (Must include a copy of either current State Driver's License, Passport, Military ID, or other approved document\*.)
I am a legal permanent resident of the United States\*\*, or (Must include a copy of your Permanent Resident Card or other approved document\*.)
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\*\*(Must include a copy your Employment Authorization Card or other approved document\*.)

\*\*My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

The undersigned applicant also 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.

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 \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

SCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_ (Seal)
My Commission Expires \_\_\_\_\_

\*A complete list of verifiable documents can be found on the City of Chamblee website under Occupational Tax Certificates or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).



## Private Employer Affidavit Pursuant to O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, as an applicant for an Alcohol License as referenced in O.C.G.A. §36-30-6(d), from the City of Chamblee, the undersigned applicant representing the private employer known as \_\_\_\_\_ (Name of Business) verifies one of the following with respect to my application for the above mentioned document:

### Section 1:

Choose **ONE** of the following:

- a. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees. Complete Section 2 and 3 below.
- b. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees. Complete Section 3 below.

### Section 2:

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

\_\_\_\_\_  
Federal Work Authorization User Identification Number  
(This number is between 4-8 digits and does not include letters)

\_\_\_\_\_  
Date of Authorization

### Section 3:

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 violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



**REGISTERED AGENT FORM**

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
BUSINESS LOCATION

\_\_\_\_\_  
CITY/STATE/ZIP

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of Ordinance #308 of the City of Chamblee. (Every establishment holding an alcoholic beverage license in the City must have a registered agent and this person must be a resident of DeKalb County).

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**REGISTERED AGENT INFORMATION:**

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Agent Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Type or print name of Agent

\_\_\_\_\_  
Agent E-Mail

\_\_\_\_\_  
Agent's Home Address

\_\_\_\_\_  
Agent's City, State, Zip Code

**PRIMARY APPLICANT:**

\_\_\_\_\_  
Signature of Primary Applicant

\_\_\_\_\_  
Type or print name of Primary Applicant





**AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF REGISTERED AGENTS RESIDENCE**

STATE OF GEORGIA, \_\_\_\_\_ COUNTY:

Personally appeared before the undersigned Notary Public one \_\_\_\_\_  
(name of person having knowledge)

who says, under oath, that he is personally acquainted with \_\_\_\_\_,  
(name of Registered Agent)

and that he knows of his/her own knowledge that said applicant has resided in the County of DeKalb, State of Georgia,  
since 20\_\_\_\_\_, and is now a resident of said State and County, and from one year prior to \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_, has resided at \_\_\_\_\_.  
(address of registered agent for past year)

\_\_\_\_\_  
Affiant

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

\_\_\_\_\_  
Notary Public

(Seal)

**REPORT OF SURVEY FOR ALCOHOLIC BEVERAGE LICENSE**

DATE: \_\_\_\_\_

TO: CITY CLERK, CITY OF CHAMBLEE

PRIMARY APPLICANT: \_\_\_\_\_

BUSINESS & DBA (if applicable) NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

THE UNDERSIGNED HAS EXAMINED THE SUBJECT LOCATION AND HAS MADE MEASUREMENTS TO DETERMINE THE COMPLIANCE OR NON-COMPLIANCE WITH DISTANCE REQUIREMENTS IN ACCORDANCE WITH CITY CODE § 6-46:

200 YARDS MINIMUM

1. \_\_\_\_\_ yards to the \_\_\_\_\_  
(school building, school ground, and college campus, this includes kindergarten or churches which have schools or kindergartens) located at

\_\_\_\_\_

100 YARDS MINIMUM

1. \_\_\_\_\_ yards to the \_\_\_\_\_  
(church or other place used primarily for religious service) located at

\_\_\_\_\_

2. \_\_\_\_\_ yards to the \_\_\_\_\_  
(alcoholic treatment center owned and operated by this state or any council or municipal government therein) located at

\_\_\_\_\_

3. \_\_\_\_\_ yards to the \_\_\_\_\_  
(parcel of land located in a residential zoning district\*) located at

\_\_\_\_\_

AFTER READING CITY OF CHAMBLEE CODE § 6-46, IN MY OPINION, THE PREMISES INDICATED ABOVE MEET THE DISTANCE REQUIREMENTS FOR LICENSING.

NOTE:

SURVEY SHOWING DISTANCE TO THE USE ABOVE MUST BE ATTACHED.

\_\_\_\_\_  
GEORGIA REGISTERED LAND SURVEYOR

\_\_\_\_\_  
SURVEYOR NO.

(SEAL)



## STATEMENT OF FLOOR AREA

Name of Business & DBA (if applicable): \_\_\_\_\_

Business Location Address: \_\_\_\_\_  
Street City State Zip Code

The total square footage of floor area occupied by the establishment is: \_\_\_\_\_

The total square footage of floor area accessible to patrons is: \_\_\_\_\_

The total square footage of floor area devoted to tables and seating for patron dining is: \_\_\_\_\_

**RESTAURANTS:** A copy of the floor plan in accordance with city code section 6-142(a) is attached.  
**RETAIL** of package sales of wine and malt beverages must meet the requirements stated in city code section 6-121.

I, \_\_\_\_\_, certify subject to the penalties for false swearing, that the foregoing is true and correct.

\_\_\_\_\_  
Primary Applicant Printed Name

\_\_\_\_\_  
Primary Applicant Signature

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature and Seal

My commission expires: \_\_\_\_\_



## List of Employees and Wholesale Distributors

List the name of your employees below:

1. \_\_\_\_\_

14. \_\_\_\_\_

2. \_\_\_\_\_

15. \_\_\_\_\_

3. \_\_\_\_\_

16. \_\_\_\_\_

4. \_\_\_\_\_

17. \_\_\_\_\_

5. \_\_\_\_\_

18. \_\_\_\_\_

6. \_\_\_\_\_

19. \_\_\_\_\_

7. \_\_\_\_\_

20. \_\_\_\_\_

8. \_\_\_\_\_

21. \_\_\_\_\_

9. \_\_\_\_\_

22. \_\_\_\_\_

10. \_\_\_\_\_

23. \_\_\_\_\_

11. \_\_\_\_\_

24. \_\_\_\_\_

12. \_\_\_\_\_

25. \_\_\_\_\_

13. \_\_\_\_\_

26. \_\_\_\_\_

List the name of your distributors below:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_



## AFFIDAVIT - ALCOHOL AND FOOD SALES

(Consumption on the Premises Alcoholic Beverage License Application)

**This form is required for all consumption-on premises alcoholic beverage license applications (see city code section 6-4(c)(1)).**

Instructions for the Alcohol and Food Sales Affidavit:

**Column A:** “Total Monthly Revenue” – Total monthly revenue of the establishment.

**Column B:** “Total revenue from food & nonalcoholic beverages” – Revenue derived from the sale of food prepared and consumed on premises and nonalcoholic beverages consumed on the premises.

**Column C:** “Percentage of total revenue from food & non-alcoholic beverages” – This percentage is Column A (Total Monthly Revenue) divided by Column B (Total revenue from food & non-alcoholic beverages).

**Column D:** “Total revenue from charges to enter or remain on premises” – Use this column to report the revenue derived from charges to enter or remain on the premises.

**Column E:** “Total revenue from alcoholic beverages” – Use this column to report the revenue from the sale of alcoholic (wine, malt and distilled) beverages combined.

**Column F-H:** “Total revenue from (fill in blank) (category > 10%)” – Use these columns to report revenue from any other category that exceeds ten percent (10%) of the monthly revenue not accounted for in a columns B, D or E. For example, “carry-out” food orders, merchandise sales, parking, tobacco, hookah, etc. If additional space is needed add monthly information on a separate form. Write the category reported on the lines provided.

**Column I:** “Total revenue for categories that do not individually exceed 10%” – Use this column to report any other combined revenue derived from categories that individually do not exceed 10% of monthly revenue. For example, “carry-out” food orders, merchandise sales, parking, tobacco, hookah, etc.

Establishments licensed as a restaurant who desire to remain open to the public after 12:30 a.m. must provide a sworn statement (affidavit) from a **certified public accountant (CPA)**, which reports the information required in subsection 6-4(c)(1) of the city code for each of the last 12 months (also see city code section 6-142(b)(3)(d)).



## AFFIDAVIT - ALCOHOL AND FOOD SALES

(Consumption on the Premises Alcoholic Beverage License Application)

Name of Applicant Business: \_\_\_\_\_

12 month period: \_\_\_\_\_

month/year - month/year

Applicant Business Address: \_\_\_\_\_

Street

City

State

Zip Code

This affidavit must be completed and signed under oath in accordance with City Code section 6-4(c)(1) (and by a CPA if 6-142(b)(3)(d) applies). The following must be provided for the last twelve months. If the business has not been open that long, state the start date: \_\_\_\_\_.

	A	B	C	D	E	F	G	H	I
Month/Year (MM/YYYY)	Total monthly revenue	Total revenue from food & non- alcoholic beverages <sup>1</sup>	Percentage of total revenue from food & nonalcoholic beverages <sup>1</sup>	Total revenue from charges to enter or remain on premises	Total revenue from alcoholic beverages	Total revenue from (category > 10%) <sup>2</sup>	Total revenue from (category > 10%) <sup>2</sup>	Total revenue from (category > 10%) <sup>2</sup>	Total revenue for categories that do not individually exceed 10%
1.			%						
2.			%						
3.			%						
4.			%						
5.			%						
6.			%						
7.			%						
8.			%						
9.			%						
10.			%						
11.			%						
12.			%						

I, \_\_\_\_\_, certify subject to the penalties for false swearing, that the foregoing is true and correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(if a CPA, CPA License No.)

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature and Seal

My commission expires: \_\_\_\_\_

<sup>1</sup> Food must be prepared and consumed on premises <sup>2</sup> Write the category reported on the lines provided (e.g., merchandise sales, parking, tobacco, etc.)