DeKalb County
GEORGIA

Department of Planning & Sustainability

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

Alcohol & Business License Renewal Application

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

ALCOHOL BUSINESS LICENSE RENEWAL CHECKLIST

Please provide the following documents when submitting your renewal application.

☐ **Background Investigation Consent Form –** Complete the required consent form for the background investigation.

☐ **Renewal Form -** Complete the Alcohol & Business License Renewal Form with all requested business, licensee, contact, occupational tax, and alcohol license information.

☐ **SAVE Affidavit -** Complete the Affidavit Verifying Status for County Public Benefit Application and provide the required identification.

☐ **Private Employer Affidavit (E-Verify) -** Complete the affidavit verifying the number of employees and, if applicable, E-Verify enrollment information

☐ **No Change Affidavit -** Complete and notarize the affidavit confirming whether there have been changes since the original application.

☐ **Proof of Gross Receipts** - Provide prior-year gross receipts documentation, such as a tax return, notarized CPA letter, profit and loss statement, and/or Georgia sales tax filings.

☐ **Government-issued ID -** Provide a valid government-issued ID, such as a driver's license, passport, or green card.

☐ **Business Entity Documentation, if applicable -** Provide current documentation verifying the legal formation and status of the business entity, such as a corporation, LLC, partnership, or other registered entity. Documentation should be issued by the appropriate state or jurisdiction in which the entity is registered.

☐ **Health Department Documentation -** Provide a copy of the current health permit or other applicable Health Department documentation for businesses that prepare, handle, or serve food or conduct activities requiring Health Department approval.

☐ **Video Surveillance System (VSS) Affidavit, if applicable -** Required for convenience stores, gas/service stations, and businesses designated as high-risk. Submit an affidavit confirming the VSS is operational and compliant.

☐ **State & Local Alcohol License -** Provide the license for the current year.

☐ **Letter of Entertainment (LOE), if applicable -** Required for restaurants, take-out establishments, lounges, cafés, nightclubs, and similar occupancies, who have previously been approved to operate past 12:30am.

☐ **Privacy Act Statement -** Complete by reviewing and acknowledging with a signature.

☐ **Non-Criminal Justice Applicant's Privacy Rights -** Complete by reviewing and acknowledging with a signature.

DEKALB COUNTY BUSINESS & ALCOHOL LICENSE DIVISION

Phone: 404-371-2155, Option 5 **Email:** blicense@dekalbcountyga.gov

Location: 178 Sams Street, Decatur, GA **One-Stop Hours:** 8:30 AM – 2:00 PM

For current forms, checklists, and application information, visit the **DeKalb County Business & Alcohol License** webpage by scanning the QR Code below:

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

Alcohol & Business License Renewal Form

Business Contact & Occupational Tax Information

Business Account #: _____ Alcohol Account #: _____

Excise Account # (if applicable): _____

Business Name: _____

Business Address: _____

Business Phone #: _____

Business Email address: _____

Business Hours of Operation: _____

Georgia Gross Receipts (Prior Year):	
Number of Employees:	
E-Verify number:	
Federal Identification Number (FEIN)	
State Sales Tax I.D. Number	
Estimated Gross Receipts (2027)	
Estimated Number of Employees (2027)	

Alcohol Licensee Information

Full Name: _____

Home Address: _____

Email: _____

Phone number: _____

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

Alcohol & Business License Renewal Form

Alcohol Renewal Package (Select all applicable)

License Type		Cost
◯ Beer (only)		$600
◯ Wine (only)		$600
◯ Beer & Wine Combination		$900
◯ Liquor – Package/Wholesaler/Consumption- On Premise		$4,000
◯ Sunday Sales (On Premise Consumption only)		$1,100
◯ Additional Fixed Bar(s)	No. of Bar _____	$600
◯ Additional Movable Bar(s)	No. of Bar _____	$300
◯ Patio Permit		$100
◯ Wholesaler/Importer (Beer)		$600
◯ Wholesaler (Wine)		$600
◯ Fraternal Organization (Beer and/or Wine)		$500
◯ Fraternal Organization (Liquor)		$1,000

Sunday Sales (On-Premises Consumption only)

The last 12 months of sales information must be provided. If less than 12 months, provide the date of sales.

Start Date: _____ to End Date: _____

Select One	Gross Sales ($)	Percentage (%)
◯ Food and Food Service Sales	$	
◯ Rental of Rooms for Overnight Lodging	$	
Total Gross Receipts/Sales	$	**100%**

Authorized Business Agent or Personnel's Information:

Name:_____ Title: _____
Email:_____ Phone #: _____

Signature: _____ Date_____

Complete this section if you are not the business owner but are authorized to complete this renewal form on their behalf and are a representative of said company. By signing this document, you attest that all the information provided is true and accurate to the best of your knowledge.

Owner's Signature: _____ Date: _____

By signing this form, I certify that all information provided is true, accurate, and complete to the best of my knowledge. I understand that falsifying, misrepresenting, or omitting information on this document may result in penalties as outlined by the regulations and ordinances of Unincorporated Dekalb County.

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

Background Investigation Consent Form

With regards to my application for Alcoholic Beverage License and **DeKalb Code of Ordinances Sec. 4-50**, I hereby authorize the DeKalb County Business & Alcohol License Office to receive any criminal history record information pertaining to me, which may be in the files of any State or Local Criminal Agency in Georgia.

Last Name	First Name	Middle Name
Email Address	Phone Number	
Street	City	State	Zip
Sex	Race	Date of Birth
Signature	Social Security Number	Date*

(Not valid after more than 90 days)

Must be completed by all owners.

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

Acceptance and Acknowledgement

- Alcohol Renewal Application: are due by November 30 for the next calendar year. Renewal application postmarked after November 30 will be charged a ten (10) percent late payment penalty and interest charges of one (1) percent. The license will be revoked if not received by Dec 31 and will have to be reapplied for.

- **Licensee:** must always be a person and the licensee on file with our office must sign the renewal form. Do not complete this renewal form if you are planning any changes. Please contact our office for additional information.

- **Arrest Record:** Has the licensee, registered agent, partner or any other person having any financial interest in this business been arrested, indicted or convicted for an offense by any City, County, state, Federal Officer or any Governmental Authority within the last twelve (12) months? □ Yes □ No. If yes, please give full details:

_____

_____

- **Sunday Sales:** I certify that I have a working knowledge of the books and records of the above establishment and to the best of my knowledge that these figures are true and correct. I hereby affirm in accordance with **DeKalb County Ordinances 4-128; 4-149; and 4-164** that at least 60% of this establishment's food and beverage service for the last 12 months (365 days) is derived from the sales of food and food products. I further affirm that DeKalb County may request an audit, at any time, at the licensee's expense to verify these figures. I acknowledge Sunday Sales are only authorized from 11:30 noon Sunday until 2:30 a.m. Monday Morning.

I, hereby certify that said applicant and licensee signed this renewal application for after stating to me personal knowledge and understanding that all statements and answers made herein are complete, correct and true.

ON THIS THE _____ DAY OF
_____, 20 _____

_____
NOTARY PUBLIC

My Commission Expires: _____

I, do solemnly swear subject to criminal penalties that the statement and answers made by me to the foregoing questions in this renewal application are true and correct and no false or fraudulent information, statements or answers are made to procure granting of the County Privilege License on

ON THIS THE _____ DAY OF
_____, 20 _____

_____
Print Licensee Name

_____
Licensee Signature

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

No Change Affidavit – 20___

The undersigned, _____, being duly sworn, says the following:
(Licensee)

1. Have there been changes of ownership of the establishment? Yes☐ No☐ If yes, please explain

   _____

   _____

2. There have been no changes in any information and data contained in and furnished with my original DeKalb County Business Registration application.
3. In the past year, have you been convicted of or pleaded nolo contendere to a violation of any federal, state, or county law concerning crime of moral turpitude, misdemeanor, or violation of this Code directly relates to the business for which the certificate is sought? If yes, please explain the violation and provide the date of adjudication and the court of adjudication:

   _____

   _____

4. I am familiar with all laws, rules and regulations of the State of Georgia and all ordinances of DeKalb County covering the operation of the business establishment I will operate under this renewal.

I swear that all the information contained in the original application is true and I understand that such application is made a part of this renewal application and the renewal is based upon the information contained in the original application. DeKalb County sec. 15-45(a). A license issued pursuant to the provisions of this division shall be denied, suspended or revoked by the director if the licensee furnishes fraudulent or untruthful information in the original, renewal or transfer application for a license or omits information required in the original, renewal or transfer application for a license and for failure to pay all fees, taxes or other charges imposed under the provisions of this chapter.

_____
Licensee Signature

Sworn to and subscribed to before me

this _____ day of _____, 20 ____

_____
Notary Public

_____
My commission expires (SEAL)

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

Affidavit Verifying Status for County Public Benefit Application (SAVE)

O.C.G.A. § 50-36-1(e)(2)

_____ _____

Business Name **License #/Occupation Tax #**

Select applicable license type: ☐ Business Occupation Tax Certificate ☐ Alcohol License

By executing this affidavit under oath, as an applicant for a Business License/ Occupational Tax Certificate as referenced in O.C.G.A. § 50-36-1, from DeKalb County the undersigned applicant verifies one of the following with respect to my application for public benefit:

Do not check more than ONE option.

☐ 1) I am a United States citizen, 18 years of age or older.

☐ 2) I am a legal permanent resident of the United States 18 years of age or older

☐ 3) 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 also herby 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-l(e)(l), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: (i.e. driver's license, I-551, I-766, Passport, etc.) The secure and verifiable document provided with this affidavit can best be classified as (check one): ☐ Driver's License ☐ Passport

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, of the Official Code of the State of Georgia.

Executed on this the _____ day of _____, 20____.

SUBSCRIBED AND SWORN BEFORE ME

on this the _____ day of _____, 20____.

_____

Signature of Applicant

_____ _____

NOTARY PUBLIC Printed Name of Applicant

My Commission Expires: _____

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

Private Employer Affidavit

O.C.G.A. § 36-60-6(d)

_____ _____
Business Name **License #/Occupation Tax #**

Number of Employees (Companywide)_____

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees[1]

* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

If you select Section 1 (B), please **skip Section 2 and execute 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization
User Identification Number

_____
Date of Authorization

Section 3. I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on this the _____ day of _____, 20____.

SUBSCRIBED AND SWORN BEFORE ME

on this the _____ day of _____, 20____.

_____
NOTARY PUBLIC

My Commission Expires: _____

_____
Signature of Applicant

_____
Printed Name of Applicant

[1]Sec. 15-27 Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2 but not a form I.R.S. 1099.

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

Video Surveillance System (VSS) Affidavit

Chapter 15 of the Code of DeKalb County, Georgia • VSS Sec. 15-573(b)(6)–(7)

_____ _____
Business Name **License #/Occupation Tax #**

Select applicable license type: ☐ Business Occupation Tax Certificate ☐ Alcohol License

By executing this affidavit under oath, as an applicant for a Business License/Occupational Tax Certificate as referenced in **DeKalb Code of Ordinances Sec. 15-573**, the undersigned applicant verifies the following with respect to the business license renewal:

Do not check more than ONE option.

☐ 1) I am the business owner at: _____

☐ 2) I am a legal representative of the business at: _____

The above-named business is currently doing business as: _____

The undersigned applicant also verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document as identification with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as (check one): ☐ Driver's License ☐ Passport

I further verify that the Video Surveillance System (VSS) at the listed address is operational and in full compliance with applicable DeKalb County regulatory requirements.

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**.

Executed on this the _____ day of _____, 20____.

SUBSCRIBED AND SWORN BEFORE ME

on this the _____ day of _____, 20____.

_____
Signature of Applicant

_____
Printed Name of Applicant

_____
NOTARY PUBLIC

My Commission Expires: _____

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.3
You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.4

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/identity-history-summary-checks/identity-history-summary-checks-faqs.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

1 Written notification includes electronic notification but excludes oral notification.
2 https://www.fbi.gov/services/cjis
3 See 28 CFR S0.12(b).
4 See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

_____ _____

Print Name Date

_____

Signature

Must be completed by all owners.

Government Services Center
178 Sams Street
Decatur, GA 30030
404-371-2155 (o)
www.dekalbcountyga.gov/planning

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 197 4 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 197 4 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. **In** addition, any such agency **in** the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

_____
Print Name

_____
Date

_____
Signature

Must be completed by all owners.