

**CITY OF BUFORD  
LICENSING AND REVENUE SECTION  
ALCOHOL BEVERAGE UNIT**

2300 Buford Highway  
Buford, GA 30518  
(mailing and location)

Phone (770) 945-6761

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

---

1. **TYPE OF LICENSE:** (check one):  NEW  AMENDMENT
2. **ADMINISTRATIVE AND INVESTIGATIVE FEE:**  \$500.00 – ALL APPLICANTS
3. **TYPE OF BUSINESS:**
- |                          |                                |                          |       |
|--------------------------|--------------------------------|--------------------------|-------|
| <input type="checkbox"/> | Bona Fide Eating Establishment | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Hotel/Motel                    | Explain: _____           |       |
| <input type="checkbox"/> | Wholesale                      | _____                    |       |
| <input type="checkbox"/> | Super Market                   | _____                    |       |
| <input type="checkbox"/> | Convenience Store              | _____                    |       |
| <input type="checkbox"/> | Temporary Licensee             |                          |       |

Will live entertainment be offered? \_\_\_\_\_ If yes, Explain \_\_\_\_\_

---

---

4. **TYPE OF LICENSE AND FEES:**  
(Check all that apply)

**PAYMENT BY CERTIFIED FUNDS ONLY!!**

**RETAIL PACKAGE:**

- Beer \$500                       Wine \$500                       Beer & Wine \$1,000

**RETAIL CONSUMPTION ON PREMISES:**

- |                          |  |                          |                                      |
|--------------------------|--|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Beer \$1,000   | <input type="checkbox"/> | Wine \$1,000                         |
| <input type="checkbox"/> | Beer Sun. Sales \$250                                | <input type="checkbox"/> | Wine Sun. Sales \$250                |
| <input type="checkbox"/> | Beer & Wine Sun. Sales \$350                         |                          |                                      |
| <input type="checkbox"/> | Distilled Spirits \$4000                             | <input type="checkbox"/> | Distilled Spirits Sun. Sales \$1,000 |
| <input type="checkbox"/> | Additional Fixed Bars \$500 ea.                      | <input type="checkbox"/> | Movable Bars \$100                   |
| <input type="checkbox"/> | Hotel/Motel In-Room Service (Beer & Wine Only) \$100 |                          |                                      |

**PRIVATE CLUBS**

**SPORTS CLUB**

- Beer \$1,000                       Wine \$1,000
- Beer Sun. Sales \$250     Wine Sun. Sales \$250
- Beer & Wine Sun. Sales \$350
- Distilled Spirits \$4,000     Distilled Spirits \$1,000
- Additional Fixed Bars \$500 ea.                       Movable Bars \$100
- Hotel/Motel In-Room Service (Beer & Wine Only) \$100

**NON-PROFIT PRIVATE CLUB – VETERAN, ARMED SERVICES (e.g. American Legion, VFW), OR OTHER CLUB ORGANIZED UNDER THE LAWS OF THIS STATE**

- Beer \$100     Wine \$100                      Beer & Wine \$150
- Beer Sun. Sales \$25     Wine Sun. Sales \$25
- Beer & Wine Sun. Sales \$40
- Distilled Spirits \$600     Distilled Spirits Sun. Sales \$100
- Temporary License (Non-profit Civic Organization Only)  
\$25 per day, Maximum of 5 days

**WHOLESALE DISTRIBUTOR:**

**Based Within the City of Buford**

- Beer \$250     Wine \$250                       Beer & Wine \$500
- Distilled Spirits \$1000

**Based Outside the City of Buford**

- Beer \$500     Wine \$500                       Beer & Wine \$1,000

**Non-Profit/Private Club:**

- Beer \$100     Wine \$100                       Beer & Wine \$150
- Beer Sun. Sales \$25     Wine Sun. Sales \$25
- Beer & Wine Sun. Sales \$40                       Distilled Spirits \$600
- Distilled Spirits Sun. Sales \$100
- Temporary License (Non-Profit Civic Organization Only)  
\$25 Per Day, Maximum 5 Days

**NOTE: ONE HALF OF FEE DUE AFTER JULY 1<sup>ST</sup>**

---

5. **BUSINESS:**

(a) Business Name: \_\_\_\_\_

(b) Location: \_\_\_\_\_

Street Number

Street Name

City

State

Zip Code

Phone Number



- (b) Place of Incorporation: \_\_\_\_\_
- (c) State Parent Corporation, If Applicable: \_\_\_\_\_
- (d) Number of Shares of Capital Stock Authorized: \_\_\_\_\_
- (e) Number of Shares of Outstanding Stock: \_\_\_\_\_

(f) For corporations other than publicly held corporations subject to S.E.C. regulations, list officers, directors and principal shareholders with 10% or more of the stock:

<u>Name</u>	<u>Social Security No.</u>	<u>Position</u>	<u>Interest %</u>

(g) Is the corporation owned by a parent corporation or held by a holding company? \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

11. **FOR PRIVATE CLUBS ONLY:**

- (a) Date of organization under the laws if the State of Georgia: \_\_\_\_\_
- (b) State the total number of regular dues paying members: \_\_\_\_\_
- (c) Is any member, officer, agent or employee compensated directly or indirectly from the profits of the sale of distilled spirits beyond a fixed salary as established by it's members at annual any annual meeting or by it's governing board out of the general revenue of the club?
- (d) Attach minutes of the annual meeting setting salaries.

11. **PRIVATE CLUBS CONTINUED:**

(a) List officers, directors and principal shareholders:

<u>Name</u>	<u>Social Security No.</u>	<u>Position</u>

---

---

12. **FINANCING:**

- (a) Bank to be used by business, include branch: \_\_\_\_\_
- (b) State total amount of capital that is or will be invested in the business by any party or parties: \_\_\_\_\_
- (c) State total amount of funds invested by the owner: \_\_\_\_\_
- (d) State total amount of funds invested by parties other than the owner: \_\_\_\_\_
- (e) If Any capital is borrowed:

<u>Name of Lender</u>	<u>Date</u>	<u>Amount</u>	<u>Interest Rate</u>
-----------------------	-------------	---------------	----------------------

---

---

---

---

13. **GENERAL INFORMATION:**

- (a) Has owner and/or individual partner, shareholder, director or officer any financial interest in any manufacturer or wholesaler of alcoholic beverages? \_\_\_\_\_
- (b) Has owner and/or individual partner, shareholder, director or officer received any financial aid or assistance from any manufacturer of alcoholic beverages? \_\_\_\_\_
- (c) If answer is "yes" to either of immediate foregoing, explain: \_\_\_\_\_

- 
- 
- (d) Show hereunder any and all persons, corporations, partnerships or associations (other than persons stated herein as owner(s), directors or officers) who have received or will receive, as a result of your operation under the requested license, any financial gain or payment derived from any interest or income from the operation. Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under the license. In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with the names of the principal stockholders.
- (e) List all other businesses engaged in the sale of alcoholic beverages that you, the owner, or any individual, partner, shareholder, officer or director are interested in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past.

Name                      Name of Business                      Interest %

---

---

---

---

---

---

**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, GWINNETT COUNTY**

**I, \_\_\_\_\_, DO SOLEMNLY, 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.**

\_\_\_\_\_  
**APPLICANTS 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 HERewith, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.**

**THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.**

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

**(SEAL)**