

IF THE ANSWER IS "NO" TO EITHER OR BOTH (a) OR (b) ABOVE, PLEASE EXPLAIN PROPOSED METHODS TO RECTIFY THE INSUFFICIENT LIGHTING:

6. **FOR BONA FIDE EATING ESTABLISHMENTS ONLY:**

(a) NUMBER OF SQUARE FEET OF TOTAL FLOOR AREA: _____

(b) NUMBER OF SQUARE FEET DEVOTED TO DINING AREA: _____

(c) STATE SEATING CAPACITY EXCLUDING BAR AREA: _____

(d) DO YOU HAVE A FULL SERVICE KITCHEN? _____ INDICATE WHETHER THE FULL SERVICE KITCHEN CONTAINS A THREE(3) COMPARTMENT SINK _____, STOVE AND/OR GRILL PERMANENTLY INSTALLED AND APPROVED BY THE HEALTH AND FIRE DEPARTMENT, _____, REFRIGERATOR APPROVED BY THE HEALTH AND FIRE DEPARTMENT _____. IF ANSWER TO ANY OF THE IMMEDIATE FOREGOING IS NO, PLEASE EXPLAIN:

(e) STATE HOURS PREPARED MEALS OR FOODS ARE SERVED: _____

(f) STATE MAXIMUM NUMBER OF EMPLOYEES ON HIGHEST SHIFT: _____

(g) STATE NUMBER OF PARKING SPACES: _____

(h) STATE NUMBER OF PARKING SPACES DEVOTED TO HANDICAPPED PERSONS: _____

(i) WILL THE ESTABLISHMENT COMPLY WITH THE ADVERTISING PROHIBITION AS OUTLINED IN SECTION 7-2014 OF THE CITY OF BUFORD ALCOHOLIC BEVERAGE ORDINANCE? _____

7. **FOR BONA FIDE PRIVATE CLUBS ONLY:**

(a) NUMBER OF SQUARE FEET OF TOTAL FLOOR AREA: _____

(b) NUMBER OF SQUARE FEET DEVOTED TO DINING AREA: _____

(c) STATE SEATING CAPACITY EXCLUDING BAR AREA: _____

(d) DO YOU HAVE A FULL SERVICE KITCHEN? _____ INDICATE WHETHER THE FULL SERVICE KITCHEN CONTAINS A THREE(3) COMPARTMENT SINK _____, STOVE AND/OR GRILL PERMANENTLY INSTALLED AND APPROVED BY THE HEALTH AND FIRE DEPARTMENT, _____, REFRIGERATOR APPROVED BY THE HEALTH AND FIRE DEPARTMENT. IF ANSWER TO ANY OF THE IMMEDIATE FOREGOING IS NO, PLEASE EXPLAIN: _____

-
- (e) STATE HOURS PREPARED MEALS OR FOODS ARE SERVED: _____
- (f) STATE MAXIMUM NUMBER OF EMPLOYEES ON HIGHEST SHIFT: _____
- (g) STATE NUMBER OF PARKING SPACES: _____
- (h) STATE NUMBER OF PARKING SPACES DEVOTED TO HANDICAPPED PERSONS: _____
- (i) WILL THE ESTABLISHMENT COMPLY WITH THE ADVERTISING PROHIBITION AS OUTLINED IN SECTION 7-2014 OF THE CITY OF BUFORD ALCOHOLIC BEVERAGE ORDINANCE? _____

8. **FOR HOTEL/MOTEL ONLY:**

- (a) STATE NUMBER OF ROOMS AVAILABLE FOR HIRE TO GENERAL PUBLIC: _____
- (b) STATE NUMBER OF SQUARE FEET OF FLOOR SPACE DEVOTED TO RESTAURANT: _____
- (c) STATE NUMBER OF SQUARE FEET OF FLOOR SPACE DEVOTED TO DINING AREA: _____
- (d) STATE SEATING CAPACITY EXCLUDING BAR AREA: _____

EXPLAIN IF MORE THAN ONE DINING AREA _____

- (e) DO YOU HAVE A FULL SERVICE KITCHEN? _____ INDICATE WHETHER THE FULL SERVICE KITCHEN CONTAINS A THREE(3) COMPARTMENT SINK _____, STOVE AND/OR GRILL PERMANENTLY INSTALLED AND APPROVED BY THE HEALTH AND FIRE DEPARTMENT, REFRIGERATOR APPROVED BY THE HEALTH AND FIRE DEPARTMENT, _____. IF ANSWER TO ANY OF THE IMMEDIATE FOREGOING IS NO, PLEASE EXPLAIN: _____
- _____
- _____
- (f) STATE HOURS PREPARED MEALS OR FOODS ARE SERVED: _____
- (g) STATE MAXIMUM NUMBER OF EMPLOYEES ON THE HIGHEST SHIFT DEVOTED TO THE RESTAURANT OPERATION OTHER THAN THE RESTAURANT: _____
- (h) STATE MAXIMUM NUMBER OF EMPLOYEES ON THE HIGHEST SHIFT DEVOTED TO THE RESTAURANT OPERATION: _____

- (i) STATE NUMBER OF PARKING SPACES:

 - (j) STATE NUMBER OF PARKING SPACES DEVOTED TO HANDICAPPED PERSONS: _____
 - (k) WILL THE ESTABLISHMENT COMPLY WITH THE ADVERTISING PROHIBITION AS OUTLINED IN SECTION 7-2014 OF THE CITY OF BUFORD ALCOHOLIC BEVERAGE ORDINANCE? _____
9. **FOR SUPER MARKET/CONVENIENCE STORE ONLY:**
- (a) NUMBER OF SQUARE FEET OF FLOOR AREA: _____
 - (b) NUMBER OF SQUARE FEET OF FLOOR AREA DEVOTED TO THE SALE OF GROCERIES AND FOOD PRODUCTS:

 - (c) IS THE ESTABLISHMENT DEVOTED PRINCIPALLY TO THE RETAIL SALE OF GROCERIES AND FOOD PRODUCTS? _____. IF NO, EXPLAIN:

 - (d) STATE NUMBER OF PARKING SPACES: _____
 - (e) STATE NUMBER OF PARKING SPACES DEVOTED TO HANDICAPPED PERSONS: _____
 - (f) WILL THE ESTABLISHMENT COMPLY WITH THE ADVERTISING PROHIBITION AS OUTLINED IN SECTION 7-2014 OF THE CITY OF BUFORD ALCOHOLIC BEVERAGE ORDINANCE? _____
10. ATTACH A CERTIFIED SCALE DRAWING OF THE PROPOSED PREMISES BY A REGISTERED LAND SURVEYOR OR PROFESSIONAL ENGINEER, SHOWING THE DISTANCE FROM CHURCH AND SCHOOL.
11. ATTACH A CERTIFICATE OF A REGISTERED LAND SURVEYOR OR PROFESSIONAL ENGINEER THAT THE LOCATION COMPLIES WITH THE DISTANCE REQUIREMENT FROM CHURCH AND SCHOOL.
12. ATTACH EVIDENCE OF OWNERSHIP OF THE BUILDING OR PROPOSED BUILDING OR A COPY OF THE LEASE IF THE APPLICANT IS LEASING THE BUILDING.
13. IF THE APPLICANT IS A FRANCHISE, ATTACH A COPY OF THE FRANCHISE AGREEMENT OR CONTRACT.
14. IF A BONA FIDE EATING ESTABLISHMENT, ATTACH A COPY OF THE MENU(S).
15. (a) **IF THE BUILDING IS COMPLETE, ATTACH COPIES OF DETAILED PLANS OF SAID BUILDING AND OUTSIDE PREMISES.**

ALSO A COPY OF THE FLOOR PLAN.

- (b) IF THE BUILDING IS PROPOSED, ATTACH COPIES OF PROPOSED PLANS AND SPECIFICATIONS AND BUILDING PERMIT OF THE PROPOSED BUILDING TO BE BUILT.

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 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.

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 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

(SEAL)