

**ALCOHOLIC BEVERAGE LICENSE
INFORMATION & CHECK LIST**

A state license must be obtained before any alcoholic beverage can be served or sold in the City of Buford. Contact the **Georgia Dept. of Revenue at (404) 656-4252.**

All licenses must be renewed by **December 31** of each year or will be treated as new applications. All new managers and employees must be reported to the City Manager within 10 days of employment and obtain a permit from the City Marshall or his designee.

Before any license can be issued, you must contact the following departments for your final inspections:

1. Fire Department – 770-822-7688
2. Health Department (consumption only) – 770-963-5132
3. Inspection Department – 770-945-6761
4. City Clerk (Business License) – 770-945-6761

- Application form in duplicate.
- Premise/structure form in duplicate.
- Statement of personal history form for sole owner, partners, officers, directors and major stockholders of private corporations, and general manager in duplicate.
- Certified or Cashier's check for license fee.
- Certified or Cashier's check for investigative and administrative fee.
- If building is complete, copies of detailed floor plan. Also a copy of the site plan.
- If building is proposed, copies of proposed plans and specifications and a building permit of the proposed building to be built.
- Certified report of survey from registered land surveyor or professional engineer.
- Certified scale drawing showing location and distance to closest school building, educational building, school grounds, or college and to any church building.
- Evidence of ownership of the building or proposed building or copy of the lease, if applicant is leasing the building.
- If applicant is a franchise, copy of the franchise agreement or contract.
- For bona fide eating establishments only, copy of menu(s) attached.
- For bona fide private clubs only, minutes of annual meeting setting salaries for members, officers, agents, or employees.
- For partnerships only, partnership agreement attached.
- Excise tax reporting form (to be submitted monthly).
- Projected purchases/projected gross sales.
- If a corporation, include articles of incorporation.

CERTIFIED REPORT OF SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

City Manager
2300 Buford Highway
Buford, GA 30518
(770) 945-6761

APPLICANT: _____

TRADE NAME: _____

ADDRESS: _____

The undersigned has examined the subject location and has made measurements to determine the compliance or non-compliance with distance requirement pursuant to the Alcoholic Beverage Ordinance of the City of Buford. The undersigned understands applied the following criteria in making said determinations:

1. Church Distance requirement applies to any church building.
 (100 yards minimum, 50 yards for retail consumption on the premises).

2. Schools Distance requirement applies to any school building, educational building, school grounds, or college campus. The school building or educational building on a college campus shall apply only to state, county, city or church school buildings and to such buildings at such other schools in which are taught subjects commonly taught in the common schools and colleges of this State. Campus shall be defined as buildings used for educational purposes and the space adjoining such buildings necessary and convenient, and habitually used for educational purposes **(200 yards minimum, 100 yards minimum for retail consumption on the premises).**

Distance shall be measured in a straight line from the main entrance of the school or church building in question, to the main entrance of the establishment for the sale of alcoholic beverages in question.

_____ yards to any church building. Give names and locations.

_____ yards to any school building. Give names and locations.

In my opinion, the premises indicated above meets the requirements for licensing.

Georgia Registered Land Surveyor/Engineer

Number

NOTE: A scale drawing of the location of the proposed premises, showing the distances described as above, must be attached.

**PROJECTED PURCHASES/
PROJECTED GROSS SALES**

APPLICANT: _____

TRADE NAME: _____

ADDRESS: _____

Please provide the following projections for your establishment:

	Projected Purchases Of Distilled Spirits (in liters)	Projected Cross Sales of Mixed Drinks
Balance of Calendar Year 20 _____	_____	_____
Calendar Year 20 _____	_____	_____

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)

**AFFIDAVIT VERIFYING STATUS
FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Buford, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 City of Buford:

- _____ Retirement Benefits
- _____ Health Benefits
- _____ Disability Benefits
- _____ Alcoholic Beverage License
- _____ Occupational Tax Certificate (Business License)
- _____ Taxicab License
- _____ Pawn Brokers License
- _____ Massage Therapists License

for _____ (Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity).

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Printed Name

Date

* _____
Alien Registration number for non-citizens

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

Notary Public

*Note: O.C.G.A §50-36-1(e)(2) requires that aliens under federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:
