



**Cobb County
Business License Division
P.O. Box 649
Marietta, Georgia 30061-0649
Phone 770-528-8410**

**If you wish for this application to be hand delivered or
delivered via UPS or FedEx please do so at:**

1150 Powder Springs Street, Suite 400
Marietta, Georgia 30064
Web site Address - www.cobbcounty.org

Alcoholic Beverage License

Change of Licensee/Substitute Licensee Application

Change of licensee application is acceptable when **ONLY** the licensee of an existing alcohol licensed establishment is changing. Any change in ownership requires a change of ownership application. The change of licensee application must be approved and issued by the Cobb County Business License Division prior to the new licensee assuming the position as licensee. If the current licensee's employment is terminated the alcoholic beverage license is **VOID** and all sales of alcohol must cease.

Substitute Licensee application – The substitute licensee may serve as the licensee in the event the licensee leaves the business or is no longer qualified to be the licensee. **The substitute licensee must meet all the qualifications of the licensee and be in management capacity**, as defined in Section 6-1 of the Cobb County Code of Ordinances.

The check list below is applicable and required of the any licensee/substitute licensee.

Check off list and application for a Cobb County Alcoholic Beverage License

- 1. The application must be completed in its **entirety** before being accepted by the Business License Division. Each question must be answered. **Provide one original and one duplicate of the completed application and all attachments.** If you have any questions, please contact our office. Once the application has been **completed in its entirety and all requested attachments are included with the application and a duplicate copy has been made** you may contact Terry Reese at 770-528-2186, terry.reese@cobbcounty.org or Ellisia Webb at 770-528-8407, ellisia.webb@cobbcounty.org to schedule an appointment to submit the application. **APPLICATIONS WILL BE ACCEPTED BY APPOINTMENT ONLY.**
- 2. The application and all attachments must be typed or legibly printed in black or blue ink.

- ❑ 3. A personal statement must be submitted for the licensee/substitute licensee. The Business License Division Manager reserves the right to request personal statements on all stockholders, partners, and owners. (One personal statement packet is attached, pages 19-24).
- ❑ 4. Provide a seven (7) year driver's history for the licensee/substitute licensee. This report can be obtained from any State Department of Motor Vehicles/Drivers Services. Georgia Department of Drivers Services locations may be found at the following link: <http://www.dds.ga.gov/locations/locationlist.aspx>. If the licensee/substitute licensee has resided outside the State of Georgia within the previous seven years, a driver's history must be obtained from the previous state(s) of residence. **The (7) year driver's history must be dated less than thirty days from the time the application is submitted to the Business License Division.**
- ❑ 5. A list of the employees, including names, addresses, phone numbers, and positions, designated by the licensee of the business to receive communication, notices and/or court documents, including citations, **must** be listed in question 18 of page 9 of the alcoholic beverage application; failure to provide persons on question 18 may subject the application to denial. Failure of at least one of the persons listed in question 18 of page 9 to be at the business while the business is open will place the alcoholic beverage license in jeopardy. **This list must be updated and kept current with the Cobb County Business License office. Failure to keep this list current with the Cobb County Business License office will also place the license in jeopardy.**
- ❑ 6. Change of Licensee/Substitute Licensee applications will not be approved until the licensee/substitute licensee provides the Cobb County Business License Division a copy of the original certificate issued by a Cobb County approved workshop provider. The information for the RASS Workshop vendors is attached, see page 25.
- ❑ 7. Convenience Stores and Liquor Package Stores must complete the Camera affidavit on page 12.
- ❑ 8. Licensees/Substitute Licensees that are not U.S. Citizens must provide a copy of his or her permanent resident card (front and back) with the application. Naturalized citizens must provide a copy of his or her certificate of naturalization. This applies to the licensee/substitute licensee **and the spouse** of the licensee/substitute licensee. **Passports will not be accepted. (Applications for I-551 and pending applications for I-551 are not acceptable, other immigration statuses that allow legal entry into the United States are not acceptable.)**
- ❑ 9. A signed and notarized consent form must be provided for the licensee/substitute licensee, **and the spouses** of the licensee/substitute licensee, (pages 23 & 24)
- ❑ 10. Submit fingerprints electronically thorough the Georgia Application Processing Services (GAPS). Fingerprint instructions will be provided at the time the application is submitted. Sign the fingerprint affidavit on page 17, swearing the fingerprint process will be completed within 7 days of application submittal. Fingerprint submittal is **required of the licensee/substitute licensee only**. The application will not be processed without fingerprint submittal.
- ❑ 11. \$300.00 application fee

The **non-refundable** application fee is due at time of submittal and should be made payable to the Cobb County Business License Division **by business check or certified funds.**

- ❑ 12. Provide two (2) current 2X2 photos with the personal statement of the licensee/substitute licensee.
- ❑ 13. Provide a copy of the Certificate of Incorporation if the business is a corporation or a Certificate of Organization if the business is an LLC. Organizational papers are required to be submitted for Limited Liability Companies and Limited Liability Partnerships.

- ❑ 14. **LIQUOR POURING ONLY**- A three percent (3%) tax on the price of all drinks containing spirituous liquor, sold by the drink, must be collected by the liquor pouring license holder. This tax must be submitted on the appropriate tax form to the Cobb County Business License Division at P.O. BOX 649, Marietta, Georgia, 30061- 0649, utilizing the appropriate tax form. These taxes must be submitted by the twentieth (20th) of each month following the month the tax was collected. It is the responsibility of the license holder to obtain the appropriate tax forms from the Business License Division.
- ❑ 15. **SUBSTITUTE LICENSEE**– An application, personal statement, consent form, on the substitute licensee **and his/her spouse** and the same documentation required for a licensee may also be provided for a substitute licensee as provided in Section 6-92(f) of the Cobb County Code of Ordinances and may be submitted in addition to the licensee and approved as a substitute licensee to avoid the disruption of alcoholic beverage sales. The substitute licensee may serve as the licensee in the event the licensee leaves the business or is no longer qualified to be the licensee. **The substitute licensee must meet all the qualifications of the licensee and have management capacity**, as defined in Section 6-1 of the Cobb County Code of Ordinances. If you are applying using a substitute licensee, please note that check list items above, are also applicable and required of the substitute licensee.
- ❑ 16. **For pool tables utilized in the establishment, a separate business license application is required in addition to the alcoholic beverage application and approval is required for pool tables utilized in the establishment (\$110.00 regulatory fee.)**
- ❑ 17. For your information - **Employees must apply for a permit to serve/sell alcoholic beverages in Cobb County.** See attached Cobb County Alcohol Permit requirements per Section 6-207 of the Cobb County Code of Ordinances. To obtain a Cobb County Alcohol Server’s Permit, go to the Cobb County Police Permits Unit located at 154 North Marietta Parkway, Marietta, Georgia 30060, 770-499-3943. **It is the responsibility of the licensee that employees obtain alcohol server’s permits.** Failure of employees to comply will result in prosecution and possible suspension or revocation of business owner’s alcoholic beverage license.
- ❑ 18. All licensee/substitute licensees must complete the affidavits required by the Georgia Immigration Reform Act, pages 26-27.
- ❑ 19. All alcoholic beverage establishments **MUST apply for and receive a State Alcoholic Beverage License** prior to stocking and selling alcoholic beverages. State applications can be obtained by contacting the Georgia Department of Revenue Alcohol Division, visit their website at www.dor.ga.gov.
- ❑ 20. Alcoholic beverage establishments must also pay a Federal Special Tax to the Bureau of Alcohol, Tobacco and Firearms. For more information visit <http://www.ttb.gov/>.

NOTICE – Any and all false information provided to the Business License Division verbally or written will subject the person that provides this false information to prosecution to the full extent of the law and will subject the application to denial or revocation.

Application Procedures:

Upon receipt of the application, the Business License office will send the application to the Cobb County Police Permits Unit for investigation. No action can be taken regarding the application until the police investigation has been completed. The police investigation usually takes 10-14 business days but can take up to 60 days.

The Business License Division Manager will consider the application upon completion of the police department's investigation. The Business License Division Manager's decision will be based solely on the application's compliance with the Official Code of Cobb County Georgia., and the Business License Division Manager has no discretion in the decision regarding the license.

If the application is denied, the applicant will have ten days to appeal the decision to the License Review Board. Appeals are filed with the Business License Division. You will be notified of all hearing dates, times, and locations. The License Review Board routinely meets on the second and fourth Thursday of each month at 3:00 p.m. The appeal hearings are conducted in the Board of Commissioners meeting room, which is on the second floor of the Cobb County Building (Building A). 100 Cherokee St., Marietta, GA 30090.

Pursuant to the decision of the Business License Manager and the appropriate filing of an appeal, the appeal hearing will be scheduled for the next available meeting date. However, appeals must be received by the Business License Office a minimum of two weeks in advance of a License Review Board Hearing.

Decisions of the License Review Board may be appealed to the Board of Commissioners within ten days of the decision of the License Review Board.

A change of licensee application is acceptable when ONLY the licensee of an existing alcohol licensed establishment is changing. Any change in ownership requires a change of ownership application. The change of licensee application must be approved and issued by the Cobb County Business License Division prior to the new licensee assuming the position as licensee. If the current licensee's employment is terminated the alcoholic beverage license is **VOID and all sales of alcohol must cease.**



Cobb County
Business License Division
 P.O. Box 649
 Marietta, Georgia 30061-0649
 Phone 770-528-8410

**Application for Alcoholic Beverage
 Change of Licensee/Substitute Licensee**

Application Date _____
 License Number _____

Change of License () Substitute Licensee ()

LIQUOR	BEER	WINE	SUNDAY SALES
POURING ()	POURING ()	POURING ()	POURING () Restaurants & Hotels ONLY
PACKAGE ()	PACKAGE ()	PACKAGE ()	PACKAGE ()

Type of Business

Restaurant () Bar () Beer Pub () Bottle House () Convenience Store () Package Store () Grocery Store ()
 Nightclub () Poolroom () Corkage () Catering () Wholesaler () Manufacturer () Drugstore ()
 Other: _____

1. Type of Business: _____

2. Name doing business as: _____ Business Phone: _____

Corporation, Partnership, or Company Name: _____ Fax # _____

Business Address: _____

City: _____, State: _____ Zip: _____

3. Mailing Address: _____

City: _____, State: _____ Zip: _____

E-mail Address: _____

4. Licensee Full Name _____ Title/Position: _____
(Include all sir names)

SS # _____ - _____ - _____ Business Phone: _____ Home Phone _____
Cell/Alternate Phone _____

Home Address _____

City: _____, State: _____ Zip: _____

E-mail Address: _____

5. **Type of Ownership:** Sole Proprietor () Partnership () LLP () Corporation () LLC ()

6. **If Sole Proprietor** - Owner's Name: _____

SS# _____ - _____ - _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

7. **If Partnership or Limited Liability Partnership:**

List full name, date of birth, social security number, address, and percentage of ownership for each individual or board member, including all "limited" and "silent" partners, having any vested interest in this application. Attach additional lists if needed. (Attach any document indicating ownership, direct, indirect, or by default.)

Name	Position Held	DOB	SSN	Address	Phone #	% of Ownership
------	---------------	-----	-----	---------	---------	----------------

8. **If Corporation or Limited Liability Company:**

List full name, date of birth, social security number, address, and percentage of ownership for each individual or board member, including all "limited" and "silent" partners, having any vested interest in this application. Attach additional lists if needed. (Attach any document indicating ownership, direct, indirect, or by default.)

Name	Position Held	DOB	SSN	Address	Phone #	% of Ownership
------	---------------	-----	-----	---------	---------	----------------

9. List all stockholders by name, date of birth, social security number, address, phone number, and number of shares owned by each. Attach copies of all stock certificates (front and back) to the application.

Name	Position Held	DOB	SSN	Address	Phone #	#Shares
-------------	----------------------	------------	------------	----------------	----------------	----------------

10. Does the licensee, partner, member, manager, corporation, stockholder in the corporation, or any owner have any other vested interest in or ever been associated with any other alcoholic beverage license.

Yes () **No** () If yes, give complete name(s), address, and phone number(s) below.

11. List full name, address, and percentage of ownership for each firm or corporation having any interest in this application.

Corporate Name	Business Address	% Owned
-----------------------	-------------------------	----------------

12. List full name and other required information for spouse, parents, step-parents, parents-in-law, brothers, sisters, step-brothers, step-sisters, brothers-in-law, sisters-in-law, children, and step children, if such relatives are related to the licensee or any owner and have, or have had in the past, any license or any financial or ownership interest whatsoever in any business dealing in alcoholic beverages.

Name	Relationship	Residential Address	Business Name & Address	% Interest
-------------	---------------------	----------------------------	------------------------------------	-------------------

13. List the full name and address of every owner of the property and every owner of the building where this business is to be conducted.

Name of Property Owner/Building Owner	Address	Relation to applicant or owner(s)
--	----------------	--

14. List the full name and address of every lessor and sub-lessor of the property where the business is to be conducted.

Name	Lessor or Sub-Lessor	Address	Relation to applicant or owner(s)
-------------	-----------------------------	----------------	--

15. Has any individual, firm, partnership, or corporation been issued a license to sell alcoholic beverages at this location? _____. If Yes, give the name of the business, date closed, and reason for closing.

16. Name the person(s) that will be the manager(s) of this business, giving all pertinent information.

Name	SSN	Address	Phone #	% Interest (if any)	Compensation
-------------	------------	----------------	----------------	----------------------------	---------------------

17. List the name(s), address(es) and telephone number(s) of all managers and/or employees whom you designate to receive court documents, communications, citations, or notices required under the Alcoholic Beverage Ordinance at the location of the business. Failure of the licensee to designate a person(s) who will be at the place of business whenever the business is open to receive documents as stated, failure of the person listed to be present at the place of business during the business operation hours, and/or failure of the licensee to maintain a current list of such person(s) with the Cobb County Business License office shall be cause for denial of the alcoholic beverage license or revocation of the alcoholic beverage license. Attach additional lists if needed.

Name	Home Address	Home Phone Number	Position
------	--------------	-------------------	----------

18. Number of employees _____

19. State name of person or firm responsible for preparing and maintaining financial and tax records of this business, giving all pertinent information.

Name	Business Name & Address	Business Phone #
------	-------------------------	------------------

20. Has **this business entity** or any place of business associated in any form with the Corporation, LLC, Partnership, LLP, individual ownership, for which this application is submitted, or any owner, partner, shareholder, stockholder, licensee, officer, or employee of any owner, shareholder or entity of a shareholder in this application ever been cited, charged, indicted, have a pending charge, or been convicted at any time, for any violation of Georgia Law, Federal Law, or ANY rule or regulation of the State Revenue Commissioner or ANY rule, regulation, or ordinance of ANY city, county, or other Governmental unit?

Yes () No () If yes, give full details of all the above.

21. Have you (the applicant/licensee), your spouse, or any person having interest in this business or their spouse, ever been:

A. **Arrested** Yes () No () B. **Convicted** Yes () No ()

C. **Detained** Yes () No () D. **Indicted** Yes () No ()

E. **Pled Guilty** Yes () No () F. **Pled Nolo Contendere** Yes () No ()

G. **On Probation** Yes () No () H. **Any Pending Criminal Charge** Yes () No ()

I. If you answered “YES” to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

22. Have you (**the applicant/licensee**), your spouse, the licensee, the licensee’s spouse, any person having any interest in this business or their spouse ever had any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application will result in denial of the application or revocation of the license.)

23. Please indicate days and hours of operation for this business. _____

24. Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employees, owners, and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the number of hours required for each, and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required. What type of materials (written materials, signs, badges, etc.) are provided with the training of employees? Please include the materials with the application.

25. Have you read and do you understand all the provisions of the Cobb County and State of Georgia Alcoholic Beverage requirements as stated in Chapter Six of the Cobb County Code of Ordinances and Title Three of the Official Code of Georgia? **YES** or **NO** (circle one)

26. Are you aware that the sale of alcoholic beverages to an underage person(s) by you or your employees may result in the suspension or revocation of the alcoholic beverage license? **YES** or **NO** (circle one)

27. What written procedures do you have in place to ensure that alcoholic beverages are not sold to underage person(s) or intoxicated person? What procedures do you have in place to ensure that alcoholic beverages are not sold in violation of the Cobb County Code of Ordinances and State Law? Documentation relating to such procedures **MUST** be attached and an explanation as to their usage must be written below.

28. What technology, equipment, and/or products have been or will be implemented in this location to ensure compliance with County and State law? (Example: cash registers that require date of birth, cameras, signs, calendars, etc.) List, describe and indicate the number and location in the business

29. Estimated Gross Receipts, including sales from alcoholic beverages, from this location from the date the business opens through the remaining calendar year (**for convenience stores with gas, gas sales must be included in the estimate**) \$_____

30. Estimated date this location will be open for business (**if the business is already operating indicate the date on which the business wishes to begin to sell/serve alcohol**)._____

31. Whose responsibility is it to ensure that all your employees have alcohol server's permits?

**Cobb County
Business License Division
P.O. Box 649
Marietta, Georgia 30061-0649
Phone 770-528-8410**

TO BE COMPLETED BY CONVENIENCE STORES AND PACKAGE STORES

**AFFIDAVIT ATTESTING TO COMPLIANCE WITH SECTION 78-47 OF THE
COBB COUNTY CODE OF ORDINANCES**

I, _____, licensee (PRINT FULL NAME) of _____
(PRINT NAME OF BUSINESS)

located at _____ (PRINT COMPLETE
BUSINESS ADDRESS IN COBB COUNTY)

with Cobb County Business License Number _____, do swear or affirm that the above stated business at the above stated address has operating and functioning video camera(s) and recording device(s) that record and preserve the activities at all areas of the above stated business location where the sales transactions of the above stated business's merchandise occurs. I further swear or affirm that the video camera(s) and recording device(s) will be recording and preserving the activities at the business at all times that the business is open to the public, and I will ensure that the video record is maintained for 48 hours. I also understand that failure to be in compliance with any part of Section 78-47 of the Cobb County Code of Ordinances may result in civil and/or criminal action against me individually and suspension, denial or revocation of the business license and/or alcoholic beverage license issued by Cobb County.

All statements in this affidavit are true and made this _____ day of _____, 20____.

Signature of Licensee

Notary Public

Date

**Cobb County
Business License Division
P.O. Box 649
Marietta, Georgia 30061-0649
Phone 770-528-8410**
**FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT
(POURING ESTABLISHMENTS ONLY)**

NAME AND ADDRESS OF ESTABLISHMENT _____

LICENSEE'S NAME _____ LICENSE NUMBER _____

I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES. Financial reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals. This information must be provided from the financial records of the above establishment on a calendar year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED _____
(IF EXISTING BUSINESS, MUST BE 12 MONTH PERIOD. IF NEW BUSINESS, MUST BE 12 MONTH ESTIMATE)

Gross Receipts from Food Sales this period: \$ _____ (_____%)
Gross Receipts from Alcoholic Beverage Sales this period: \$ _____ (_____%)
Total Food Sales and Alcoholic Beverage Sales this period: \$ _____ (_____%)

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales:

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

CPA NAME (PRINTED)

NAME OF CPA FIRM

CPA SIGNATURE

BUSINESS ADDRESS/PHONE NUMBER

SWORN UNDER OATH THIS _____ DAY OF _____, 20____

SIGNATURE OF NOTARY PUBLIC

II. I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 12:30 p.m. until 12:00 midnight requires a valid alcoholic beverage pouring license, valid Sunday Sales pouring license, and that at least 50% of the licensed establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food.

I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license, including a Sunday Sales pouring license. I further affirm that I understand that the Cobb County Business License Division may audit our records to verify same at its discretion.

SIGNATURE LICENSEE

SWORN UNDER OATH THIS _____ DAY OF _____, 20____

SIGNATURE OF NOTARY PUBLIC

Sec. 6-207. Work permits.

(a) For whom required. It is the responsibility of the licensee and designee as stated in section 6-92(g) to ensure that the employees required under this code section obtain and possess the required work permit issued by the county police department prior to working. Employees for the purposes of this section shall include independent contractors. Failure of an employee to possess a work permit while selling or serving alcoholic beverages, as required by this section, shall be unlawful and will subject the employee and licensee to prosecution as provided in this chapter and shall be is grounds for suspension or revocation of the license. A permit to work in any of the following:

- (1) All employees of package stores.
- (2) All employees of convenience stores.
- (3) All employees of businesses with a pouring license who serve or sell alcohol, which shall include waitresses, waiters, and bartenders.
- (4) In all businesses for which an alcohol license has issued, except as provided in Section 6-207(b), all managers, employees serving in a managerial capacity, and any employee whether or not any such persons sells or serves alcohol.

The licensee to whom an alcoholic beverage license has been issued under this chapter shall not be required to obtain a work permit. Employee for the purposes of this section shall include independent contractors.

- (b) Not required. A work permit is not required of the following:
- (1) The licensee to whom an alcoholic beverage license has been issued under this chapter.
 - (2) An approved substitute licensee, as approved by the business license division.
 - (3) Any person authorized by law to serve alcoholic beverages and is working at a temporary, non-profit fundraising event for which an alcoholic beverage license has been issued under this chapter.
 - (4) Any person authorized by law to serve alcoholic beverages and is working at a temporary trade show event for which a temporary alcoholic beverage license has been issued under this chapter

(c) Application, issuance, denial. Except as otherwise provided, no person requiring a work permit may be employed by an establishment holding a license under this chapter until such person has been issued a work permit from the county police department indicating the person is eligible for employment. All applications required by this section shall be filed with and investigated by the police department, and such investigation shall include, among other things, an investigation of the criminal record, if any, of the applicant. No work permit shall be issued by the police department if the applicant has violated any of the provisions of Section 6-206 hereof. Any applicant who is denied an alcoholic beverage work permit shall have the right to appeal such decision to the license review board. Appeals to the license review board regarding the denial of an alcoholic beverage work permit must be filed with the business license division within 30 days of the denial. After a hearing, the license review board may approve or deny the work permit. The decision shall be final unless appealed in accordance with 6-207(i). In addition, after the hearing, the license review board may approve or recommend to the board of commissioner's approval of a work permit to an employee whose application was originally denied based upon any conditions deemed appropriate by the license review board, pursuant to Section 6-207(i). Denied applicants who fail to file a timely appeal shall not be authorized to reapply for an alcoholic beverage work permit for 12 months from the date of the denial.

- (d) Training of permit holders.
- (1) Licensees are required to provide information to all permit holders on provisions of the law of this state and ordinances regarding the sale of alcoholic beverages to intoxicated and underage persons and the penalties for violating such laws and ordinances.
 - (2) Licensees shall provide regular information, company alcohol sale/service policies and training to all permit holders on the methods, procedures and measures to be taken to request, obtain and examine proper identification of patrons to be certain that such patrons are of legal age to purchase alcoholic beverages. Training shall include the methods, procedures and measures to be taken to refuse sale/service to underage or intoxicated patrons. Training shall provide permit holders with the opportunity to demonstrate and practice skills required to comply with company policies for responsible alcohol sale/service. Training shall include a discussion of how permit holder's alcohol sale/service practices shall be monitored and enforced by management as well as law enforcement. Training shall include a discussion of the management and law enforcement consequences for violations. Training shall include a pre/post test to determine whether training objectives were met and by whom. Evidence of such training records shall be made available upon request for inspection by the county.

Licensee's Initials

- (3) Detailed records of such training, including the content, date, time, persons attending and copy of pre/post-test, shall be maintained for a minimum of 48 months of the training. Evidence of such training records shall be made available upon request for inspection by the county.
- (4) The failure of the licensee to comply with this subsection regarding the training of permit holders shall be grounds for due cause to suspend and/or revoke the license to sell alcoholic beverages.
- (e) Permit term. Any work permit issued under this section shall expire 12 months from the date of issuance unless earlier suspended or revoked as provided in this section.
- (f) Possession of permits by employees. Employees holding permits issued pursuant to this section shall at all times during their working hours have the permits available for inspection.
- (g) Exclusion. This section shall not apply to private clubs.
- (h) Work permit requirement. At all times that the business is open the licensee shall have at least one person on the premises who has a valid work permit.
- (i) Grounds for suspension, revocation. No permit which has been issued or which may hereafter be issued under this section shall be suspended or revoked except for due cause as defined in this subsection, and after a hearing and upon written notice to the holder of such permit of the time, place and purpose of such hearing and a statement of the charge or charges upon which such hearing shall be held. A minimum of three days' notice shall be provided to the applicant or permit holder. "Due cause" for the suspension or revocation of the permit shall consist of the violating of any laws or ordinances regulating the sale of alcoholic beverages or for the violation of any state, federal or local ordinances set out in Section 6-206; or for the omission or falsification of any material in any application; or for any reason which would authorize the refusal of the issuance of a permit; or any violation of this chapter. All hearings shall be before the license review board and shall be conducted in the manner provided in Section 6-147.

After the hearing, if the license review board may decide to:

- (1) Approve the work permit by an affirmative vote by a supermajority of the license review board. In such cases, the approval shall be final;
- (2) Approve the work permit by an affirmative vote of less than a supermajority of the license review board. In such cases the board of commissioners shall, within 60 days of the license review board's decision, review a summary of the of the appeal or show cause hearing before the license review board wherein the work permit was considered for issuance and the board of commissioners after such review will either concur with recommendations of the license review board or choose to place the matter down for a hearing; or (3) Deny, suspend, or revoke the work permit, when it is determined that due cause exists. The employee whose work permit was denied, suspended, or revoked may appeal the license review board decision to the board of commissioners. The board of commissioners shall, within 60 days of the license review board's decision, review a summary of the appeal or show cause hearing before the license review board wherein the work permit was considered for issuance, suspension or revocation (the summary shall be prepared by the business license division manager) and the board of commissioners after such review will either concur with recommendations of the license review board or choose to place the matter down for a hearing. Should the board of commissioners place the matter down for hearing the board of commissioners, after such hearing, may issue or deny the work permit, or suspend or revoke the work permit. After the final determination by the license review board or board of commissioners, a representative of the business license office will notify the Cobb County Police Department Permits Unit of the decision. If the permit was approved for issuance, the Cobb County Police Department Permits Unit will notify the applicant that the permit has been approved. The employee whose work permit was not issued or whose work permit was denied, probated, suspended or revoked may appeal the board of commissioner's decision pursuant to Section 6-147 hereof. The decision of the board of commissioners may be appealed by filing a petition for writ of certiorari to the Superior Court of Cobb County within 30 days of the decision of the board of commissioners.

Licensee's Initials

**COBB COUNTY ALCOHOL
WORK PERMIT
AFFIDAVIT**

I _____ licensee for, _____, located at _____, Georgia _____, applying for a Cobb County alcoholic beverage license do hereby swear or affirm that all employees and independent contractors prior to working in my establishment will have a valid Cobb County alcoholic beverage permit as required by the attached Section 6-207 of the Cobb County Code of Ordinances which I have initialed indicating that I have read it and understand its provisions. All statements in this affidavit are true and made this _____ day of _____, 20_____.

Signature of licensee

Notary Public

Date

**Cobb County Alcoholic
Beverage and Business License
Fingerprint Affidavit**

By executing this affidavit under oath, as an applicant for a Cobb County Alcoholic Beverage and Business License for _____ (name of business) I _____ (name of applicant) swear and affirm I will complete the fingerprint submission through the Georgia Bureau of Investigations GAPS system in compliance with O.C.G.A 3-3-2. I further swear and affirm the fingerprint submission will be completed within seven days of application submittal.

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

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__

Notary Public
My Commission Expires:

TO BE COMPLETED BY ALL APPLICANTS/LICENSEES LISTED IN THE APPLICATION

GEORGIA, COBB COUNTY

I, _____, SWEAR THAT THE FACTS AND STATEMENTS STATED BY ME IN THE ABOVE AND FOREGOING ANSWERS ARE TRUE AND COMPLETE, AND THAT NO FALSE OR FRAUDULENT STATEMENTS ARE MADE HEREIN, AND NO FALSE OR FRAUDULENT STATEMENT OR STATEMENTS HAVE OR WERE MADE IN ORDER TO PRODUCE THE GRANTING OF AN ALCOHOLIC BEVERAGE LICENSE.

I FURTHER CERTIFY THAT I WILL NOTIFY COBB COUNTY BUSINESS LICENSE DIVISION OF ANY CHANGE IN MANAGEMENT, LICENSEE OR OWNERSHIP IMMEDIATELY.

SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC

SIGNATURE AND TITLE OF
PERSON OTHER THAN APPLICANT
FILLING OUT THIS APPLICATION

TELEPHONE NUMBER

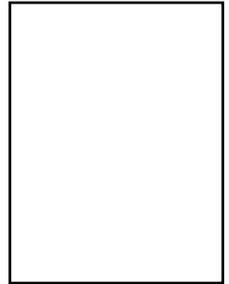
ALL QUESTIONS MUST BE ANSWERED

RECEIVED IN COBB LICENSE DEPARTMENT ON _____ AT _____

BY _____
BUSINESS LICENSE CLERK

DATE

Licensee/Substitute Licensee Personal Statement
(A photo of the applicant must be attached)



1. Full name of owner/licensee (Do Not Use Initials) _____
Include maiden name(s), alias(s), sir name, etc.
2. SS # _____ - _____ - _____ Business Phone _____ Home Phone _____
Cell Phone _____
3. Home Address: _____
(include city, state and zip)
4. Business Address: _____
(include city, state and zip)
5. Email Address: _____
6. Race: _____ Sex: _____ Age: _____
7. Place of Birth: _____ Date of Birth: _____
U.S. Citizen by (please check one): Birth _____ Naturalization _____ Not a Citizen _____
If naturalized: Certificate # _____

If not a citizen, complete the following:

Alien Registration #: _____ Native Country: _____

MUST PROVIDE COPIES OF IMMIGRATION DOCUMENTS

8. Number of years resided at your present address? _____
9. What has been your occupation for the past five (5) years? _____
10. What is your position title with the business submitting this application? _____
10. Are you: (Circle one)
Single Married Widowed Divorced Separated

*****If you have ever been married you are not single*****

11. If **married or separated**, complete the following information on spouse.

Full Name of Spouse: _____

Social Security No.: _____ Spouse's Maiden Name: _____

Place of Birth: _____ Date of Birth: _____

U.S. Citizen by (please check one): Birth _____ Naturalization _____ Not a Citizen _____

If naturalized: Certificate # _____

****If not a citizen, please complete the following****

Alien Registration #: _____

Native Country: _____

MUST PROVIDE COPIES OF IMMIGRATION DOCUMENTS

Is your spouse employed? **YES** or **NO** (circle one)

Name of spouse's employer: _____

Address of employer: _____

12. Give names and addresses of all immediate living relatives:

Father: _____

Mother: _____

Brother(s)/ Sister(s): _____

Father-in-law: _____

Mother-in-law: _____

Adult Children (over the age of 18) _____

13. Do you have financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the premises?

If yes, give details: _____

14. Do you or does your spouse or any relative have any financial interest, or are you or your spouse or any relative employed in any wholesale or retail alcoholic beverage business other than the business submitting the license application of which this personal statement is a part?

If yes, please give name, location, amount of interest, and/or type of employment in each.

15. List occupation(s) for the past five (5) years.

From Month/Year	To Month/Year	Duties/ Responsibilities	Employer	Employer Address/Phone	Reason for Leaving	Salary

16. Have you or your spouse ever been:

- A. **Arrested** Yes () No () B. **Convicted** Yes () No ()
- C. **Detained** Yes () No () D. **Indicted** Yes () No ()
- E. **Pled Guilty** Yes () No () F. **Pled Nolo Contendre** Yes () No ()
- G. **On Probation** Yes () No () H. **Any Pending Charges** Yes () No ()

I. If you answered “YES” to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

TO BE COMPLETED BY ALL /APPLICANTS/LICENSEES

I, _____, DO SOLEMNLY SWEAR, THAT THE FOREGOING STATEMENTS ARE TRUE. I UNDERSTAND THAT ANY FALSEHOODS ARE GROUNDS FOR AUTOMATIC DISMISSAL OF THIS APPLICATION.

I FURTHER CERTIFY THAT I WILL NOTIFY THE COBB COUNTY BUSINESS LICENSE DIVISION OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE, FULL NAME IN INK

NOTARY PUBLIC

DATE

TO BE COMPLETED BY THE LICENSEE/SUBSTITUTE LICENSEE, SPOUSE OF LICENSEE/SUBSTITUTE LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

CONSENT FORM

I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

FULL NAME PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX RACE DATE OF BIRTH PLACE OF BIRTH

SOCIAL SECURITY NUMBER ALIEN NUMBER (IF NOT A US CITIZEN)

SIGNATURE

NOTARY PUBLIC

DATE

TO BE COMPLETED BY THE LICENSEE/SUBSTITUTE LICENSEE, SPOUSE OF LICENSEE/SUBSTITUTE LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

CONSENT FORM

I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

FULL NAME PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

SOCIAL SECURITY NUMBER

ALIEN NUMBER (IF NOT A US CITIZEN)

SIGNATURE

NOTARY PUBLIC

DATE

RASS WORKSHOP PROVIDERS



t.i.r.v.TM

TRAINING INSTITUTE FOR RESPONSIBLE VENDORS, INC.

To register for a workshop please call our office at 404 – 531 – 9237.

www.tirv.net



To register for a workshop go to rassworkshops.com

<http://evindi.com/2015-rass-workshop>

STUMPE
&
ASSOCIATES
ATTORNEYS AT LAW

To schedule a private workshop email MLStumpe@gmail.com

THIS AFFIDAVIT MUST BE COMPLETED

O.C.G.A. § 50-36-1(e)(2) Affidavit

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 Cobb 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.
- _____ 2) I am a legal permanent resident of the United States.
- _____ 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 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. 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.)

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

Printed Name of Applicant

Applicant Phone Number

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20 ____.

NOTARY PUBLIC

My Commission Expires: _____

THIS AFFIDAVIT MUST BE COMPLETED

Private Employer Affidavit

Business Name: _____
Occupation Tax #: _____

NUMBER OF EMPLOYEES (COMPANY-WIDE):_(Required)

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

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.

*** 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 below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in 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

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20__.

NOTARY PUBLIC
My Commission Expires: _____

To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.