Cobb County Business License Division
P.O. BOX 649
Marietta, GA 30061-0649
Phone – 770-528-8410

1150 Powder Springs Street, Suite 400
Marietta, Georgia 30064

Temporary Alcoholic Beverage License for Non-profit Fundraiser

Once the application has been completed in its entirety and all requested attachments are included you may contact us at 770-528-8410 or eileen.deery@cobbcountry.org to schedule an appointment for application review. APPLICATIONS WILL BE REVIEWED BY APPOINTMENT ONLY. Once your application is reviewed and determined to be complete, you will upload the completed application utilizing the Georgia Tax Center (GTC) Centralized Alcohol Licensing portal, which can be found at https://dor.georgia.gov/centralized-alcohol-licensing-retail-licensees

1. Temporary alcoholic beverage applications will only be accepted from non-profit or charitable organization for a non-profit fundraiser or charitable fundraising event. The application must be completed in its entirety before being reviewed by the Business License Division. Each question must be answered; no question should be left blank. N/A will suffice when the question is not applicable. Provide one original and all attachments for review. If you have any questions, please contact our office at 770-528-8410. Once the application has been completed in its entirety and all requested attachments are included with the application contact us at 770-528-8410 or eileen.deery@cobbcountry.org to schedule an appointment for application review.

Applications should be reviewed by the Business License Division and uploaded to the Georgia Tax Center portal a minimum of 45 days prior to the event date. You will also be required to obtain a State License. The Georgia Tax Center (GTC) Centralized Alcohol Licensing portal.

2. The application and all attachments must be typed or legibly printed in black ink.

3. A personal statement must be submitted for the licensee. (One personal statement packet is attached)

4. A signed and notarized consent form must be provided for the licensee.

5. 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 and please provide evidence of non-profit Status as acknowledged by the IRS.

6. Provide a copy of a lease and/or sublease, contract, management agreement, and/or purchase agreement or deed for the property. All documents must be executed by all parties involved.

7. All temporary alcoholic beverage licenses must be considered by the Business License Division Manager who may approve the temporary license. Denial by the Business License Division Manager may be appealed to the Cobb County License Review Board.

8. The cost of the license is $25 per day per type of alcoholic beverage.
Application for Temporary Alcoholic Beverage License

Application Date ______________________
License Number: ______________________

<table>
<thead>
<tr>
<th>Liquor</th>
<th>Beer</th>
<th>Wine</th>
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<tbody>
<tr>
<td>Pouring ( )</td>
<td>Pouring ( )</td>
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<tr>
<td>Package ( )</td>
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1. Type of Event: ________________________________________________________________

2. Name doing business as: __________________________________ Phone: ________________
Corporation, Partnership, or Company Name: __________________ Fax # __________
Business Address: ______________________________________________________________
City: ____________________________, State: __________________ Zip: ______________
Address of Event _______________________________________________________________, City: ______ Zip: ______________

3. Mailing Address: _____________________________________________________________
City: ____________________________, State: __________________ Zip: ______________
E-mail Address: ________________________________________________________________

4. Licensee Full Name __________________________________ Title: ___________________
SS # ______-____-_____ Business Phone: __________________ Home Phone ________________
Cell/Alternate Phone __________________
Home Address _________________________________________________________________
City: ____________________________, State: __________________ Zip: ______________

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

6. If Sole Proprietor:

   Name   Position Held   DOB   SSN   Address   Phone #
   _____________________________________________________________
   _____________________________________________________________

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 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 any document indicating ownership, direct, indirect, or by default.)

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

9. Name of Property Owner   Address   Relation to applicant or owner(s)
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

10. List the full name and address of every lessor and sub-lessor of the property where the event is to be conducted.
   _____________________________________________________________

11. Name the person(s) that will be the manager(s) of this event.
   _____________________________________________________________

12. Please indicate the dates, day(s) and the hours of operation for this event.
   _____________________________________________________________

13. Please provide the complete address of the event including street number and suite.
   _____________________________________________________________
14. 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** (Please circle one)

15. What written procedures do you have in place to ensure that alcoholic beverages are not sold to underage person(s)? Please attach all documentation relating to such procedures and include an explanation as to their usage.

____________________________________________________________________________
____________________________________________________________________________

16. 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? Please attach all documentation relating to such procedures and include an explanation as to their usage.

____________________________________________________________________________
____________________________________________________________________________

17. Whose responsibility is it to ensure that all alcohol is secured and served responsibly?

__________________________________________________________________________

18. Please disclose the charity or charities that this fundraiser will benefit.

____________________________________________________________________________

19. Please indicate the percentage of the proceeds that will go to the charity or charities.

____________________________________________________________________________

20. Please describe the security that will be provided for this event in terms of personnel, procedures and facility arrangements. Attach pertinent documents describing policies and procedures regarding the security for the event.

____________________________________________________________________________
____________________________________________________________________________
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
Owner/ Licensee Personal Statement
(A photo of applicant must be attached)

1. Full name of owner/licensee (Do Not Use Initials) _____________________________________
   Include maiden name(s), alias(s), etc.

2. Social Security No. ____________ Business Phone ____________ Cell Phone ____________

3. Home Address: _______________________________________ Home Phone _______________
   (include city, state and zip)

4. Business Address: ______________________________________________________________
   (include city, state and zip)

5. Race: _______ Sex: ______________ Height: __________________ Weight: ______________
   Age: _______ Color of Hair: ______________ Color of Eyes: ___________________________

6. Place of Birth: __________________________ Date of Birth: ____________________________
   U.S. Citizen by (please check one): Birth ____ Naturalization ____ Not a Citizen _____
   If naturalized: Certificate # ____________________
   Date, Place, and Court: __________________________________ Certificate # ______________
   If not a citizen, please complete the following:
   Alien Registration #: ____________________ Native Country: _________________________
   Date and port of entry: ______________________

7. What is your position title with the business submitting this license application?
   _______________________________________________________________________
   _______________________________________________________________________

8. Have you 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.)
   _______________________________________________________________________
   _______________________________________________________________________
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)      NOTARY PUBLIC      DATE

_________________________
APPLICANT SIGNATURE, FULL NAME IN INK

_________________________
Date
TO BE COMPLETED BY THE LICENSEE

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

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

__________________________________________________________________________
SIGNATURE

__________________________________________________________________________
NOTARY PUBLIC               DATE
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.
Business Name

Business License #/Occupation Tax #

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:________________