



**Business License**  
2529 J.O. Stephenson Ave.  
Kennesaw, GA 30144

**Contact Information:**  
Phone: (770) 424-8274  
Fax: (770) 429-4559  
www.kennesaw-ga.gov

**License Application:**  
Alcoholic Beverage

## CHECKLIST

1. The application must be completed in its entirety before being accepted by the Business License Office. Provide one original and one duplicate of the completed application and all attachments.
2. The application and all attachments must be typed or legibly printed in black ink. The Business License Office reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible by the Business License Office.
3. A personal statement must be submitted for the licensee, each owner, each partner and each stockholder with 20% or more ownership. The Business License Department reserves the right to request personal information on all stockholders, partners and owners.
4. All applications for a new alcoholic beverage license will not be accepted unless the licensee provides a certificate of attendance by the licensee to an approved alcohol sales and service workshop for owners and managers per alcoholic beverage Ordinance Sec. 6-69.
5. Applicants for a license to sell alcoholic beverages on premises must attach a financial report to support the reported amounts on the Food Sales and Alcoholic Beverage Sales Affidavit or a CPA must attest to the reported sales on the Food Sales and Alcoholic Beverage Sales Affidavit. The Food Sales and Alcoholic Beverage Sales Affidavit must be signed by the licensee and the CPA (if completed by the CPA). This form must also be notarized.
6. The sale of alcoholic beverages on Sunday is only authorized for those licensees that possess a Sunday Sales permit. The sale of alcoholic beverages on premises must derive at least 50 percent of their total annual gross food and beverage sales from the sale of prepared meals to qualify for a Sunday Sales permit.
7. **POURING LICENSE APPLICATIONS ONLY** – Please provide the following:
  - a. Floor plan of the entire location
  - b. Structural plan indicating dining area, tables, bar area, kitchen, dance area, pool tables, games and other entertainment
  - c. Complete menu
  - d. Picture of the location (both inside and outside)
  - e. Health department certificate
8. Non U. S. Citizens must provide their original Immigration Card I-551 and naturalized citizens must provide their original certificate of naturalization for verification and copying by the Business License staff. This applies to the licensee, each owner, each partner and each stockholder with 20% or more ownership and the spouses of the licensee, each owner, each partner and each stockholder with 20% or more ownership. If none of the above exists, please provide original documents that authorize you to legally be in the United States.
9. A signed and notarized consent form must be provided for the licensee, each owner, each partner and each stockholder with 20% or more ownership and for the spouse of the licensee, each partner and each stockholder with 20% or more ownership.

10. The licensee must be fingerprinted by the City of Kennesaw Police Department. The licensee will obtain two (2) fingerprint cards from the Business License Department.
11. Two (2) photographs of the licensee, each owner, each partner and each stockholder with 20% or more ownership must be provided. The photographs must be 2x2 and less than a year old.
12. A \$350 nonrefundable application fee must be submitted with the application payable to the City of Kennesaw by certified check, cashier's check or money order or debit/credit card.
13. Submit a note of indebtedness if capital is borrowed. The note of indebtedness must include the parties' names and the terms of the agreement. If buying an existing establishment, provide a copy of the executed purchase agreement and if leasing the space, provide a copy of the lease agreement.
14. Provide a copy of the Certificate of Incorporation if the business is a corporation or a copy of the Certificate of Organization if the business is a LLC. Provide a copy of the Certificate of Partnership if the business is a Partnership or LLP.
15. Provide a distance survey completed by a certified surveyor. The surveyor must provide the specific distance in feet from the customer entrance of the proposed location to the nearest property line or structure listed in Ordinance Sec. 6-42 and 6-43. Each property must have the zoning designation clearly labeled. If the proposed location is in a shopping center the survey must indicate the location of the tenant space. Failure to provide an accurate survey is cause for administrative denial of the application. Surveys for liquor package stores must also indicate the specific distance in feet from the customer entrance to the nearest property line of the nearest liquor package store.
16. Zoning – The zoning of the proposed location must be noted on the application and must be verified by a City of Kennesaw Zoning staff member. The Planning & Zoning Department is located at the lower level rear entrance of Kennesaw City Hall at 2529 J. O. Stephenson Avenue, Kennesaw, GA 30144.

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

**LIQUOR PACKAGE ONLY** - Submit drawings or snapshots of the location of the existing building to show compliance with Sec. 6-100 of the Alcoholic Beverage Code.

Once the license is approved, all fees must be paid within fourteen (14) days or the license will be void. All alcoholic beverage license fees must be paid with a certified check, cash or debit/credit card.

Failure of employees to comply with obtaining an alcohol server's permit will result in prosecution and possible suspension or revocation of the business owner's alcoholic beverage license. (See Sec. 6-69 & Sec. 6-70).

All alcoholic beverage establishments must apply for and receive a State Alcoholic Beverage License prior to stocking and selling alcoholic beverages. A State Application can be obtained by contacting the Georgia Department of Revenue Alcohol Division at 404-417-4900.

**LICENSE FEES**

Business license fees/occupational taxes are in addition to the annual alcohol license fees stated below:

	POURING	PACKAGE
LIQUOR	\$3000	\$2000
BEER	\$550	\$300
WINE	\$550	\$300
GROWLER	\$200	\$200
SUNDAY SALES	\$550	\$300
OFF PREMISE	\$500	N/A
MANUFACTURER	N/A	\$3000
WHOLESALE	N/A	\$100
BOTTLE HOUSE	N/A	\$2000

ALCOHOL LICENSES APPROVED AND ISSUED AFTER JULY 1st WILL BE PRORATED FOR ½ YEAR.

The Mayor and City Council will initially consider the application on the Wednesday prior to the scheduled City Council meeting. The final decision will be made in a public hearing and a representative from the business must be present at the public hearing. **The Business License Department may make a recommendation but has no authority in the decision regarding the license.** Hearings are held at 6:30 PM the first and third Mondays of each month, with exceptions of holidays when the hearing is moved to Tuesday. Hearings are held in the Council Chambers located at the rear entrance of Kennesaw City Hall at 2529 J.O. Stephenson Ave, Kennesaw, Georgia 30144. If there are any questions regarding the alcoholic beverage application, please contact the Business License Department at (770) 424-8274.



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## APPLICATION

### Applying For (Check All That Apply):

- Liquor
- Beer
- Wine
- Growler
- Sunday Sales

### License Type (Choose one):

- Manufacturer
- Wholesaler
- Retail Package
- Retail Pouring

### Type of Establishment (Choose one):

- Restaurant
- Night Club
- Grocery Store
- Lounge
- Private Club
- Bottle House
- Convenience Store
- Indoor Entertainment Hall
- Hotel/Motel
- Package Store

### Business Type (Choose one):

- Sole Proprietor
- Corporation
- LLC
- Partnership
- LLP

### Please fill out the below information:

1. Full name of business: \_\_\_\_\_  
Doing Business As (DBA): \_\_\_\_\_  
Anticipated start date of business: \_\_\_\_\_
  
2. Business location: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

3. Do you have a certified survey of the location of the property? \_\_\_\_\_

Does the certified survey indicate that the business is within the designated distance of the following:

- |                                     |                 |         |        |
|-------------------------------------|-----------------|---------|--------|
| a. Private residence                | 300 feet radius | ___ Yes | ___ No |
| b. School or college                | 600 feet radius | ___ Yes | ___ No |
| c. Church                           | 600 feet radius | ___ Yes | ___ No |
| d. Public building                  | 600 feet radius | ___ Yes | ___ No |
| e. Hospital                         | 600 feet radius | ___ Yes | ___ No |
| f. Public park                      | 600 feet radius | ___ Yes | ___ No |
| g. Day care center*                 | 600 feet radius | ___ Yes | ___ No |
| h. Alcohol or drug treatment center | 600 feet radius | ___ Yes | ___ No |

**Package Sales have additional distance limitations as follows:**

**Package Sales Only (Liquor):**

- a. School or college      300 feet radius      \_\_\_ Yes      \_\_\_ No
- b. Church                    300 feet radius      \_\_\_ Yes      \_\_\_ No
- c. Day care center\*      300 feet radius      \_\_\_ Yes      \_\_\_ No
- d. Alcohol or drug      300 feet radius      \_\_\_ Yes      \_\_\_ No  
    treatment center

**Package Sales Only (Beer or Wine):**

- a. School or college      300 feet radius      \_\_\_ Yes      \_\_\_ No
- b. Alcohol or drug      300 feet radius      \_\_\_ Yes      \_\_\_ No  
    treatment center

\* Must accept GA Pre-K or HOPE Scholarship Monies

\* Must follow a prescribed state curriculum

See Code Sections 6-1, 6-42 and 6-43 for distance measurement definition and limitations.

**4. For Retail Pouring license, please indicate the following:**

Number of pool tables:

Number of video game machines:

Size of dance floor:

Amount of cover charge:

Will the location have a DJ, and if so, number of times per week:

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**5. How many square feet are the following:**

a. Dining area:

b. Bar area:

c. % of total dining space that is a bar area:

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Is this location new construction or pre-existing? \_\_\_\_\_

How is the proposed location zoned? \_\_\_\_\_

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**This section is to be completed and signed by the City of Kennesaw Zoning staff:**

Zoning verified by City of Kennesaw Zoning Division staff member \_\_\_\_\_

*If this is an application for a new establishment, attach proof of adequate parking facilities of one (1) off street parking space for each (200) square feet of total floor area within the building in conformity with the zoning ordinance and regulations of the City of Kennesaw.*

If new establishment, parking verified by the Zoning Division staff member \_\_\_\_\_

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**If Partnership or LLP:**

6. Partnership of LLP Name: \_\_\_\_\_

Partner/Member: \_\_\_\_\_  
Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
% of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_

Partner/Member: \_\_\_\_\_  
Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
% of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_

**\*\*Attach additional sheets if needed\*\***

**If Corporation or LLC:**

7. Corporation or LLC Name: \_\_\_\_\_

President/Member: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
% of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_

VP/Member: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
% of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_

Secretary/Member: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
% of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_

Treasurer/Member: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
% of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_

\*\*Attach additional sheets if needed\*\*

If the business listed in questions 6 or 7 is owned by another firm or corporation, provide the information requested in questions 8 and 9.

8. List corporate name, business name, and % of business owned by the corporation

Corporate Name	Business Name	% Owned
_____	_____	_____
_____	_____	_____

9. List name, position, social security number, address, and % owned for each board member of the corporation listed in question 8.

Name	Position	SSN	Home Address	% Owned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Is the licensee or any owner listed in questions 6 – 9 currently holding an interest or ever been associated with any alcoholic beverage establishment? If yes, list below.

Licensee/Owner Name	Business Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. List full name and other required information of relatives of the licensee or owners who have or have had any license or any financial or ownership interest in any alcoholic beverage business.

Name/Relationship	Home Address	Business Name/Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. List the full name and address of the property owner on which the business is to be conducted.

Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_

13. State the total amount of capital funds to be invested in this business.

\$ \_\_\_\_\_

14. State the amount of personal funds invested by the following:

Licensee/Owner \$ \_\_\_\_\_  
Other Owners \$ \_\_\_\_\_

15. If capital is borrowed, provide the following and attach a copy of the note (s) or evidence of indebtedness, with all attachments, to this application.

Name of Lender	Address	Amount	Date	Interest Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Name the person (s) that will be the manager of this business and provide the following information.

Name	Address	Compensation
_____	_____	_____
_____	_____	_____

17. Provide the name and address of your CPA or accounting firm:

Name	Address
_____	_____
_____	_____

18. Has the *business or any business associated with this business* 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 the City of Kennesaw, Cobb County or other governmental unit? Yes  No

If yes, give full details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Has the licensee, the licensee’s spouse or any person having ownership interest in this business or their spouse been:

Arrested	___ Yes	___ No	Convicted	___ Yes	___ No
Detained	___ Yes	___ No	Indicted	___ Yes	___ No
Pled Guilty	___ Yes	___ No	Pled Nolo Contender	___ Yes	___ No
On Probation	___ Yes	___ No	Any Pending Criminal Charge	___ Yes	___ No

If you answered “YES” to any of these questions, list below in complete detail the name, dates, charges, places of arrest and disposition of charge (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 provided.

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20. Has the licensee, the licensee’s spouse or any person having ownership 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 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 provided.

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21. Indicate the type of alcohol awareness training and the number of hours of training that is required of owners and employees selling alcoholic beverages for the business. Also, indicate if training is required annually and the number of hours required.

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22. What types of materials (written materials, signs, badges, etc.) are provided with the training of the employees?

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23. Have you read and do you understand all the provisions of the City of Kennesaw and State of Georgia Alcoholic Beverage requirements as stated in Chapter Six (6) of the City of Kennesaw Code of Ordinances and Title III of the Official Code of Georgia.

Yes  No

24. 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  No

25. What procedures do you have in place to ensure that alcoholic beverages are not sold to underage person (s) or any other violation of the City of Kennesaw Code of Ordinances and State Law? Please attach all documentation relating to such procedures and include an explanation as their usage.

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26. What technology, equipment and products have been or will be implemented in the location to ensure compliance with the City of Kennesaw, Cobb County and State Law? Examples include cash registers that require the date of birth to be entered, cameras, signs and calendars). Describe below:

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27. Estimated gross receipts from this location for the remaining calendar year: \$ \_\_\_\_\_

28. List occupations for the past ten years. Include dates of employment and positions.

From/To Month/Year	Company	City	State	Position/Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

29. List previous residences of the licensee for the past ten years.

From/To Month/Year	Address	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

KENNESAW, GEORGIA  
COBB COUNTY

I, \_\_\_\_\_ being duly sworn according to law, do swear that the facts and things stated by me in the above and foregoing answers to questions are true and no false or fraudulent statement is made herein and such answers were made in order to procure the granting of such a license.

I have received a copy of the City of Kennesaw Alcoholic Beverage Code and I am aware that all licenses must be obtained and fees paid no later than two weeks from the date of approval of this application by the Mayor and Council.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse of Applicant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature and title of person other than applicant filing out this application

\_\_\_\_\_  
Phone Number

Application received in Business License Office:

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Application to be heard by Mayor & Council

Date & Time: \_\_\_\_\_

**A REPRESENTATIVE MUST BE PRESENT AT THE MAYOR & COUNCIL MEETING**



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Alcoholic Beverage

## FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT TO BE COMPLETE BY RETAIL POURING APPLICANTS ONLY

NAME OF ESTABLISHMENT: \_\_\_\_\_  
ADDRESS OF ESTABLISHMENT: \_\_\_\_\_  
LICENSEE'S NAME: \_\_\_\_\_

FOOD SALES AND ALCOHOLIC BEVERAGE SALES: Financial reports must be attached to support the reported total or CPA certification must be completed attesting to the reported sales. 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 A 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 alcohol 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 sale totals for the period specified.

CPA NAME (PRINTED)	NAME OF CPA FIRM	PHONE	
CPA SIGNATURE	BUSINESS ADDRESS	CITY/STATE	ZIP
SIGNATURE OF NOTARY PUBLIC	SWORN UNDER: OATH THIS	DAY OF	, 20

I hereby affirm and understand that the privilege of selling alcoholic beverages on Sunday from 12:30 p.m. until Monday 2:55 p.m. requires 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 the alcoholic beverage pouring license, including the Sunday Sales pouring license. I further affirm that I understand that the City of Kennesaw Business License Division may audit our records to verify same at its discretion.

\_\_\_\_\_  
Signature of Licensee/Owner

Sworn under oath this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_ Notary Public



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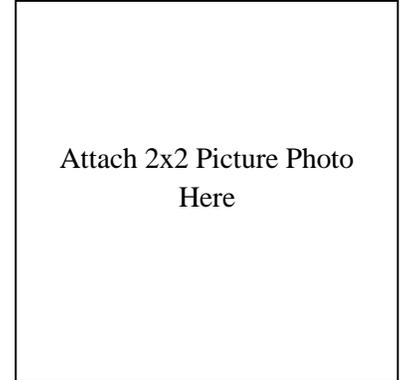
## OWNER/LICENSEE PERSONAL STATEMENT INFORMATION

1. Full name of licensee (No initials): \_\_\_\_\_  
(Include maiden names and alias names if any)

2. Phone Numbers:  
a. Business: \_\_\_\_\_  
b. Cell: \_\_\_\_\_  
c. Home: \_\_\_\_\_

3. Home Address: \_\_\_\_\_

4. Business Address: \_\_\_\_\_



5. Please fill out the following:  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Color of Hair: \_\_\_\_\_  
Race: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

6. Social Security #: \_\_\_\_\_

7. Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_  By Birth  Naturalized

If a naturalized citizen, provide certificate #: \_\_\_\_\_

and submit original naturalization certificate or U. S. Passport

If a legal permanent resident, provide alien registration #: \_\_\_\_\_

and submit copy of I-551 card

Derived Parents Certificate #'s: \_\_\_\_\_

Date & Port of Entry: \_\_\_\_\_

8. How long have you resided in the City of Kennesaw or Cobb County? \_\_\_\_\_

9. Number of years at this present address? \_\_\_\_\_

10. Are you (Choose one):  Single  Married  Widowed  Divorced

11. If married, complete the following information on spouse.

Full Name of Spouse: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Spouse's Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Name of spouse's employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_  By Birth  Naturalized

If a naturalized citizen, provide certificate #: \_\_\_\_\_

and submit original naturalization certificate or U. S. Passport

If a legal permanent resident, provide alien registration #: \_\_\_\_\_

and submit copy of I-551 card

Derived Parents Certificate #'s: \_\_\_\_\_

Date & Port of Entry: \_\_\_\_\_

12. Give names and addresses of all children and stepchildren (regardless of age).

Full Name	Address	Age	Birth Place
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Give names and addresses of all immediate living relatives.

	Full Name	Address
Parents:	_____	_____
Siblings:	_____	_____
In-Laws:	_____	_____
	_____	_____

14. Do you or your spouse have financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverage are sold and consumed on the premises? If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Are you or your spouse related to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Education: List name of schools attended, address, dates of attendance and degrees earned.

M/YR	to	M/YR	School	Address	City	State	Degree
_____		_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____



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## OWNER/LICENSEE PERSONAL FINANCIAL STATEMENT

Name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Residence Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Name of Spouse: \_\_\_\_\_  
 Business/Organization: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Partner/Officer in any other business?  Yes  No

### Assets

Cash on hand in banks \_\_\_\_\_  
 Accounts Receivable \_\_\_\_\_  
 Stocks & Bonds \_\_\_\_\_  
 Real Estate \_\_\_\_\_  
 Cash value of Life Insurance \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Deposit Accounts \_\_\_\_\_  
 Credit w/ Financial Institutions \_\_\_\_\_  
 Other Assets (Itemize) \_\_\_\_\_

**Total Assets** \_\_\_\_\_

### Liabilities

Notes payable to banks - Secured \_\_\_\_\_  
 Notes payable to banks - Unsecured \_\_\_\_\_  
 Accounts Payable \_\_\_\_\_  
 Unpaid Taxes \_\_\_\_\_  
 Mortgage on Real Estate \_\_\_\_\_  
 Other Debts (itemize) \_\_\_\_\_  
 Total Liabilities \_\_\_\_\_  
 Net Worth \_\_\_\_\_

**Total Liabilities & Net Worth** \_\_\_\_\_

Source of Annual Income \_\_\_\_\_  
 Bonus & Commissions \_\_\_\_\_  
 Alimony, Child Support, or Separate Income \_\_\_\_\_  
 Itemize all loan sources & Interest \_\_\_\_\_  
 Other Income (Itemize) \_\_\_\_\_

**Total Income**

Salary \_\_\_\_\_  
 Dividends \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Unsatisfied judgments or lawsuits pending?  Yes  No  
 Are any income tax returns made by you for prior years being contested?  Yes  No  
 If so, what do you estimate as the additional amount you may be required to pay? \_\_\_\_\_  
 Are any assets pledged or joint names other than as described above?  Yes  No  
 Have you ever been declared bankrupt?  Yes  No  
 Do you have a will?  Yes  No  
 Who is named as your executor?  Yes  No

Beneficiary: \_\_\_\_\_  
 Executor: \_\_\_\_\_

As of \_\_\_\_\_ 20\_\_\_\_



**Business License**  
2529 J.O. Stephenson Ave.  
Kennesaw, GA 30144

**Contact Information:**  
Phone: (770) 424-8274  
Fax: (770) 429-4559  
www.kennesaw-ga.gov

**License Application:**  
Alcoholic Beverage

## BUSINESS LICENSE CONSENT FORM

Please choose one:  NEW  RENEWAL

I \_\_\_\_\_, HEREBY AUTHORIZE THE CITY OF KENNESAW POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD AND/OR DRIVER'S HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN THE STATE OF GEORGIA FOR THE PURPOSE :

- Alcohol License
- Bail Bond License
- Taxi Cab License
- Massage Therapist License
- Pawn Shop License
- Precious Metal

\_\_\_\_\_  
NAME OF ESTABLISHMENT

\_\_\_\_\_  
LOCATION

\_\_\_\_\_  
FULL NAME (PLEASE PRINT)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
SEX

\_\_\_\_\_  
RACE

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
COMMISSION DATE

**\*ALCOHOL LICENSE APPLICANTS: TO BE COMPLETED BY THE LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES, AND STOCKHOLDERS WITH 20% OR MORE SHARES AND THEIR SPOUSES.**

.....  
**Official Use Only:**

GCIC Operator number: \_\_\_\_\_ Business License Clerk: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reviewed by Police Chief/Deputy Chief or Designee: \_\_\_\_\_



# EXAMPLE OF SURVEY



- Nearest Residential Property - 136' (Cemetery)
- Nearest Church - 872' (Door-Door, Shiloh UMC)
- Nearest School - Greater Than 600'
- Nearest Library - Greater Than 600'
- Nearest Alcoholic Treatment Center - Greater Than 600'



## ALCOHOLIC BEVERAGE SURVEY - CONSUMPTION ON PREMISES

~~ORIENTAL STREET, SMYRNA, GA~~

Land Lot ~~10~~ of the ~~10~~ District, ~~10~~ Section  
Cobb County, City of Kennesaw, Georgia

LOCATED IN  
LAND LOTS  
● DISTRICT  
● SECTION  
Cobb COUNTY,  
CITY OF Kennesaw  
GEORGIA

	JOB NO.	3784	REVISIONS	DATE
	DRAWN BY:	jo		
	CHECKED BY:	DLP		
	DATE	3-10-04		
	SCALE	1"=200'		
	FIELD DATE	3-09-04		