



City of Riverdale  
 Community Development Dept.  
 971 Wilson Rd., Riverdale 30296  
 Phone: 770-996-3397  
 Fax: 770-996-9913  
 www.riverdalega.gov

<b>Please Check One</b>	
New Application	_____
Change of Owner	_____
Change of Address	_____
Change of Business Name	_____

**BROWN BAGGING ALCOHOL PERMIT APPLICATION**

**TYPE OR PRINT CLEARLY**

Applicants are to complete the application packet using information, Applicants must complete, sign and notarize this application and attach any additional exhibits requested. Every question must be correctly answered. Failure to complete the application and answer all questions will result in a delay for consideration and may result in denial of a license. Failure to verify the application contents under oath will deny approval of your application. If the space provided within this application is not, sufficient to answer the questions, supply your answers on a separate sheet of paper and indicate in the space provided, that a separate sheet is attached. Submit the completed application, supporting documentation and the associated fee(s) to the Planning, Community Development and Business Service Department, of the City of Riverdale, located at the address listed above. Acceptable forms of payment of fees are [Money Order, Cashier Check, Debit and / Credit Cards], personal checks are prohibited.

Type of Business	Comments
Sole Proprietors	This form of business requires the sole owner of the business to complete and submit the application. This person will also need to complete an Alcohol Permit Application as well.
Partnerships	This form of business requires at least one (1) member of the partnership to complete and submit the application. All partners will be required to complete an Alcohol Permit Application
Corporations	This form of business requires applications to be submitted in the name of the corporation. Where indicated, recorded information must be supplied for each director, officer, and holder of more than twenty (20%) percent ownership of outstanding shares of stock. All shareholders possessing twenty (20%) percent or more ownership of outstanding shares of stock will also be required to complete an Alcohol Permit Application.

**FOR OFFICIAL USE ONLY**

**Date Application Received:** \_\_\_\_\_ **License Registration Fee:\$50.00**

**TOTAL APPLICATION FEES DUE \$** \_\_\_\_\_

**GENERAL APPLICATION INFORMATION:**

1. Date of this Application: \_\_\_\_\_ License For the Year of: \_\_\_\_\_

2. Type of License: Brown Bagging

**NOTE: Brown-bagging is prohibited within the corporate limits of the city unless the business has met the requirements of this article:**

**Any establishment list as defined in the Non-Alcohol retail establishment may purchase an annual permit so as to permit brown bagging on such premises. The establishment, location must be zoned to allow consumption of alcoholic beverages on site and the applicant must follow the standard application process as required for any alcoholic beverage license request. The fee for an annual permit shall be listed in the schedule of fees as set by resolution of the city council, which amount shall remain in effect until modified or amended by subsequent resolution adopted by the city council, and shall be renewed annually.**

3. Business Type:

\_\_\_\_\_ Sole Proprietorship      \_\_\_\_\_ Partnership      \_\_\_\_\_ Corporation

4. Legal Business Name:

\_\_\_\_\_

5. Full address of the business for which license is applied:

\_\_\_\_\_

P.O. Boxes Are Prohibited

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tel. # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

6. Full Name of Applicant/Registered Agent:

\_\_\_\_\_

7. Permanent or Registered Address of Applicant/Registered Agent:

\_\_\_\_\_

P.O. Boxes Are Prohibited

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tel. # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

8. Is the listed address your legal and bona fide domicile? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for how long? \_\_\_\_\_ If less than ten (10) years give your previous & legal address and the length of time you resided at such address for the remainder of the last ten (10) years.

9. List previous legal addresses in reverse chronological order for the last ten (10) years and length of time at each address. (Attach additional sheets if needed)

10. Provide the following information for each partner to be included in the proposed business:

Name	Date of Birth	Address	% of Ownership

**CORPORATE APPLICANTS ONLY:**

11. Provide the following information for each director, officer, and holder of 20% or more of the outstanding shares of the corporation:

Name	Date of Birth	Address	% of Ownership

12. Is the corporation a Georgia corporation or registered to do business in the State of Georgia? Yes \_\_\_\_\_ No \_\_\_\_\_ A current certificate from the Secretary of State must be attached:

**ESTABLISHMENT STANDARDS:**

13. Do you own the building in which the proposed business is to be located? Yes \_\_\_\_\_ NO \_\_\_\_\_

Are you the owner of the land? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes to either or both, state your respective ownership: (A copy of your Warranty Deed must be attached) If no, to either, provide the following: (a current lease agreement to the premises must be attached)

NAME OF PROPERTY OWNER	FULL BUSINESS ADDRESS	TELEPHONE NUMBER

14. What is the zoning classification of the proposed premises? \_\_\_\_\_

15. Describe the front entrance of the proposed premises in relation to the street on which the premises fronts:

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16. Are any other businesses operating within the same building? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, provide names of business and address:

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17. Do any passageways connect your business with any other businesses in the building? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Does your business share any common areas with other businesses in the building? Yes \_\_\_\_\_ No \_\_\_\_\_

## Application Verification

STATE OF GEORGIA, CLAYTON COUNTY  
CITY OF RIVERDALE

I, \_\_\_\_\_ do solemnly swear or affirm, subject to the penalties of false swearing, that the statement and answers on these pages 1 thru 7 made by me, as the applicant, in the foregoing Alcohol and Liquor application are true and correct.

No person shall knowingly or intentionally misrepresent to any employee of the City any material fact in procuring a license, permit, duplicate license. Any person violating the governing of an alcohol license is subject to misdemeanor charges.

I hereby certify under penalty of perjury, that the information provided herein is to the best of my knowledge and belief, a true and complete statement. I understand that this is not a license and that no business activity may commence until an Occupational Tax and Alcohol License is issued.

X \_\_\_\_\_  
**Applicant's Signature (Full Name)**

I hereby certify that \_\_\_\_\_ **(the above named applicant)** signed his or her name to the foregoing application, stating to me that he or she knew and understood all statements and answers made therein, and under oath actually administered by me, has sworn or affirmed, that said statements and answers are true and correct.

This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

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

**SPECIAL NOTES**

- **Brown Bagging Licenses are not transferable** – If you sell your business, it is your responsibility to notify this office so your license may be closed. The new owner must apply for a separate alcohol license. This office must be notified regarding any changes in business activity, name or location change.
  
- **If the business closes -** If your business ceases operating and / or closes, it is the responsibility of the owner to notify this office.
  
- **Brown Bagging License Renewal -** Alcohol licenses are issued for the period of January 1<sup>st</sup> thru December 31<sup>st</sup>. If you obtain an alcohol license any time during the year they will still expire on December 31<sup>st</sup>. Renewal Applications will be issued approximately 14 days before the expiration date.

**OFFICIAL USE ONLY**

Approval Date \_\_\_\_\_ Denied Date \_\_\_\_\_ Letter Sent Date \_\_\_\_\_  
(Attach copy of letter)

Property Taxes Paid YES \_\_\_\_\_ NO \_\_\_\_\_

Brown Bagging Permit# \_\_\_\_\_

Total Brown Bagging License Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ (Attach Paid Invoices)

Date Brown Bagging License Issued \_\_\_\_\_ Expiration Date of License \_\_\_\_\_

\_\_\_\_\_  
Community Development Approval Signature

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for a(n) Alcohol License [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from City of Riverdale [name of county or municipal corporation], the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

**1. Only fill out this section if the current date is on or before June 30, 2014. Select Only One.**

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. *If the employer selected 1(a) please fill out Section 3 below.*

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

**2. Only fill out this section if the current date is on or after July 1, 2014. Select Only One.**

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 2(a) please fill out Section 3 below.*

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

**3. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number Date of Authorization

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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 allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 201\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME \_\_\_\_\_

ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_ . NOTARY PUBLIC

My Commission Expires:

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) **Business certificate, Occupational or Professional license**, as referenced in O.C.G.A. § 50-36-1, from **The City of Riverdale**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 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:\_\_\_\_\_.

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 on the \_\_\_ date of \_\_\_\_\_, 201\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: