



1500 Morrow Road, Morrow, GA 30260  
Tel: 770-961-4002/Direct: 678-902-0870

## Alcohol License Application

### Mailing Name & Address:

### Type of License Applied for: (Circle One)

**New      Renewal      Amended**

### Type of Business and Annual fees:

Restaurant or Movie Theatre (Beer, wine & distilled spirits)	\$5,000
Restaurant or Movie Theatre (Beer & wine only)	\$3,000
Hotel Lounge/Banquet (Beer, wine & distilled spirits)	\$5,000
Hotel Lounge/Banquet (Beer & wine only)	\$3,000
Hotel /Banquet (Complimentary drinks only)	\$1,000
Package sale of malt beverages	\$1,000
Package sale of wine	\$1,000
Combined package sale of Malt beverages & wine	\$1,500

Type of business: \_\_\_\_\_

Total Due: \_\_\_\_\_

### Business Name and Location Address:

### Business Location Phone Number:

### Owners, Partners, Officers, Etc.

NAME:

SSN:

Title

Home Address:

Home Phone: \_\_\_\_\_

NAME:

SSN:

Title

Home Address:

Home Phone: \_\_\_\_\_

### Dominant Line of Business:

I, (name) \_\_\_\_\_  
being the (title) \_\_\_\_\_  
of the business firm named, do hereby certify  
that the information provided is true, correct  
and complete.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Complete all sections of application. All required documents must be submitted with application.  
Please note that licenses are not transferable & ineffective upon change of ownership

**Applicant's Check List for Alcohol Application:**

- ☐ 1. Application provided by City
- ☐ 2. Floor plan of location
- ☐ 3. Copy of Lease agreement, if applicable
- ☐ 4. Copy of City Occupational Tax Certificate
- ☐ 5. Fire Safety Inspection Report
- ☐ 6. Health Inspection Report (from County)
- ☐ 7. Completed Consent for, provided by City, for background investigation
- ☐ 8. Fingerprint card
- ☐ 9. Copy of Valid ID
- ☐ 10. Financial Statement
- ☐ 11. Application processing fee of \$500.00

**Deliver completed application, all supporting documents and required fees to:**

**Morrow City Hall  
Alcohol Licensing  
1500 Morrow Road  
Morrow, GA 30260**

Please direct questions regarding the application and alcohol license process to:

Marti Tracy, Administrator / Direct # 678-902-0870 / Email: [Mtracy@cityofmorrow.com](mailto:Mtracy@cityofmorrow.com)

State of Georgia  
Clayton County

## City of Morrow Alcohol License Application

**INSTRUCTIONS:** Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such sheet is attached. When the application is completed, it must be dated, signed and verified under oath by the Applicant and file with the city manager. All supporting papers and the investigation fee of \$500 must be included with the submission.

### Applicant/Licensee:

1. Full Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Telephone: Primary \_\_\_\_\_ Alt.# \_\_\_\_\_
2. Business for which license is applied: \_\_\_\_\_  
Corporate Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Type of Ownership: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

### Ownership Information:

1. Name & Address (past 10 years) of each person who has ownership or interest in the business:  
\_\_\_\_\_% of ownership \_\_\_\_\_  
\_\_\_\_\_% of ownership \_\_\_\_\_  
\_\_\_\_\_% of interest \_\_\_\_\_

Complete all sections of application. All required documents must be submitted with application.  
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2. If a corporation, was it incorporated in the State of Georgia and/or is it registered to do business in Georgia? \_\_\_\_\_ Provide the following information for the registered agent to receive legal process: Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_
3. Has any person, firm, partnership or corporation, that would have an interest in the license, ever :  
Violated a Federal, State or local law, statute or ordinance, or any regulation regarding alcoholic beverages? \_\_\_\_ If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_  
Had an alcoholic beverage of business license suspended or revoked by the State or any political subdivision thereof? \_\_\_\_ If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_
4. Has any person, partner or stockholder been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude? \_\_\_\_ If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_
5. Does the business operation and/or corporation have any interest in a wholesale license, retail license or retail consumption? \_\_\_\_ If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_
6. List the names and addresses of all persons who have any interest in the ownership of the business and of family members or friends of those listed who may have an interest in any business with an alcoholic beverage license: (Use separate sheet, if needed)  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

### **Location/Property Information:**

1. List the names and addresses of all persons having any whole, partial, beneficial or other interest in and to the land and building on and in which the business is located:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

2. List the amount of rent paid for the land and building and the manner in which the rent is determined and to whom and at what intervals it is paid:

\_\_\_\_\_

3. How much of the capital of this business is borrowed and from whom?

\_\_\_\_\_

4. What is the direct distance (line of sight) from business to nearest:

Church ground \_\_\_\_\_ ft.      Residence \_\_\_\_\_ ft.

School ground \_\_\_\_\_ ft.      Licensed package dealer \_\_\_\_\_ ft.

**Miscellaneous Information:**

1. List the name and address of the general manager of the business location:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

2. List all other liquor, beer or wine businesses that your general manager is interested in, employed by or associated with: \_\_\_\_\_

\_\_\_\_\_

3. There must be submitted with this application a personal financial statement from all persons interested in the ownership of the business applying for a license to sell alcoholic beverages. Such statements shall be deemed to be incorporated into and made a part of this application and any false statement shall not only constitute false swearing under the criminal laws of this state, but shall also constitute cause for the revocation of any license issued pursuant to this application. Indicate the number of statements attached: \_\_\_\_\_

4. If required by the administrator, there must be attached to this application a certificate from a registered surveyor as to the radial distance from this place of business to the nearest school, church, library, private residence, alcoholic treatment center and any retail package dealer. Check here if survey is attached. \_\_\_\_\_

5. There must be attached to this application a set of fingerprint cards and a photograph for all persons interested in the ownership of the business applying for a license to sell alcoholic beverages. Check here if fingerprint cards and photograph(s) are attached. \_\_\_\_\_

6. There must be attached to this application a blueprint or scale drawing of the business facility which describes each entrance or exit to or from the place of business, and particularly any passage-way between the place of business and any other adjacent place of business. Check here if blueprint or scale drawing is attached. \_\_\_\_\_
7. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, or any personal statement which is made a part of this application, such change must be reported to this City within thirty (30) days. The failure to make such report shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood. \_\_\_\_\_

**NOTE: Before signing this application,** check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attachments submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the statements and answers made herein and that any false answer and/or statement herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

As applicant and/or license holder, I have read the Ordinance and all amendments pertaining to the Ordinance governing the sale of alcoholic beverages in the City of Morrow, Georgia.

NAME (Printed) \_\_\_\_\_

Signature: \_\_\_\_\_

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