



City of McDonough ~ Occupational Tax Division
136 Keys Ferry Street, 2nd Floor, McDonough, GA 30253
Office: 678-782-6225 OFFICE HOURS 9AM – 4PM
Website: www.mcdonoughga.org Email: taxclerk@mcdonoughga.org

NEW ALCOHOL/ANCILLARY TASTING LICENSE APPLICATION REQUIREMENTS

- New businesses must apply for a City of McDonough alcohol beverage license if your business will sell, serve or dispense alcohol.
- Applicants must provide a copy of the Lease Agreement OR Deed for the location
- Applicants must read and understand McDonough Alcohol Beverage Ordinance and sign the Alcohol Ordinance Acknowledgement form and submit with application. The alcoholic beverage ordinance can be found on www.municode.com/library/ga/mcdonough
- A state license must be obtained through the Georgia State Department of Revenue (DOR) before any alcoholic beverages can be sold or served. If you are applying for a beer and wine license, a copy of your local license should be provided for processing. The DOR may be contacted at 1-877-423-6711 Option #1 then Option #2. OR you may – Email: taxclerk@mcdonoughga.org hours of Operation: 9 a.m. – 4 p.m.
- All new applicants are required to provide a current State or Federal criminal history/background check with this application for processing purposes. Federal and State background checks are conducted at Henry County Sheriff office at 120 Henry Parkway McDonough, Georgia 30253.
- Bring completed application with a copy of your criminal history/background check along with \$100 non-refundable Investigative Fee in the form of a check, cash, cashier's check, money order, credit / debit card
- Proof of citizenship documentation:
 - Approved items for US citizens are:**
Birth certificate with valid driver's license or a valid US passport
 - Approved items for non-citizens are:**
A copy of your permanent resident card (*front and back*) and a valid driver's license
- The alcohol licensing approval process generally takes 7-10 business days upon approval by the Chief of Police.
- The alcohol beverage license will expire on December 31st of the year you applied; fees will be prorated after July 1st to cover the remaining months.
- The alcoholic beverage license is **NON-TRANSFERABLE** and a change of ownership will require a new application and fees.

**NOTICE: ALL WASTE PICK-UP MUST BE
CONTRACTED THROUGH THE CITY OF MCDONOUGH**



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For Office use only:

Today's Date: _____

Alcohol Account No:

NEW ALCOHOL/ANCILLARY TASTING LICENSE APPLICATION

Application must be fully completed before processing. Please type or print with a ballpoint pen. **All alcohol licenses expire on December 31st of the year issued.** Report any changes of location/mailing address promptly to the Business Development Department.

Business Name: _____

Business Address: _____ City _____

State: _____ Zip Code: _____ Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____ Race: _____ Social Security Number: _____

Hair Color: _____ Color Eyes: _____ Height: _____ Weight: _____ Driver's License Number: _____ State: _____

U.S Citizen: YES NO Legal Alien: YES NO ***Alien Registration (residency card) must be provided***

Has alcohol been sold or served at this location previously? YES NO

Will your establishment provide "live" entertainment? NO YES, if so explain: _____

What are your hours of operation: M-F _____ Saturday _____ Sunday _____

Type of Business (check all that apply)

Eating Establishment Restaurant

Convenience Store Super Market/Grocer

Hotel/Motel Lounge

Type of License/Fees (check all that apply):

Retail ~ Off Premises Consumption

Beer ~ \$750.00

Wine ~ \$750.00

Beer/Wine ~ \$1500.00

Ancillary ~ \$200.00

Retail ~On-Premises Consumption

Beer/Wine ~ \$ 1,000.00

Beer/Wine/Liquor ~ \$5,000.00

Lounge ~ \$7,000.00

Late fees after January 1st

Package Sales ~ \$100.00

Beer/Wine by the Drink ~ \$200.00

Beer/Wine/Liquor by the Drink ~ \$375.00

Late fees will apply to the alcohol licenses after January 1st of the filing year.



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ALCOHOL LICENSE PERSONAL HISTORY

Instructions: This application must be typed or printed and executed under oath. Each question must be answered fully. If the space provided is not sufficient, please answer on a separate sheet and indicate in the space provided that a separate sheet is attached.

Name of Applicant: _____ Title: _____

Residence: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ Cell Phone: _____ Email: _____

Your relationship with this business:

Sole Owner Director Manager Registered Agent Officer

Percentage of ownership or interest, if any: _____ Method of compensation, if any: _____

Employment Record for the past three (3) years: (List the most recent experience first):

From: (mo/yr)	To: (mo/yr)	Employer: (Name)	Title: (Position)	Reason for Leaving:
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List three references (personal or business). Give complete address and phone number with area code if giving a business reference and state the person's name to be contacted. Do not include relatives or previous employers.

1. _____
2. _____
3. _____

Do you have any financial interest or are you employed in any other wholesale or retail business engaged in distilling, bottling, rectifying or selling alcohol beverages? YES NO if yes give names and location: _____

Have you ever had a financial interest in an alcoholic beverage business that was denied a license?
 YES NO, if yes, give name of business and location: _____

Have you ever had a financial interest in an alcoholic beverage business that was denied a license?
 YES NO, if yes, give name of business and location: _____



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PERSONAL HISTORY CONTINUED.....

Has any alcoholic beverage business in which you have been related to in any way (has financial interest in or been employed by with currently or in the past) ever been cited for any violation of the rules and regulations of that state revenue commissioner relating to the sale and distribution of alcoholic beverages? Do you have any financial interest or are you employed in any other wholesale or retail business engaged in distilling, bottling, rectifying or selling alcohol beverages?

YES NO If yes give names and location: _____

During the last year, has any changes been made in your business ownership? NO YES

If so explain: _____

During the last year, has any change been made in persons participating in your business, whether as owner, office manager or employees: NO YES

If so explain: _____

During the last year, have you acquired or disposed of any other businesses involving alcoholic beverages NO YES

If so explain: _____

During the last year, have you or anyone associated with your business as owner, office manager or employee, been cited for, received notices of, or been warned of any conduct which constitutes a violation of any federal or state law or administrative regulation or local Ordinance regulating alcoholic beverages? NO YES

If so explain: _____

Please provide detailed information as to any information not already disclosed which is different than that provided on your original alcoholic beverage application: _____

Attach a 2X2 picture of the applicant here: 

I hereby certify that I have reviewed the current McDonough Alcoholic Beverage Ordinance and all information supplied in this renewal application for an Alcoholic Beverage License. I further certify that I remain qualified to hold an Alcoholic Beverage License in the City of McDonough and that all information contained in this application and its supporting documents is true and accurate.

Print Name of Applicant: _____ Signature of Applicant: _____

Subscribed and Sworn before me on this the _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

Stamp/Seal



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Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of McDonough, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. § 50-36-1; I am stating the following with respect to my application for a City of McDonough Occupational Tax Certificate, or other public benefits on behalf of

NAME OF BUSINESS: _____

I, (print name) _____ do hereby certify that:

_____ I am a United States Citizen
(Initial here)

OR

_____ I am a legal permanent resident of 18 years of age or older or I am an otherwise qualified
(Initial here) alien or non-illegal immigrant, under the Federal Immigration and Nationality Act, of 18
years of age or older and lawfully present in the United States.

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, and face criminal penalties as allowed by such criminal statute

Signature of Applicant: _____

Date: _____ Title: _____

Alien Registration Number for Non US Citizens: _____

Subscribed and Sworn before me on this _____ day of _____, 20_____.

NOTARY PUBLIC

Stamp/Seal

My Commission Expires: _____

Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number above. Qualified aliens that do not have an alien registration number may supply another identifying number herein _____.



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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) **OCCUPATIONAL TAX CERTIFICATE OR ALCOHOL LICENSE** (*CIRCLE ONE*) as referenced on O.C.G.A. § 36-60-6(d) , from **THE CITY OF MCDONOUGH**, the undersigned applicant representing the private employer known as:

[Print name of business] verifies one of the following with respect to my application for the above mentioned document:

Choose one and print initial:

[a] _____ On January 1st of the below signed year the individual, firm or corporation employed more than ten (10) employees.

[b] _____ On January 1st of the below signed year the individual, firm or corporation employed less than ten (10) employees

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

In making the above representation under oath, I understand that any person who knowingly and willfully make 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 _____, 20_____

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: _____

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ALCOHOL ORDINANCE ACKNOWLEDGEMENT

I, the undersigned, hereby understand that it is my responsibility to comply with all rules and regulations set forth in the City of McDonough's Alcohol Ordinance ~ Title 5, Business License and Regulations, Chapter 5.24, Alcohol Beverages. I also understand that my business shall prohibit any loud unnecessary or unusual sound/noise which causes disturbances, or any injuries per McDonough's Noise Ordinance #9.08.120

You may view these ordinances anytime at www.municode.com/library/ga/mcdonough

Business Name: _____

(dba) _____

Owner/Agent Signature: _____ Date: _____

Owner/Agent Printed Name: _____ Title: _____