

**CITY OF SUGAR HILL  
5039 WEST BROAD STREET  
SUGAR HILL, GA 30518  
770-956-6716, FAX 678-714-8145  
C/o Jane Whittington, City Clerk**

**APPLICATION FOR ALCOHOL/BEER/WINE LICENSES**

(1) Type of License Requested

- \_\_\_\_\_ Alcoholic Beverages for Consumption on the Premises
- \_\_\_\_\_ Beer for Consumption on the Premises
- \_\_\_\_\_ Wine for Consumption on the Premises
- \_\_\_\_\_ Retail Sale of Beer
- \_\_\_\_\_ Retail Sale of Wine
- \_\_\_\_\_ Wholesale of Beer
- \_\_\_\_\_ Wholesale of Wine
- \_\_\_\_\_ Brewery
- \_\_\_\_\_ Distillery
- \_\_\_\_\_ Downtown Pub

(2) Name of Business: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

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

Home or Cell Phone: \_\_\_\_\_

Is the applicant a citizen of the US? \_\_\_\_\_

(3) Is the Business a Corporation? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Inc. \_\_\_\_\_ State Inc. \_\_\_\_\_

If so, Please list Shareholders \_\_\_\_\_

If the business is a Partnership, please list Partner(s): \_\_\_\_\_

Does the applicant owe any outstanding taxes or fees to the City of Sugar Hill?

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- (4) List the name and address of any person, firm, partnership or corporation (other than those listed above which have or will have any interest either directly or indirectly in the business for which the license is requested.)

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- (5) Describe the interest, if any.

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- (6) (a) Has the applicant, the Directors, or any of the shareholders, if the applicant is a corporation, or any partners if the applicant is a partnership or any individual listed in Paragraph 4, been convicted or pled guilty or entered a plea of nolo contendere to a felony or misdemeanor or any state of the United States, or any municipal ordinance except traffic violations within a period of ten (10) years prior to the date of the application?

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- (b) If yes, give details.

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- (7) (a) Has applicant, whether an individual, corporation, partnership or other entity ever been or is presently the holder of a license permitting the sale of alcoholic beverages?

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- (b) If so, please give the dates and places of such licenses and their current status. \_\_\_\_\_

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- (8) (a) Has applicant, whether an individual, corporation, partnership or other entity, held any prior license permitting the sale of alcoholic beverages, that was suspended or revoked within a period of ten (10) years prior to the date of the application? \_\_\_\_\_

- (b) If yes, give details including the identity and address of the governmental agency or political Subdivision where such license was held and the name of the governing authority or political Subdivision which suspended or revoked said license. \_\_\_\_\_

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(9) List the names and addresses of the owners of the building and land in and upon which the Licensee proposes to operate and the name and address of any Lessor and Sub-Lessor of the Licensee:

	<u>Name</u>	<u>Address</u>
(a)	Owner of Building/Land:	_____
(b)	Lessor:	_____
(c)	Sub-Lessor:	_____

(10) (a) Is there an existing agreement for the sale or transfer of this license, if granted, to another individual, corporation, partnership or other entity? \_\_\_\_\_

(b) If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

The undersigned hereby certifies that he/she is the \_\_\_\_\_  
(authorized representative)  
of \_\_\_\_\_ and is authorized to sign this application. The undersigned further  
(Name of Business)  
certifies that:

The City of Sugar Hill Alcoholic Beverage Ordinance has been read and understood and a copy will be maintained on the premises, and each and every employee will be required to be familiar with said regulations;

All laws, rules and regulations of the United States of Georgia and of the City of Sugar Hill, now enforced or which may hereafter be promulgated or enacted, regulating and governing the sale of alcoholic beverages will be complied with; and

Any license issued shall cover the period of one year commencing the first day of January and expiring December 31, and that no license shall be assignable or transferrable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that I am liable to penalties of the law (both fine and imprisonment) should any false or fraudulent statement or representation be made in connection with this application.

I solemnly swear that the facts stated in the above and foregoing application for a license in the City of Sugar Hill, Georgia, are true and correct.

\_\_\_\_\_  
Applicant

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_

## REGISTERED AGENT FORM

CITY CLERK  
CITY HALL  
CITY OF SUGAR HILL  
5039 W. BROAD STREET  
SUGAR HILL, GEORGIA 30518

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Location

\_\_\_\_\_  
City/State/Zip Code

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of the Ordinances of Sugar Hill, Georgia. (Every establishment holding an alcoholic beverage license in the City must have a registered agent and this person must be a resident of Gwinnett County, Georgia.)

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Agent's Social Security Number

\_\_\_\_\_  
Type or Print Name of Agent

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Agent's Home Address

\_\_\_\_\_  
City/State/Zip Code

APPROVED:

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Officer or Director (Title)

\_\_\_\_\_  
Officer or Director (Title)