



City of Dacula
 442 Harbins Road, P.O. Box 400
 Dacula, GA 30019
 Phone: 770.963.7451 • Fax: 770.513.2187
www.daculaga.gov

ALCOHOL LICENSE RENEWAL

Licensee Applicant Information: The Licensee on file with our office must be the person to sign the renewal form. Do not complete this renewal form if there has been a change of applied Licensee or Ownership. Please contact the Business License Office at 770.963.7451 or by email at daculacityhall@daculaga.gov

Licensee Full Name: _____ Social Security #: _____

Licensee Home Address: _____ City, State, Zip: _____

Home Phone #: _____ Business Phone #: _____ Date of Birth: _____

BUSINESS NAME: _____ **BUSINESS LICENSE #:** _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

(Check the types of Alcohol Licenses due)
****COP (Consumption on Premise)**

<u>License(s)</u>	<u>Annual Fee(s)</u>	<u>License Fee Due</u>
<input type="checkbox"/> Beer, Wine & Distilled Spirits (COP or Package)	\$6,000	_____
<input type="checkbox"/> Sunday Sales: Beer, Wine & Distilled Spirits (COP or Package)	\$1,500	_____
<input type="checkbox"/> Beer Only: (COP & Package)	\$600	_____
<input type="checkbox"/> Sunday Sales: Beer Only (COP or Package)	\$250	_____
<input type="checkbox"/> Wine Only: (COP or Package)	\$600	_____
<input type="checkbox"/> Sunday Sales: Wine Only (COP or Package)	\$250	_____
<input type="checkbox"/> Beer & Wine Combination (COP or Package)	\$1,200	_____
<input type="checkbox"/> Sunday Sales: Beer & Wine (COP or Package)	\$500	_____
<input type="checkbox"/> Distilled Spirits Only: (COP)	\$4,800	_____
<input type="checkbox"/> Sunday Sales: Distilled Spirits Only (COP)	\$1,000	_____
<input type="checkbox"/> Growler Shop	\$500	_____
<input type="checkbox"/> Malt Beverage/Wine Tasting	\$200	_____

<input type="checkbox"/> Brew Pub	\$750	_____
<input type="checkbox"/> Wholesale Distributor (Within City): Beer Only	\$750	_____
<input type="checkbox"/> Wholesale Distributor (Within City): Wine Only	\$750	_____
<input type="checkbox"/> Wholesale Distributor (Within City): Beer & Wine Combination	\$1500	_____
<input type="checkbox"/> Wholesale Distributor (Within City): Distilled Spirits Only	\$2000	_____
<input type="checkbox"/> Wholesale Distributor (Outside City): Beer, Wine & Distilled Spirits	\$500	_____
<input type="checkbox"/> Special Event: Off Site Consumption Filing Fee	\$25	_____
<input type="checkbox"/> Special Event: Off Site Consumption Permit Fee (per day)	\$50	_____
	TOTAL	_____



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Type of Ownership: () Single Owner () Partnership () Association () Corporation

If a corporation: Corporate Name _____ State Inc. _____ Date Inc. _____

Name (Corp. Officers/Partners)	Home Address	City-State-Zip	% of Ownership

Arrest Record: Has the licensee, registered agent, a partner, or any other person having a financial interest in this business been arrested, indicted, or convicted for offense by any City, County, State, Federal Officer or any Governmental Authority within the last (10) years? Yes _____ No _____ If yes, please give full details on the back.

Registered Agent:

Must be a resident of Gwinnett County. If Registered Agent is different from previous year’s renewal filing, a new Registered Agent form must be completed and returned with this renewal application. Contact the City of Dacula for a form.

 Full Name Phone

 Street Address City, State, Zip

Business Manager:

If Manager changes the applicant must furnish the City with new manager’s name and contact information within ten (10) days of such change. (*Chap. 4, Sec. 4-7(b)*).

 Full Name Phone

 Street Address City, State, Zip

This is to certify that no change has taken place with respect to the operation of the above named business affecting its ownership as stated in the previous application. I certify and affirm that I have read the City of Dacula's Alcohol Beverage Ordinance (Chapter 4) and that I am in accordance with the ordinance. The answers to all questions in the previous applications about the above named business are correct and remain unchanged. Additionally, I certify to be in compliance with the City of Dacula and the State of Georgia laws governing the above named business. Furthermore, all sections of the application have been answered fully and correctly.

Please circle one only:

The licensee listed below is a:

United States Citizen

Legal Permanent Resident*

Qualified Alien/Non-Immigrant*

*If you are a legal permanent resident or qualified alien/non-immigrant you will need to submit a SAVE Affidavit, copy of your current driver's license and a copy of either your Permanent Resident Card, Employment Authorization Card or Passport along with your application. The SAVE Affidavit form can be obtained by sending an email to daculacityhall@daculaga.gov.

Licensee Signature

Date

Print Licensee's Name

This _____ day of _____, 20_____.

Notary Public's Signature and Seal

Incomplete renewals will be returned to you to be completed. Your renewal application(s) and payment must be received by November 30th to avoid a penalty charge of twenty percent (20%). No renewals are accepted after December 31st.