



310 Technology Parkway, Peachtree Corners, GA 30092
Phone 678.691.1200. Fax 678.691.1249

ALCOHOLIC BEVERAGE CHECKLIST

Should you have any questions, please contact Alvenease Jackson at (678) 691-1208

- _____ Completed Alcoholic Beverage Application sworn to by applicant before notary public or other officer authorized to administer oaths.
- _____ Names, titles and residence addresses of **all** owners, partners and officers; name and address of manager; names, addresses and percentage of all shareholders.
- _____ Completed & Notarized Registered Agent Information Form (for service process along with Government Issued Photo ID).
- _____ If on-premise consumption, a copy of the current Food Service Establishment Inspection Report from the Gwinnett County Health Department at (770) 339-4260
- _____ Copy of the current Business Occupation Tax Certificate for the City of Peachtree Corners.
- _____ All applicants and owners of 20% or more shall obtain a background investigation through Gwinnett County Police Department and include a copy of the consent form and driver's license with application. They can be reached at 678-377-4300
- _____ Upon Receipt of State of Georgia Alcohol License must provide a copy.
- _____ Certified Land Survey indicating any religious facilities within 100 yards and any school or college facilities within 200 yards, if required by the zoning administrator.
- _____ Lease Agreement.