

**CHANGE OF APPLICANT/LICENSEE
ALCOHOLIC BEVERAGE LICENSE APPLICATION**

**City of Peachtree Corners
310 Technology Parkway
Peachtree Corners, GA 30092
Phone: (678) 691-1200 Fax (678) 691-1249**

Alcohol Beverage License Number:	
Business Occ Tax Acct. Number	
(GA) Alcoholic Beverage License Number	

**INSTRUCTIONS: PLEASE PRINT OR TYPE APPLICATION AND ANSWER ALL QUESTIONS.
Please fill out entire application. If a portion does not apply to you mark it N/A. Do not leave anything blank.**

1. Has there been a change of ownership? Yes No
If yes, please stop. A new Alcohol Beverage & Business License application will need to be completed.
2. Full Name of Business/Corporation _____
Under what name is the Business/DBA operating _____
3. Business Address _____
City, State & Zip _____ Phone _____
4. Federal Tax ID Number _____ Georgia Sales Tax Number _____

5. Full name of Applicant _____
Full name of Spouse, if married _____
Are you a Citizen of the United States or Alien _____ Birthplace? _____
Current Address _____ City _____ St _____ Zip _____
Home Telephone _____
Number of years at present address _____
Do you reside in Gwinnett County _____ If yes, how long _____
Previous address _____
Number of years at previous address _____
State Driver's License Number _____
What has been your occupation for the past five (5) years? Give detailed list.
6. Applicant's employment date with present business _____
Previous Applicant _____

7. Has the applicant, spouse, or any individual having an interest either as owner, partner, or stockholder, been arrested, convicted or entered a plea of nolo contendere within ten (10) years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States, or any municipal ordinance except traffic violations?
If yes, describe in detail and give dates.

8. Do you or your spouse or any of the other owners, partners, or stockholders have an interest in other liquor stores? If so, state in how many stores?

9. Are you familiar with the City of Peachtree Corners Ordinances, State Laws and Regulations, Federal Laws and Regulations Governing the operation of this type of business? Yes No

10. Have you answered all questions? Yes No

Subscribed and sworn to before me

This _____ day of _____, 20__.

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires: _____

PLEASE NOTE THAT A NEW APPLICANT/LICENSEE IS REQUIRED TO SUBMIT TO A BACKGROUND CHECK
Background Checks are handled through the:
Gwinnett County Police Department.
446 W. Crogan Street, Ste 200
Lawrenceville, GA 30046
678-377-4300