



# CITY OF FAIRBURN

56 Malone St SW, Fairburn GA 30213 | Office: (770) 964-2244 Fax: (770) 969-3484

## City of Fairburn Alcohol License Renewal Application

1. Name of Business: \_\_\_\_\_

2. Business Location: \_\_\_\_\_

3. Business Telephone Number: \_\_\_\_\_

4. Licensee Name: \_\_\_\_\_

5. License Representative Name: \_\_\_\_\_

6. Mailing Address: \_\_\_\_\_

7. Contact Telephone Number: \_\_\_\_\_

8. Are you selling or serving alcoholic beverages?  Yes  No

9. Type of Business:

Retail Consumption Dealer		Retail Package Dealer		Wholesale Dealer	
<input type="checkbox"/>	Malt Beverage	<input type="checkbox"/>	Malt Beverage	<input type="checkbox"/>	Malt Beverage
<input type="checkbox"/>	Wine	<input type="checkbox"/>	Wine	<input type="checkbox"/>	Wine
<input type="checkbox"/>	Distilled Spirits	<input type="checkbox"/>	Distilled Spirits	<input type="checkbox"/>	Distilled Spirits

10. Has your business type changed?  Yes  No

If so, please check the appropriate box:

Sole Ownership  Partnership  Close Corporation  Corporation

### Annual Alcohol License Fees

Retail Package Dealer	Retail Consumption	Wholesale Dealer
Malt Beverage &/or Wine- <b>\$1,000.00</b>	Malt Beverage &/or Wine- <b>\$1,500.00</b>	Distilled Spirits- <b>\$500.00</b>
Distilled Spirits- <b>\$5,000.00</b>	Distilled Spirits, Malt Beverage & Wine- <b>\$2,500.00</b>	Malt Beverages- Wine- <b>\$500.00</b>

Authorized Representative Signature

Date

Authorized Representative Printed Name

Title

**\*\*\*NO PAYMENTS ARE DUE UNTIL THE RENEWAL PROCESS IS COMPLETE\*\*\***

**PLEASE RETURN RENEWAL FORM WITH LIVE SCAN REGISTRATION SHEET & AFFIDAVIT BY NOVEMBER 1<sup>ST</sup> TO: FAIRBURN CITY HALL 56 MALONE ST SW, FAIRBURN, GA 30213**

**\*\*\*Some changes may require filing a new alcohol license application and \$250.00 application fee.\*\*\***



## Live Scan Registration Sheet

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This information is needed to register the applicant for Live Scan Prints, which are now necessary for renewals and new applicants. Please fill out the form below with a **copy of your Driver's License** and return it to Fairburn City Hall- Alcohol License Department.

For further questions contact Fairburn City Hall (770) 964-2244

Name of Business: \_\_\_\_\_

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

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex (Circle one):    **MALE**        **OR**        **FEMALE**

Race/Ethnicity: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Payment for this service will be at cost to the Licensee per **MONEY ORDER** for the amount of **\$52.90**.  
**This payment is to be taken to the Live Scan Office along with the receipt you will receive from the Alcohol License Representative at City Hall, after this registration is processed.**

**City of Fairburn**  
**Affidavit Verifying Status**

By executing this affidavit under oath, as an applicant for a City of Fairburn, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Fairburn, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for:

\_\_\_\_\_  
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

1) \_\_\_ I am a United States citizen.

**OR**

2) \_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 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 of the Official Code of Georgia.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Printed Name**

\* \_\_\_\_\_  
Alien Registration Number for non-citizens

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

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

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. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_