



CITY OF FOREST PARK

Department of Planning & Community Development
785 Forest Parkway
Forest Park, Georgia 30297
(404) 366-4720
www.forestparkga.gov

Application #: _____

CITY OF FOREST PARK
RENEWAL APPLICANT CHECKLIST
ON PREMISES CONSUMPTION SALES

Business Name (Include DBA):

Business Address:

- RENEWAL APPLICATION- Must be typed/or printed clearly. Use full complete names, no initials.
- RELEASE FORM- Sign and print of Applicant
- EMPLOYEE LIST- **Include ALL employees including owners and managers (For On Premises Consumption, copy of State Government ID for all employees serving)**
- CRIMINAL BACKGROUND CHECK- For applicant including owners and managers **(For On Premises Consumption, one for each employee serving)**
- COPY OF THE STATE LIQUOR LICENSE FOR THE BUSINESS
- CURRENT MENU

YOU MUST SUBMIT CHECKLIST WITH APPLICATION
EACH ITEM MUST BE CHECKED AND COMPLETED BEFORE PROCESSING CAN BEGIN



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CITY OF FOREST PARK, GEORGIA

RENEWAL APPLICATION SHORT FORM

Application Number: _____	Type of License: _____
Business Name: _____	Malt Beverage: <input type="checkbox"/>
_____	Malt Beverage and Wine: <input type="checkbox"/>
Business Phone # _____	Spirituous Liquor & Distilled Spirits: <input type="checkbox"/>
Business Address _____	Date Received: _____
Forest Park, Georgia 30297	Time Received: _____

This is to swear or affirm there are no changes from the previous year's application

1. Have you, the applicant and/or any other person having any interest in the business for which this application has been made, been arrested, indicted, or convicted of any offense by any Municipal, State, County, Federal or Foreign Officer, or any Governmental Authority? If yes, please attach a statement including when what for and the disposition for each. **Must complete the enclosed Criminal History Consent Form on the applicant/agent and all person(s) having any interest in the business that was listed on the original application, (even if answer is NO).** Yes___ No___
2. Have there been any changes to the Licensee (business / corporation) for which this application has been made? (Example a change in ownership name and/or percentage interest amount.) Yes___ No___
3. Has there been a change in the location of the business (address) for which this application has been made since the date of the last application? Yes___ No___

Note: Before signing this application, check all answers to see that all questions are answered fully and correctly. This application is to be executed under oath and is subject to the penalties of false swearing. **Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and/or statements herein shall constitute cause for the suspension or revocation of any license pursuant to this application.** Completion of this Renewal Short Form Application does not ensure a renewal license will be granted; the applicant may be required to submit an amendment in writing or apply for a new license if deemed necessary.

Applicant hereby acknowledges that the license applied for, if granted, will be a privilege only and subject to revocation and/or suspension as provided in Sections 9-1-12, 9-2-1, 9-2-3 and 9-2-19 of the Code of Ordinances of the City of Forest Park.

Sign here indicating that the above is fully understood: _____

I, _____ applicant, do solemnly swear, subject to criminal penalties for false swearing, that the answers made by me to the foregoing questions in this application for a City license, are true and no false or fraudulent answers are made herein to procure the granting of such license.

Applicant's Signature (Full name, no initials, in ink)

Date

I hereby certify that _____ signed his/her name to the foregoing application after stating to me that he/she knew and understood all answers made herein, and under oath actually administered by me, has sworn that said answers are true.

This _____ day of _____, 20 _____.

Notary Public

Stamp and Seal



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NOTICE

RELEASE FORM

All questions and/or blanks must be answered fully and correctly. If the information requested does not apply so state. If there is not sufficient space for the information requested attach a separate sheet and designate the question number by the reply. Allow up to 10 days for processing.

IMPORTANT

When completed, the application must be dated, signed and verified under oath by the applicant.

Application must be accompanied with a payment of \$300.00 to cover administrative/investigation cost. **Only Credit Card, Money Order, Personal Check, and Cashier (Certified) Check.**

By making this application, the undersigned does hereby authorize the City of Forest Park to:

- ❖ Investigate the truthfulness of each part of this application and any attachments thereto
- ❖ Investigate the character and reputation of the undersigned
- ❖ Obtain credit information on the undersigned
- ❖ Make this application, attachments thereto and any information derived from investigations conducted pursuant to the application, public records of the City of Forest Park.

Signature of Person Applying

Name of Person Applying (Print)

Date



Chief Brandon Criss
 Police Services
 320 Cash Memorial Blvd.
 Forest Park, GA 30297
 Phone: (404) 366-4141
 bcrist@forestparkga.gov

Name-Based Criminal History Record Information Consent/Inquiry Form



I hereby give consent for the **Forest Park Police Department** to conduct an inquiry and receive any Georgia Criminal History record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90/180 (**CIRCLE ONE**) days from date of signature.

I, _____ give consent to the above names to perform periodic criminal history background checks for the duration of my employment with this company.

Signature: _____

Date: _____

OFFICE USE ONLY

Date of inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code used: (check one)

<input type="checkbox"/>	Employment (E) – Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Public Records (P) - Provides Georgia Felony Convictions Only

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/ released.
<input type="checkbox"/>	No NCIC/GCIC Warrant results available
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title _____

Date _____

CITY HALL • 745 FOREST PARKWAY, FOREST PARK, GA 30297

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