



INSTRUCTIONS FOR 2025 RENEWAL ALCOHOL BEVERAGE LICENSE RENEWAL APPLICATION

APPLICATION:

- Type or print responses.
- Answer each question fully and completely.
- If additional space is needed to fully and completely answer questions, please attach a separate sheet noting in question space that separate sheet is attached. (i.e., "See Separate Sheet")
- **Incomplete applications will not be processed for licensing.**
- License fees are **NONREFUNDABLE**
- Application must be signed, dated, notarized, and filed with the *City of Sandy Springs* on or before **November 15, 2025** and submitted to:

City of Sandy Springs - 1 Galambos Way, Sandy Springs, GA 30328 or 620 Morgan Falls Rd, Sandy Springs, GA 30350

- **RENEWAL APPLICATIONS RECEIVED AFTER NOVEMBER 15, 2025, SHALL BE ASSESSED 10% LATE FILING PENALTY FEE.**
- **RENEWAL APPLICATIONS RECEIVED AFTER DECEMBER 16, 2025, WILL REQUIRE A NEW LICENSE TO BE OBTAINED.**
- A GCIC Consent Form **MUST** be completed for all owners, partners, and officers [Ch. 6, Sec. 64], as well as changes of managers; and any shareholders with 20% or more ownership. (Please provide a copy of a government issued picture ID for each owner, partner and officer with the GCIC form)

CHANGES:

- **The applicant must make the Revenue Division aware of ALL changes to information provided on the initial application and/or renewal application(s).**

ALLOWED HOURS OF OPERATION

- Sec. 6-134. - Hours of operation.
 - (a) Package licensees shall not engage in the sale of alcoholic beverages except between the hours of 7:00 a.m. and 12:00 midnight Monday through Saturday and between the hours of 12:30 p.m. and 11:30 p.m. on Sunday. Package licensees shall not permit their places of business to be open except between the hours of 7:00 a.m. and 12:00 midnight, Monday through Saturday, or between the hours of 12:30 p.m. and 11:30 p.m. on Sundays, except that where the primary business of a malt beverage package licensee or wine package licensee is other than the sale of alcoholic beverages, such restrictive hours shall apply only with respect to the sale of malt beverages or wine.
 - (b) Consumption on the premises licensees shall engage in the sale of alcoholic beverages only between the hours of 9:00 a.m. and 2:00 a.m., Monday through Saturday, and at any time from 11:55 p.m. on Saturdays until 1:55 a.m. on Sundays. Sunday sales may be made by eating establishments, as defined herein, between the hours of 12:30 p.m. and 12:00 midnight, provided application for Sunday **sales is made and the fee paid**. Sunday sales may be made at any time in private clubs provided application for Sunday sales is made and the fee paid. Further, any licensed eating establishment open on Sundays from 11:30 p.m. until midnight may remain opened from midnight until 2:00 a.m. the following Monday.
 - (c) The business hours of wholesale dealers shall be between the hours of 7:00 a.m. and 6:00 p.m. Monday through Saturday. There shall be no sales on Sunday.



CHECK LIST

- Completed Renewal Alcoholic Beverage License Application sworn to by applicant before notary public or other officer authorized to administer oath. [Ch. 6 Sec. 69(a)].
- Cash, check, or money order payable to City of Sandy Springs for the exact fee amount.
- **Incomplete applications will not be processed for licensing**
- If paying via check, mailed packages should be submitted to the Revenue Division on or before **November 15, 2025**.
 - Submit all GCIC consent forms (**with copy of government issued picture ID**) make copies as needed.
 - All servers are required to hold a current pouring permit, if payment is required, payments can be made at:

**City of Sandy Springs Police Department
620 Morgan Falls Rd,
Sandy Springs, Georgia 30350**

**New holders of pouring permits are required to schedule an appointment with
Sandy Springs Police Department who may be reached at (770) 551-6900**

**To Schedule an Appointment For Employees Pouring Permit
Contact Sandy Springs Police Department @
(770) 551-6900**

ALCOHOLIC BEVERAGE RENEWAL APPLICATION FEE SCHEDULE

RENEWAL APPLICATION FEE:	\$100
LICENSE FEE(S):	\$
TOTAL AMOUNT DUE:	\$



TYPE OF LICENSE:

Fee:

Consumption On The Premises:	
Wine	\$650.00
Malt Beverages	\$650.00
Wine and Malt Beverages	\$1,300.00
Distilled Spirit	\$3,200.00
Wine, Malt Beverages & Distilled Spirits	\$4,500.00
Additional Bar _____ Each @	\$250.00
Sunday Sales (open after 12:00AM)	\$250.00
BYOB Wine	\$125.00

Package:	
Wine	\$400.00
Malt Beverages	\$400.00
Wine and Malt Beverages	\$800.00
Distilled Spirits	\$3,000.00
Wine, Malt Beverages and Distilled Spirits	\$3,800.00
Wine, Malt Beverages and Distilled Spirits Tasting (Each)	\$75.00

Wholesale:	
Wine	\$500.00
Malt Beverages	\$500.00
Wine and Malt Beverages	\$1,000.00
Distilled Spirits	\$3,500.00
Wine, Malt Beverages and Distilled Spirits	\$4,500.00

Distiller Or Manufacturer:	
Beer	\$650.00
Wine	\$650.00
Distilled Spirits	\$4,000.00

2026 RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

(New)Alcohol Beverage License Number:	
Account Number	
(GA) Alcoholic Beverage License Number:	

LICENSE FEES

APPLICATION FEE \$100.00

TOTAL \$

LICENSE TYPE

- ☐ WINE & MALT BEVERAGE
☐ MALT BEVERAGE
☐ WINE
☐ DISTILLED SPIRITS

☐ BREW PUB
☐ ADDITIONAL BAR

☐ SUNDAY SALES

☐ WINE TASTING

SUBTYPE

- ☐ PACKAGE
☐ WHOLESALE
☐ MANUFACTURER
☐ CONSUMPTION ON THE PREMISES

LOCATION

- ☐ RESTAURANT
☐ PRIVATE
☐ HOTEL/MOTEL
☐ BAR/LOUNGE

☐ FOOD STORE
☐ LIQUOR STORE
☐ SERVICE STATION
☐ SUPERMARKET
☐ OTHER/SPECIFY:

BUSINESS

Name of Business (include d/b/a if applicable)

Business Location (Street and Suite #)

Business Mailing Address (if other than above)

OWNER

Business Owner Name (Company and/or Individual – Please print)

Owner Address

LICENSEE/APPLICANT

Licensee/Applicant Name and address (Individual-Please print)

Business Phone

_____/_____/_____
Date of Birth

Driver's License No. & State

Cell or Home Phone

_____-_____-_____
Social Security Number

Fax Number

E-mail

Fed. ID No./Employee Identification No.

Type of Ownership:

☐ Proprietorship

☐ For Profit

☐ Partnership

☐ Non-Profit

No. of employees

Business Commencement Date

☐ Corporation

Proof of 501c3*



***If operated as a corporation complete below:**

TITLE	NAME (INC. MIDDLE NAME)	HOME ADDRESS	CITY, STATE & ZIP CODE
President			
Vice President			
Secretary			
Treasurer			

1. Has any change occurred in ownership of this business since filing the last application? ☐ Yes ☐ No
If yes, detail change which occurred and date change occurred: _____

2. Does applicant own property where business is located?..... ☐ Yes ☐ No

If no, name owners and/or person to whom rent is paid, including address and telephone number(s):

Property Owner Name: _____	Property Owner Name: _____
Property Owner Address: _____	Property Owner Address: _____

Phone: _____	Phone: _____
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3. (a) Since filing the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Georgia laws, any laws of other states, or ordinances of any municipality?	(b) Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other person(s) affiliated with this license?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If answer to Questions No. 3a and/or 3b is "YES," outline details below:

Name _____	Name _____
Charge _____	Charge _____
Where Convicted _____	Where Convicted _____

Date _____	Penalty _____	Date _____	Penalty _____
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_____ PENDING	_____ MISDEMEANOR	_____ FELONY	_____ PENDING	_____ MISDEMEANOR	_____ FELONY
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4. Are the business owner(s) associated in any way with other retailer, wholesaler, manufacturing or distiller of alcoholic beverage? If yes, give names and addresses. ☐ Yes ☐ No

NAME (INC. MIDDLE NAME)	HOME ADDRESS	CITY, STATE & ZIP CODE



SANDY SPRINGS
GEORGIA

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate their business according to the law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. **The applicant agrees to notify the Revenue Division of any change as it applies to this application within 30 days of change. Failure to make such amendment shall be cause for the revocation of any license issued pursuant to this application.** Further, the applicant agrees to abide by all laws, rules and regulations of the United States, the State of Georgia, and of the City of Sandy Springs, now in force or which may hereafter be enacted, which regulate and govern the sale of alcoholic beverages and liquors. The applicant understands that issuance of license hereby applied for be granted, shall be constituted only as a privilege and not a right and that said license may be revoked or suspended by the City Manager, Sandy Springs, Georgia. The applicant also fully understands that any license issued shall cover the period of one (1) year commencing the 1st day of January and expiring December 31st. **All license fees are nonrefundable.**

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to state laws and city ordinances of Sandy Springs, Georgia shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

This _____ day of _____, 20____.

(Signature of Named Individual)

(Clerk/Notary Public)

My commission expires: _____



SANDY SPRINGS
GEORGIA

Affidavit Verifying Lawful Presence within the United States

I, (print name) _____, swear or affirm under penalty of perjury that
(check one):

- ☐ I am a United States citizen
or
☐ I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act
18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (check one):

- ☐ Alcoholic Beverage License for _____
Print Business Name
- ☐ Occupation Tax Certificate for _____
Print Business Name
- ☐ Door-to-Door Salesman/Solicitors Permit
- ☐ Taxi Permit
- ☐ Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that if I knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit I shall be guilty of Code Section 16-10-20 of the Official Code of Georgia. A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website: <http://law.ga.gov/immigration-reports>.

*Documents include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

**Documents include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

Applicant Signature

Date

Subscribed and sworn to before me:

(Clerk/Notary Public)

This _____ day of _____, 20____.

My commission expires: _____



SANDY SPRINGS
GEORGIA

POLICE DEPARTMENT

620 Morgan Falls Rd, Sandy Springs, GA 30350 * Phone 770.551.6900 www.sandyspringsga.gov

Consent Form for GCIC Records Check

I authorize the SANDY SPRINGS POLICE DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

DATE _____

PRINT FULL NAME _____

MAIDEN NAME/PREVIOUS NAME/ALIAS INFO _____

ARE YOU A U.S. CITIZEN? YES _____ NO _____

If no, you will need to have your Green Card available.

Country of Birth: _____

DATE OF BIRTH _____ RACE _____ SEX _____ SS# _____

STREET ADDRESS _____

CITY _____ COUNTY _____ STATE ZIP _____

SIGNATURE OF APPLICANT _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

Office use only: COMMUNICATIONS OFFICER:		DATE COMPLETED:	
RECORD ATTACHED:		NO RECORD:	



APPROVED ALCOHOL AWARENESS TRAINING PROGRAMS

Rules and Regulations

Chapter 6, “**Sec. 6-61. - Alcohol awareness training certification required.**”

(a) The applicant for a license under this article shall present to the city manager current certification of attendance at an approved alcohol awareness training program. Such certification or approved alternative program shall be verified and signed off by the chief of police.

(b) If the applicant lacks such training and certification, the applicant shall have 30 days from the date of the granting of the license to complete the training and submit certification to the city manager. Upon due cause being shown, the city manager may grant an extension of time, not to exceed 60 days, to complete said training. Failure to timely obtain such certification shall be grounds for revocation of the alcoholic beverage license.

(c) Every applicant to whom a pouring permit is issued and all managerial staff of a licensee shall also complete an approved alcohol awareness training program within 30 days of being issued a pouring permit, being employed as a part of any managerial staff, or being issued a license in the case of the named individual licensee.

- **Training Institute for Responsible Vendors** <https://www.tirv.net/>
- **TIPS** <https://www.gettips.com/>
- **ServSafe** <https://www.servsafe.com/ServSafe-Alcohol>
- **Learn2Serve** <https://www.360training.com/learn2serve/alcohol-training?state=GA>

The City of Sandy Springs does not endorse nor are we compensated by any of these programs. These are suggestions that we have found, and the chief of police feels that they are adequate for the training requirement.

City of Sandy Springs
Revenue and License Division
1 Galambos Way
Sandy Springs, Georgia 30328
Phone: (770) 730-5600 Fax (770) 206-2576

FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT
DOES NOT APPLY TO RETAIL PACKAGE

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

LICENSEE'S NAME _____ BUSINESS LICENSE #: _____

I. **FOOD SALES AND ALCOHOLIC BEVERAGE SALES.** *Final reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals.* This information must be provided from the financial records of the above establishment on a calendar-year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED: _____
(If existing business, must be 12-month period. If new business must be 12-month estimate)

Gross Receipts from Food Sales this period: \$ _____ (%)

Gross Receipts from Alcoholic Beverage Sales this period: \$ _____ (%)

Total Food Sales and Alcoholic Beverage Sales this period: \$ _____ (%)

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales:

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

CPA Name (Printed)

Name of CPA Firm

CPA Signature

Business Address

City

Phone #

Sworn under oath this _____ day of _____, 20_____. _____
Notary Public Signature

I affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 12:30 p.m. until 2:00 a.m. (Monday) requires a valid alcoholic beverage pouring license, valid Sunday Sales pouring license, and that at least 50% of the license establishment's annual gross food and alcoholic beverages sales must be derived from the sale of prepared meals and food. I hereby affirm that I understand that records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license, including a Sunday Sales pouring license. I further affirm that I understand that the City of Sandy Springs Business License Division may audit our records to verify the same at its discretion.

Signature, Licensee/Owner

Sworn under oath this _____ day of _____, 20_____. _____
Notary Public Signature