



## **ALCOHOLIC BEVERAGE APPLICATION**

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# **ATTENTION BUSINESS OWNERS**

**Owners with 20% ownership or more must attach the following documents with the Alcoholic Beverage Application:**

- 1. Completed GCIC (Georgia Crime Information Center) form**
- 2. Copy of owner's driver's license.**

**Failure to provide both documents will delay processing of the alcohol application.**



CITY OF  
**Peachtree**  
**CORNERS**  
Innovative & Remarkable

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

## ALCOHOLIC BEVERAGE CHECKLIST

DATE: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

Business Name: (Corp.): \_\_\_\_\_

(d/b/a): \_\_\_\_\_

Business Address: \_\_\_\_\_

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***Should you have any questions, please contact Shaun Suggs at (678) 691-1208***

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- \_\_\_\_\_ 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 (if required).
- \_\_\_\_\_ Lease Agreement.

# ALCOHOLIC BEVERAGE LICENSE APPLICATION

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

<b>Business Number:</b>	
<b>Alcohol Beverage License Number:</b>	
<b>Business Occ Tax Number</b>	
<b>(GA) Alcoholic Beverage License Number</b>	

**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.*

TYPE OF LICENSE: (Check appropriate spaces)

- |                            |                          |   |  |
|----------------------------|--------------------------|---|--|
| <b>NEW</b>                 | <input type="checkbox"/> | <input type="checkbox"/> <b>RETAIL/PACKAGE</b>              | <input type="checkbox"/> <b>Wine &amp; Malt Beverage</b> |
| <b>CHANGE OF OWNERSHIP</b> | <input type="checkbox"/> | <input type="checkbox"/> <b>CONSUMPTION ON THE PREMISES</b> | <input type="checkbox"/> <b>Wine</b>                     |
|                            |                          | <input type="checkbox"/> <b>MANUFACTURER</b>                | <input type="checkbox"/> <b>Malt Beverage</b>            |
|                            |                          | <input type="checkbox"/> <b>WINE TASTING</b>                | <input type="checkbox"/> <b>Distilled Spirits</b>        |
|                            |                          | <input type="checkbox"/> <b>BEER TASTING</b>                | <input type="checkbox"/> <b>Brew Pub (on premise)</b>    |
|                            |                          | <input type="checkbox"/> <b>BYOB</b>                        | <input type="checkbox"/> <b>Growler Malt Beverage</b>    |
|                            |                          | <input type="checkbox"/> <b>CATERING (EVENTS)</b>           |  |

- |   |   |   |
|---|---|---|
| a. Restaurant <input type="checkbox"/>  | b. Bar or Lounge <input type="checkbox"/> | c. Package Store <input type="checkbox"/>     |
| d. Private <input type="checkbox"/>     | e. Food Store <input type="checkbox"/>    | f. Service Station <input type="checkbox"/>   |
| g. Hotel/Motel <input type="checkbox"/> | h. Sunday Sales <input type="checkbox"/>  | i. Additional Bar(s) <input type="checkbox"/> |

1. Full Name of Business \_\_\_\_\_  
 Under what name is the Business to be operated \_\_\_\_\_  
 Is the business a proprietorship, partnership, corporation, domestic or foreign? \_\_\_\_\_
2. Business Address \_\_\_\_\_
3. Phone \_\_\_\_\_ Beginning Date of Business in City of Peachtree Corners \_\_\_\_\_
4.  New business       Existing business purchase  
 If change of ownership, effective date of this change \_\_\_\_\_  
 If change of ownership, enclose a copy of the sales contract and closing statement.
5. Federal Tax ID Number \_\_\_\_\_ Georgia Sales Tax Number \_\_\_\_\_
6. Does the business meet the distance requirements from the following?

<b>CHURCH, SCHOOL GROUNDS, COLLEGE CAMPUS</b>	YES	NO
Wine, Malt Beverage, Distilled Spirits      100 YARDS (Church)    200 YARDS (School) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Office Use Only:</b>		Fee: \$ _____	Amount paid: _____	Date: _____	Bal. Due: \$ _____	Date: _____
Account No: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check# _____	<input type="checkbox"/> CC	<input type="checkbox"/> Cash	<input type="checkbox"/> Check# _____	<input type="checkbox"/> CC
<b>Management Signatures:</b>		<b>FINAL</b>		<b>TEMPORARY LICENSE SIGNATURES</b>		
_____ Brian Johnson, City Manager	Date	_____ Diana Wheeler, CD Director	Date	_____ Brian Johnson, City Manager	Date	
_____ Kym Chereck, City Clerk	Date	_____ Brandon Branham, BL Manager	Date	_____ Diana Wheeler, CD Director	Date	

7. 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.

8. Applicant's employment date with present business \_\_\_\_\_  
If new business, date business will begin in Peachtree Corners \_\_\_\_\_  
If transfer or change of ownership, effective date of this change \_\_\_\_\_  
**If transfer or change of ownership, enclose a copy of the sales contract, closing statement**  
Previous Applicant \_\_\_\_\_  
D/B/A \_\_\_\_\_

9. What is the name of the person who, if the license is granted will be the active manager of the business and on the job at the business? List address, occupation, phone number, and employer.

10. 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.

11. Do you own the land and building on which this business is to be operated? \_\_\_\_\_  
**If not**, please list the manner in which the rent is determined.

**Attach a copy of the lease and any other pertinent documents.**

12. How is the proposed location zoned? \_\_\_\_\_
13. If operating as a corporation, state name and address of corporation, when and where incorporated, and the names of the officers and directors and the office held by each.
14. If operating as a corporation or partnership, list the stockholders (20% or more) and the amount of interest of each stockholder in the corporation or partnership.
15. If an individual, state names of any other persons or firms owning any interest or receiving any funds from the corporation.
16. If this is an application for any retail license hereunder, has applicant or spouse received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages?
17. If this is an application for any retail license hereunder, has applicant or spouse any financial interest in any manufacturer or wholesaler of alcoholic beverages?
18. State whether or not applicant, partner, corporation officer, or has been denied for an alcohol beverage license in the county of Gwinnet in the preceding 2 years. (Submit full details)
19. 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?

20. All beer, wine and liquor retailers shall only purchase alcoholic beverages from a State of Georgia Licensed Wholesaler as per Georgia Alcoholic Beverage Laws and Regulations, 1996 Edition, as now or hereafter amended, Chapter 560-2-2.04. Initial \_\_\_\_\_

21. Do you have any questions or comments regarding the ordinances, laws, regulations or application?  
( ) Yes ( ) No

22. 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

23. Have you made application for a State license? ( ) Yes ( ) No

24. 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:** \_\_\_\_\_

## REGISTERED AGENT INFORMATION FORM

I, \_\_\_\_\_, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors of and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Peachtree Corners, Georgia. I understand the basic purpose is to have and continuously maintain a Registered Agent upon, which any process, notice, or demand required or permitted by law or under said ordinance to be served upon the licensee or owner may be served upon the licensee or owner may be served. I understand that the Registered Agent must be a citizen of the United States and a resident of Gwinnett County or of any county contiguous to Gwinnett County (Barrow, Dekalb, Forsyth, Fulton, Hall, Jackson, Rockdale, and Walton). I further certify that I will notify the City of Peachtree Corners Office of the city Manager of any changes effecting my status and/or position with this company.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Type or Print Name of Agent

\_\_\_\_\_  
Type or Print Agent's Home Address

\_\_\_\_\_  
Type or Print City, State, and Zip Code

\_\_\_\_\_  
Type or Print Area Code and Telephone Number

\_\_\_\_\_  
Type or Print Date Moved into the Above Address

\_\_\_\_\_  
Type or Print Driver's License Number

\_\_\_\_\_  
Type or Print Date of Birth

**Subscribed and sworn to before me**

**This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
(Clerk/Notary Public)

\_\_\_\_\_  
(Signature of Named Individual)

**My commission expires: \_\_\_\_\_**



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

**ALCOHOLIC BEVERAGES - HOURS OF SALE**

**PACKAGE - BEER AND WINE**

Monday through Saturday	7:00 a.m. - 12:00 midnight
Sunday	12:30 p.m. – 11:30 p.m.
Election Day (City, State, Federal, or County)	7:00 a.m. – 12:00 midnight *Not allowed within 250 feet of Polling Place, during polling hours*

**PACKAGE - LIQUOR**

Monday through Saturday	7:00 a.m. to 12:00 midnight
Sunday	12:30 p.m. – 11:30 p.m.
Election Day (City, State, Federal, or County)	7:00 a.m. – 12:00 midnight *Not allowed within 250 feet of Polling Place, during polling hours*

**CONSUMPTION ON THE PREMISES – BEER, WINE AND LIQUOR**

**1 Eating Establishment ONLY – establishment which is licensed to sell alcoholic beverages and which derives at least 50 percent (50%) of its total annual gross food and beverage sales from the sale of prepared meals or food. [Article 2, Section 5(a)] and [Article 3, Section 3(c)]**

<b>Sunday <sub>1</sub></b>	<b>11:00 AM – 12:00 AM</b>	
Monday	9:00 AM – 1:55 AM	Election Day (City, State, Federal, or County)
Tuesday	9:00 AM – 1:55 AM	*Not allowed within 250 feet of Polling Place, during polling hours*
Wednesday	9:00 AM – 1:55 AM	
Thursday	9:00 AM – 1:55 AM	
Friday	9:00 AM – 1:55 AM	
Saturday	9:00 AM – 1:55 AM	

**NO SALES**

Sunday	2:00 AM – 12:30 PM
Monday	2:00 AM – 9:00 AM
Tuesday	2:00 AM – 9:00 AM
Wednesday	2:00 AM – 9:00 AM
Thursday	2:00 AM – 9:00 AM
Friday	2:00 AM – 9:00 AM
Saturday	2:00 AM – 9:00 AM
<b>Christmas Day</b>	

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

**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

**II. I hereby 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 beverage 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 must be prepared and maintained. Failure to prepare and maintain 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 Peachtree Corners 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

# ALCOHOLIC BEVERAGE LICENSE FEES

## Administrative Fees: New License Only

- Investigation and Administrative \$ 500

### ✓ TYPE OF LICENSE:

### LICENSE FEE:

#### \_\_\_\_\_ **CONSUMPTION ON THE PREMISES:**

_____ Wine	\$ 600.00
_____ Malt Beverages	\$ 600.00
_____ Wine and Malt Beverages	\$1,200.00
_____ Distilled Spirit	\$4,500.00
_____ Wine, Malt Beverages & Distilled Spirits	\$5,700.00
_____ Additional Bar Fixed _____ @	\$750.00 (Each)
_____ Additional Bar Movable _____ @	\$250.00 (Each)
_____ Sunday Sales Distilled Spirits	\$1,000.00
_____ Sunday Sales Malt Beverage	\$250.00
_____ Sunday Sales Wine	\$250.00
_____ BYOB	\$100.00

#### \_\_\_\_\_ **PACKAGE:**

_____ Wine	\$ 600.00
_____ Malt Beverages	\$ 600.00
_____ Wine and Malt Beverages	\$1,200.00
_____ Sunday Sales Malt Beverage	\$250.00
_____ Sunday Sales Wine	\$250.00
_____ Wine and Malt Beverage Tasting License	\$50.00

#### \_\_\_\_\_ **WHOLESALE:**

_____ Wine	\$500.00
_____ Malt Beverage	\$500.00
_____ Distilled Spirits	\$1,000.00

#### \_\_\_\_\_ **DISTILLER OR MANUFACTURER:**

_____ Wine	\$600.00
_____ Malt Beverage	\$600.00
_____ Distilled Spirits	\$4,500.00
_____ Sunday Sales Wine	\$250.00
_____ Sunday Sales Malt Beverage	\$250.00
_____ Sunday Sales Distilled Spirits	\$1,000.00

## BEER WHOLESALE EXCISE TAX RETURN

**Business Number:** \_\_\_\_\_ **Month of:** \_\_\_\_\_  
**Business Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **City Issuing License:** \_\_\_\_\_

*Each wholesaler selling malt beverages to dealers selling malt beverages within the City of Peachtree Corners, must collect a specific tax in the amount of \$0.05 per 12 ounces, or proportionate part thereof as to graduate said amount of tax on smaller containers, and an excise tax on draft beer of \$6.00 per container of not more than 15 1/2 gallon size, or proportionate part thereof within a bulk container commonly used for tap or draft beer sold by each wholesale dealer within the City of Peachtree Corners. This tax is due and payable to the City of Peachtree Corners monthly on or before the 15<sup>th</sup> day of the month following the month the tax was collected. Failure to pay by the due date will subject the licensee to the penalty and interest on the tax due. Remittance shall be accompanied by a statement under oath from a responsible person employed by the wholesaler showing the total sales of each type of malt beverage, by volume and price, disclosing for the preceding calendar month the exact quantities of malt beverages, by size and type of container, constituting a beginning and ending inventory for the month, sold to every person holding a retail license for the sale of malt beverages in the City of Peachtree Corners. Returns remitted by mail must be postmarked by the 15<sup>th</sup> of the month due. For example, the tax collected for the month of January is due and payable on or before February 15<sup>th</sup>.*

Column: 1	Column: 2	Column: 3	Column: 4	Column: 5	Column: 6
<i>Size of Container</i>	<i>Beginning Inventory</i>	<i>Ending Inventory</i>	<i>Total Sold</i>	<i>Tax Per Container</i>	<i>Tax Due:</i>
7 oz.				<b>\$0.0292</b>	
8 oz.				<b>0.0333</b>	
12 oz.				<b>0.0500</b>	
14 oz.				<b>0.0583</b>	
16 oz.				<b>0.0667</b>	
32 oz.				<b>0.1333</b>	
1/2 barrel (15- 1/2 gal.)				<b>6.00</b>	
1 barrel (31 gal.)				<b>12.00</b>	

This return is subject to audit:

1. Multiply columns 4 and 5 to determine tax due amount payable (column 6) .....\$ \_\_\_\_\_
2. Penalty (add 5% of column 6 for each month or fraction thereof, not to exceed 25%, if submitted after the 15th of the month) ..... +\$ \_\_\_\_\_
3. Total Amount Due:..... \$ \_\_\_\_\_

**I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signed \_\_\_\_\_ Title \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Please return this form with remittance to:**  
 City of Peachtree Corners  
 310 Technology Parkway Peachtree Corners, GA 30092

**ALCOHOLIC BEVERAGE WHOLESALE EXCISE TAX RETURN**

**Business Number:** \_\_\_\_\_ **Month of:** \_\_\_\_\_  
**Business Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **City Issuing License:** \_\_\_\_\_

The excise taxes imposed by this division shall be collected by all wholesalers selling alcoholic beverages to persons holding retail licenses for sale to the same, in the City of Peachtree Corners. Said excise taxes shall be collected by the wholesalers at the time of the wholesale sale of such beverages. It shall be the duty of each wholesaler to remit the proceeds so collected, on or before the 15th day of each month, for the preceding calendar month.

This remittance shall be accompanied by a statement under oath from a responsible person employed by the wholesaler showing the total sales of each type of wine and alcoholic beverage, by volume and price, disclosing for the preceding calendar month exact quantities of wine and alcoholic beverages, by size and type of container, constituting a beginning and ending inventory for the month, sold to every person holding a retail license for the sale of wine and alcoholic beverages in the City of Peachtree Corners. **Failure to file such a statement, or to remit the tax collected on or before the 15th day of each month, shall be grounds for suspension or revocation of the license provided for by this chapter. Failure to pay by the due date will subject the licensee to the penalty and interest on the tax due.**

The excise tax levied on the sale of distilled spirits by the package, at the wholesale level, is hereby set at the rate of \$0.22 per liter of distilled spirits, excluding fortified wines, and a proportionate tax at like rates on all fractional parts of a liter.

The excise tax levied on the first sale or use of wine by the package is hereby set at \$0.22 per liter, and a proportionate tax at like rates on all fractional parts of a liter.

-----  
This return is subject to audit:

- 1. Liters sold of distilled spirits: ..... X \$0.22 per liter tax = \$ \_\_\_\_\_  
(excluding fortified wines)
- 2. Penalty (add 5% of line 1 for each month or fraction thereof, not to exceed 25% if submitted after the 15th of the month):..... +\$ \_\_\_\_\_
- 3. Total Amount Due:..... \$ \_\_\_\_\_

***I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.***

Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Signed \_\_\_\_\_ Title \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Please return this form with remittance to:**

**City of Peachtree Corners  
310 Technology Parkway  
Peachtree Corners, GA 30092**

**RETAIL EXCISE TAX RETURN ON LIQUOR BY THE DRINK**

**Business Name** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Month of** \_\_\_\_\_

There is hereby imposed and levied upon every sale of an alcoholic beverage containing distilled spirits purchased by the drink in the City of Peachtree Corners a tax in the amount of 3 percent of the purchase price of said beverage. Every person and/or business licensed for on-premise consumption of distilled spirits in the City of Peachtree Corners shall collect and remit a tax of three percent (3%) of the purchase price of said beverages. This tax is due and payable to the City of Peachtree Corners monthly on or before the 20<sup>th</sup> day of the month following the month the tax was collected. When paid on or before the 20<sup>th</sup> of the month, the licensee may deduct and retain three percent (3%) of the first \$3,000 of tax and one-half percent (1/2%) of the amount of tax in excess of \$3,000 as a vendor's credit. **Failure to pay by the due date will result in the loss of the vendor's credit and will subject the licensee the penalty and interest on the tax due. The penalty is five percent (5%) for each month or fraction thereof not to exceed twenty five percent (25%). The interest rate is 1% per month or fraction thereof on the delinquent tax.**

Gross Sales for the Month:

Food:\$ \_\_\_\_\_ Beer:\$ \_\_\_\_\_ Wine:\$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_

This return is subject to audit:

- 1. Gross Sales of liquor-by-the-drink \$ \_\_\_\_\_
  - 2. Tax (3% of line 1) \$ \_\_\_\_\_
  - 3. Vendor's Credit (deduct 3% of first \$3,000 of amount on line 2, and 1/2% of amount in excess of \$3,000 on line 2, (if paid on or before the 20th)) - \$ \_\_\_\_\_
  - 4. Penalty (add 5% of line 2 for each month or fraction thereof, not to exceed 25%, if delinquent) +\$ \_\_\_\_\_
  - 5. Interest (add 1% for each month or fraction thereof line 2 if delinquent) + \$ \_\_\_\_\_
- TOTAL AMOUNT DUE = \$ \_\_\_\_\_**

*I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.*

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please return this form with remittance to:**

**City of Peachtree Corners  
310 Technology Parkway  
Peachtree Corners, GA 30092**