



CHECK-OFF LIST FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION

ALL APPLICANTS:

- APPLICANT WORKSHEET**
- APPLICATION** – All blanks must be completed, signed, and notarized.
 - LIST OF OWNERS** – *For businesses not publicly traded*: A list of business owners including their names, city and state of their residential and work addresses, and ownership percentages for every owner. *For publicly traded businesses*: A list of corporate officers including their names, city and state of their residential and work addresses and corporate titles.
 - HOURS** – Operating hours information.
 - REVIEW OF ALCOHOL ORDINANCE** and the following notes:
 1. It is advisable that applicants of any business, liquor, beer and/or wine licenses make no expenditures, sign no contracts or obligate themselves in any manner without first making themselves aware of all requirements for State and City Code compliance.
 2. Handling permit requirements.
- PERSONNEL STATEMENTS** – Required of the primary applicant and of each additional applicant on the Applicant Worksheet. Original pictures are required on each form.
- S.A.V.E. AFFIDAVIT** – Required with each Personnel Statement. Must be notarized and a copy (front and back) of approved document attached.
- PRIVATE EMPLOYER AFFIDAVIT** – Must be notarized – please make sure you complete parts that apply to your business – 10 or fewer employees **OR** 11 or more employees
- REGISTERED AGENT FORM** – Registered agent must reside in DeKalb County.
- PRIVACY ACT STATEMENT** - Must be completed by applicant(s) and register agent.
- BACKGROUND CONSENT FORM** - Must be completed by applicant(s) and register agent.
- FINGERPRINTS** – This will occur after the application with each applicant personnel statement and SAVE affidavit is submitted and reviewed. Fingerprints are taken by the Dekalb County Police Department's Permit Unit. Information regarding processing can be found at: <https://www.dekalbcountyga.gov/police-services/permits>
- LEGAL SURVEY** – Scale drawing showing business location and completion of enclosed SURVEYOR'S CERTIFICATE
- FLOOR PLAN DRAWING** – Restaurants seeking to be licensed for consumption on premises must provide a diagram
- STATEMENT OF FLOOR AREA** – Restaurants must meet requirements stated in City qtf kpcpegu
- OCCUPATIONAL TAX CERTIFICATE APPLICATION** – Submitted to the City of Stonecrest Finance Department, Revenue Division, with required documents.

APPLICANTS FOR CONSUMPTION-ON PREMISES LICENSE:

- COPY OF MENU**
- LIST OF EMPLOYEES**
- LIST OF WHOLESALE DISTRIBUTORS** – Cannot purchase and re-sell alcohol from retail establishment (i.e. Sam's, Costco, B.J.'s, "" gtc.).
- AFFIDAVIT – ALCOHOL AND FOOD SALES** (if open prior to applying for alcohol license)



APPLICANT WORKSHEET

STEP ONE: List those who have an influential interest in the establishment. Complete all columns in this step, except for Column 2.

Influential interest means the actual power to control or influence the operation, management, or policies of an establishment or legal entity which operates the establishment. An individual is deemed to have an “influential interest” if he or she:

- (1) is the on-site general manager of the establishment,
- (2) owns a financial interest of ten percent or more of a legal entity operating the establishment, or
- (3) holds an office (e.g., president, vice president, secretary, treasurer, managing member, managing director, etc.) in a legal entity which operates the establishment.

STEP TWO: In Column 2, write “P” to indicate the Primary Applicant for this application. Primary applicant means the individual with an influential interest in the establishment who is primarily responsible for alcoholic beverage matters for the establishment applying for an alcoholic beverage license.

STEP THREE: In Column 2, write “A” to indicate the Additional Applicant(s) for this application. Additional applicant means any other individual with an influential interest in the establishment.

STEP FOUR: The Primary Applicant and each Additional Applicant must complete a Personnel Statement, complete a SAVE affidavit, and provide his/her fingerprints for a criminal background check.

Name (First Middle Last)	Column 2	Residence			Office (where person works)		
		City	State	County	City	State	County

Check here and use extra pages, if necessary, to list and provide information for other individuals with an influential interest in the establishment.

The above is accurate and true as of the date of submission of the application/renewal with the City of Stonecrest.

Primary Applicant Signature

Date

Primary Applicant Printed Name

Business Name & DBA: _____



CITY OF STONECREST
ALCOHOL BEVERAGE LICENSE APPLICATION

INSTRUCTIONS: Every question must be fully and correctly answered. If space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. When completed, it must be dated, signed, and verified, under oath by the primary applicant

CHECK ONE: New location New license New Ownership Other changes (specify):

TYPE OF BUSINESS: Package store Grocery store Restaurant Convenience store Country club
Other (specify):

TYPE OF LICENSE: Retail/Package Consumption on premises Wholesaler Caterer

PRIMARY APPLICANT (Full Name):

Date of birth:

Phone Number: Email:

Home address:

BUSINESS INFORMATION (Legal Name):

Doing Business As (if applicable):

Business location:

Mailing address:

Federal Employer ID/SSN: Georgia Sales Tax No.:

Is the business publicly traded? Yes No

Type of business: Partnership or Association Sole Proprietor Corporation

Owner(s)/Corporate Officer(s):

Table with 5 columns: Name, Corporate Title, Residence City/State, Work Address, % Interest. Contains 5 empty rows for data entry.



CITY OF STONECREST
ALCOHOL BEVERAGE LICENSE APPLICATION (Continued)

Day(s) & Time(s) of Operations: Does this establishment seek to remain open any time after 12:30 am? Yes No

Monday: Tuesday:
Wednesday: Thursday:
Friday: Saturday:
Sunday:

If a restaurant, does the establishment serve the prepared meals described on its menu every hour that it is open?

Yes No Not applicable (because the establishment is not a restaurant)

If NO, EXPLAIN:

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Licensee 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 statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

I, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the primary applicant in the foregoing application are true and correct. Furthermore, I affirm that the City of Stonecrest may request an audit, at any time at the businesses expense to verify any information provided. I affirm that I have read the City of Stonecrest Alcohol Ordinance. 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 violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal state.

Primary Applicant Signature (Full name)

I hereby certify that State of Georgia County
Full name of Primary Applicant

signed his name to the foregoing after stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

(SEAL)

This day of 20

Notary Public



PERSONNEL STATEMENT

Instructions: A personnel statement must be executed under oath, by the Primary Applicant and by each Additional Applicant applying for an alcoholic beverage license. Each question must be fully answered. If space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached.

1. Full Name _____
2. Full name and address of business of which this personnel statement is a part:

3. Position of applicant in business: _____
4. State ownership or interest, if any, in this business: _____
5. Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages? _____
If yes, give names, locations and amount of interest in each: _____

6. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? _____
If yes, give details: _____

7. Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages? _____
If yes, give names, locations and amount of interest in each: _____

8. If during the past ten years you have bought and sold any alcoholic beverage business, give details (date, license number, persons and considerations involved). _____

9. Have you ever been denied bond by a commercial security company? _____
If yes, give details: _____

10. Other names used by applicant: _____
11. Home address: _____ Home Phone: _____
Business address: _____ Business Phone: _____
12. Date of Birth: _____
13. Marital Status: _____
14. If married or separated, full name of spouse: _____
Birth name: _____ Date of Birth: _____



PERSONNEL STATEMENT (Continued)

15. Employment Record for the past ten years (Give most recent experience first):

Dates Employed (from/to)				Occupation and Description	Salaries Received	Employers	Reason for Leaving
Month	Year	Month	Year				

16. List of all of your residences for the past ten years (Give current/most recent residence first):

Dates		Street	City	State
From	To			

17. Have you ever been arrested, or held by Federal, State or other law-enforcement authorities, for any violation of federal law, state law, county or municipal law, regulation or ordinances? (Do not include traffic violations. All of the charges must be included, even if they were dismissed. Give reason charged or held, date, place where charged, disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest).

18. Attach photograph (front view) taken within the past year.

19. To complete this application, I will submit a complete set of my fingerprints to the Dekalb County Police Department Permits Unit for a criminal background check.



Note: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith.

State of Georgia, _____ County

I, _____ do solemnly swear, subject to the penalties of false swearing that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

Applicant's Signature

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

This _____ day of _____, 20____.

Notary Public

My Commission Expires

(Seal)



S.A.V.E AFFIDAVIT

Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration Compliance Act O.C.G.A. § 50-36-1(e)(2)

This form is required from both primary and additional applicants for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an Applicant, as a City Vendor, or as a Recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act, (O.C.G.A. § 50-36-1), I am stating the following:

- I am a United States citizen, or
(Must include a copy of either current State Driver’s License, Passport, Military ID, or other approved document*.)
- I am a legal permanent resident of the United States**, or
(Must include a copy of your Permanent Resident Card or other approved document*.)
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency**(Must include a copy your Employment Authorization Card or other approved document*.)

**My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e)(1), with this affidavit.

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (City), _____ (State).

Signature of Applicant

Date

Printed Name of Applicant

SCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

(Seal)

My Commission Expires

*A complete list of verifiable documents can be found on the Georgia Attorney General’s website (O.C.G.A. § 50-36-2).



Private Employer Affidavit Pursuant to O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, as an applicant for an Alcohol License as referenced in O.C.G.A. §36-30-6(d), from the City of Stonecrest, the undersigned applicant representing the private employer know as _____ (Name of Business) verifies one of the following with respect to my application for the above mentioned document:

Section 1:

Choose **ONE** of the following:

- a. _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees. *Complete Section 2 and 3 below.*
- b. _____ On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees. *Complete Section 3 below.*

Section 2:

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number
(This number is between 4-8 digits and does not include letters)

Date of Authorization

Section 3:

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 violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ date of _____, 20____ in

_____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20____

(Seal)

NOTARY PUBLIC

My Commission Expires: _____



REGISTERED AGENT FORM

BUSINESS NAME

BUSINESS LOCATION

CITY/STATE/ZIP

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of the City of Stonecrest Ordinances. (Every establishment holding an alcoholic beverage license in the City must have a registered agent and this person must be a resident of DeKalb County).

This _____ day of _____, 20_____.

REGISTERED AGENT INFORMATION:

Signature of Agent

Agent Date of Birth (MM/DD/YYYY)

Type or print name of Agent

Agent E-Mail

Agent's Home Address

Agent's City, State, Zip Code

PRIMARY APPLICANT:

Signature of Primary Applicant

Type or print name of Primary Applicant

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

I have received and read a copy of the Privacy Act Statement.

Signature:

Date:

Print Name:



BACKGROUND INVESTIGATION CONSENT FORM

**MUST BE COMPLETED BY APPLICANT AND REGISTERED AGENT IF
APPLICANT ISN'T A DEKALB COUNTY RESIDENT**

With regards to my application for an Alcoholic Beverage License, I hereby authorize the Revenue Division of the Stonecrest Finance Department to received any criminal history record information pertaining to me, which may be in the files of any state or local criminal agency in Georgia.

Last Name:

First Name:

Middle Name:

Street Address:

City:

State:

Zip code:

Sex:

Race:

Date of birth:

Social security number:

Signature:

Date:



REPORT OF LAND SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

DATE: _____

PRIMARY APPLICANT: _____

BUSINESS & DBA (if applicable) NAME: _____

BUSINESS ADDRESS: _____

The undersigned has examined the subject location and has made measurements to determine the compliance or non-compliance with distance requirements in accordance with the City of Stonecrest ordinances.

100 YARDS MINIMUM (WINE OR MALT BEVERAGES)

- 1. _____ yards to the _____
(school building, school ground, educational facility, or college campus, this includes kindergarten or churches which have schools or kindergartens)
located at _____

200 YARDS MINIMUM (DISTILLED SPIRITS)

- 1. _____ yards to the _____
(school building, school ground, educational facility, or college campus, this includes kindergarten or churches which have schools or kindergartens)
located at _____
- 2. _____ yards to the _____
(church or other place used primarily for religious service)
located at _____
- 3. _____ yards to the _____
(alcoholic treatment center owned and operated by this state or any council or government entity therein)
located at _____
- 4. _____ yards to the _____
(parcel of land located in a residential zoning district)
located at _____

1,000 YARDS MINIMUM

- 1. _____ yards to the _____
(existing retail establishment selling distilled spirits by the package)
located at _____

NOTE: SUVEY SHOWING DISTANCE TO THE USE ABOVE MUST BE ATTACHED.

GEORGIA REGISTERED LAND SURVEYOR

SURVEYOR NO.

(SEAL)



STATEMENT OF FLOOR AREA

Name of Business & DBA (if applicable): _____

Business Location Address: _____

Street City State Zip Code

The total square footage of floor area occupied by the establishment is: _____

The total square footage of floor area accessible to patrons is: _____

The total square footage of floor area devoted to tables and seating for patron dining is: _____

I, _____, certify subject to the penalties for false swearing, that the foregoing is true and correct.

Primary Applicant Printed Name

Primary Applicant Signature

Signed and sworn to before me on this ____ day of _____, 20____

Notary Signature and Seal

My commission expires: _____



List of Employees and Wholesale Distributors

List the name of your employees below:

1. _____

14. _____

2. _____

15. _____

3. _____

16. _____

4. _____

17. _____

5. _____

18. _____

6. _____

19. _____

7. _____

20. _____

8. _____

21. _____

9. _____

22. _____

10. _____

23. _____

11. _____

24. _____

12. _____

25. _____

13. _____

26. _____

List the name of your distributors below:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____



AFFIDAVIT - ALCOHOL AND FOOD SALES (Consumption on the Premises Alcoholic Beverage License Application)

This form is required for all consumption-on premises alcoholic beverage license applications.

Instructions for the Alcohol and Food Sales Affidavit:

Column A: “Total Monthly Revenue” – Total monthly revenue of the establishment.

Column B: “Total revenue from food & nonalcoholic beverages” – Revenue derived from the sale of food prepared and consumed on premises and nonalcoholic beverages consumed on the premises.

Column C: “Percentage of total revenue from food & non-alcoholic beverages” – This percentage is Column A (Total Monthly Revenue) divided by Column B (Total revenue from food & non-alcoholic beverages).

Column D: “Total revenue from charges to enter or remain on premises” – Use this column to report the revenue derived from charges to enter or remain on the premises.

Column E: “Total revenue from alcoholic beverages” – Use this column to report the revenue from the sale of alcoholic (wine, malt and distilled) beverages combined.

Column F-H: “Total revenue from (fill in blank) (category > 10%)” – Use these columns to report revenue from any other category that exceeds ten percent (10%) of the monthly revenue not accounted for in a columns B, D or E. For example, “carry-out” food orders, merchandise sales, parking, tobacco, hookah, etc. If additional space is needed add monthly information on a separate form. Write the category reported on the lines provided.

Column I: “Total revenue for categories that do not individually exceed 10%” – Use this column to report any other combined revenue derived from categories that individually do not exceed 10% of monthly revenue. For example, “carry-out” food orders, merchandise sales, parking, tobacco, hookah, etc.

Establishments licensed as a restaurant who desire to remain open to the public after 12:30 a.m. must provide a sworn statement (affidavit) from a certified public accountant (CPA).



AFFIDAVIT - ALCOHOL AND FOOD SALES (Consumption on the Premises Alcoholic Beverage License Application)

Name of Applicant Business: _____

12 month period: _____

Applicant Business Address: _____

Street

City

State

Zip Code

This affidavit must be completed and signed under oath. The following must be provided for the last twelve months.

If the business has not been open that long state the start date: _____

	A	B	C	D	E	F	G	H	I
Month/Year (MM/YYYY)	Total monthly revenue	Total revenue from food & non- alcoholic beverages ¹	Percentage of total revenue from food & nonalcoholic beverages ¹	Total revenue from charges to enter or remain on premises	Total revenue from alcoholic beverages	Total revenue from (category > 10%) ²	Total revenue from (category > 10%) ²	Total revenue from (category > 10%) ²	Total revenue for categories that do not individually exceed 10%
1.			%						
2.			%						
3.			%						
4.			%						
5.			%						
6.			%						
7.			%						
8.			%						
9.			%						
10.			%						
11.			%						
12.			%						

I, _____, certify subject to the penalties for false swearing, that the foregoing is true and correct.

Printed Name

Signature

(if a CPA, CPA License No.)

Signed and sworn to before me on this ____ day of _____, 20____

(Seal)

Notary Signature

My commission expires: _____

¹ Food must be prepared and consumed on premises ² Write the category reported on the lines provided (e.g., merchandise sales, parking, tobacco, etc.)