



## **ALCOHOLIC BEVERAGE APPLICATION**

- 1. ALCOHOLIC BEVERAGE CHECKLIST**
- 2. ALCOHOLIC BEVERAGE LICENSE APPLICATION**
- 3. ALCOHOLIC BEVERAGE LICENSE APPLICATION**
- 4. ALCOHOLIC BEVERAGE LICENSE APPLICATION**
- 5. ALCOHOLIC BEVERAGE LICENSE APPLICATION**
- 6. ALCOHOLIC BEVERAGE LICENSE APPLICATION**
- 7. ALCOHOLIC BEVERAGE LICENSE APPLICATION**
- 8. REGISTERED AGENT FORM**
- 9. HOURS OF OPERATIONS**
- 10. FOOD AND BEVERAGE AFFIDAVIT**
- 11. ALCOHOL LICENSE FEES**
- 12. MALT BEVERAGE WHOLESALE EXCISE TAX FORM**
- 13. WINE AND DISTILLED SPIRITS WHOLESALE EXCISE TAX FORM**
- 14. LIQUOR BY THE DRINK EXCISE TAX FORM**

# **ATTENTION BUSINESS OWNERS**

**Owners with 10% 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.**



3120 Stonecrest Blvd, Stonecrest, GA 30038  
[www.stonecrestga.gov](http://www.stonecrestga.gov)

## 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 The City of Stonecrest – City Hall at 770-224-0200*

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### CHECK OFF LIST FOR ALCOHOLIC BEVERAGE LICENSE

**Note: The items checked below must be submitted with your application or prior to issuance of your license.**

- APPLICATION - In Duplicate - Must be fully completed, application must be signed & notarized. Two copies of your corporate papers must be filed with your application if the business is incorporated. Also, the applicant must provide a listing of the corporate officers.**
- PERSONNEL STATEMENTS - In Duplicate - Required on licensee, sole proprietor, all partners, any person with 10% or more stock ownership of the corporation, and all corporate officers. Two (2) original pictures and two (2) copies of each person's driver's license are required. If no driver's license, please attach two (2) copies of your military or state issued identification card. U S Citizens must provide two legible/readable copies of their birth certificate or naturalization certificate. Resident Aliens must provide two legible/readable copies of their Immigration Card. Poor quality copies are not acceptable.**
- REGISTERED AGENT - In Duplicate - All businesses with a license to sell beer, wine or liquor must have and continuously maintain a registered agent who lives in DeKalb County. The owner can be the registered agent if they live in DeKalb County, but they must complete the registered agent forms. Two pictures and two copies of the agent's driver's license are required.**
- AFFIDAVIT - In Duplicate - For Liquor Sales - Person having knowledge of applicant's residence.**
- LEGAL LAND SURVEY - All new locations and closed stores/businesses must provide a new survey which was measured no more than 30 days prior to filing date of the alcohol license application.**

- ( ) **FLOOR PLAN DRAWING - In Duplicate** – All applicants must provide a drawing of their business that shows a detailed layout of the inside of the business and the drawing shall show all entrances and exits. Nightclub and restaurants must show their bathrooms, kitchen, office and customer areas.
- ( ) **COPY OF MENU - In duplicate - Nightclubs and Restaurants - Food and beverage service.**
- ( ) **LICENSE FEES - CASHIERS CHECK or MONEY ORDER ONLY - Make payable to CITY OF STONECREST.** The license fees must be paid when the application is filed for processing. The prorated fees include the month of application, plus the remaining months in the calendar year and any portion of a month is counted as a full month. Do not forget to include the administrative fee(s).
- ( ) **BUSINESS LICENSE REGISTRATION - Zoning Department must approve all business locations.** A business license is not required if the alcohol license is for a retail liquor store.
- ( ) **BACKGROUND INVESTIGATION & CONSENT FORM - A background investigation consent form (in duplicate) and fee of \$50.00 per person applies to the registered agent and everyone who must complete personnel statements.** The duplicate copies requested above will be sent to the Public Safety by our office. They will advise our office in writing when the investigation is completed. This fee must be paid with a separate Cashier's Check or Money Order, payable to: DeKalb County Police Dept.
- ( ) **CERTIFICATE of OCCUPANCY - Zoning Department will make decision.** Telephone (770) 224-0200 City of Stonecrest. The zoning dept. usually requires a new building permit application, entertainment letter, copy of Fire Dept. approval, copy of food service permit and a minimum filing fee of \$75.00 for businesses with a consumption on premise alcohol license (nightclubs, restaurants and sports bars). Forms can be obtained from zoning.
- ( ) **FIRE DEPARTMENT APPROVAL - Restaurants and nightclubs - Call (404) 371-2611 for inspection.**
- ( ) **HEALTH DEPARTMENT - Restaurants and nightclubs are required to get a new food service permit.** Call (404) 508-7900 or visit their office at 445 Winn Way, Decatur, Georgia 30033.
- ( ) **SANITATION SERVICE - Applicants must provide proof of sanitation service or establish service before a license can be issued.** Call (404) 294-2900 to set up service.

\*- ( ) **REVIEW** – Additional Information on the Reverse Side and the City Alcohol Ordinance.

**CITY OF STONECREST, GEORGIA**

- ( ) **LIQUOR STORES** – Retail package sales of distilled spirits. Georgia Law, Article 2 of Chapter 4, Section 3-4-27 requires the applicant to provide proof of a legal advertisement in the Champion News, located at 217 East Trinity Place, Decatur, Ga. 30030. Telephone number - (404) 373-7779.

1. It is advisable that applicants for any business, liquor, beer and/or wine licenses do not sign any contracts, make expenditures, or commit themselves in any manner without first making themselves aware of all requirements for State and County Code compliance.
2. All new locations must submit a land survey with their application for a beer, wine or liquor license. A new survey will not be required on changes of ownership if the purchaser is applying for the same type of license, provided the business is still open and operating. Locations previously licensed are not grand-fathered if the business closes. 3. The applicant is responsible for scheduling their inspections by the fire and health departments, and the zoning department must approve all business locations before a business or alcohol license can be issued. The applicant is responsible for delivery of the final inspections to our office.
4. Any questions you may have with regard to the interpretation of the DeKalb County Code or how it applies to your particular situation must be submitted in writing to the alcohol licensing manager. Your questions will be reviewed and answered in writing as appropriate.
5. STATE LICENSE - In addition to the County License, a State License is required. The County License is not valid without a current State License. Please contact the State of Georgia Revenue Department at (404) 417-4490 to obtain forms and information to file for a State License. Their office is located at: 1800 Century Center Blvd, 2nd Floor, Atlanta, Georgia 30345.
6. FEDERAL PERMIT - Federal Law requires a Federal Occupational Tax Stamp for alcohol sales. Please call 1- (800) 398-2282 for additional information. They will mail application forms to you.
7. CITY LICENSE FEES ANNUAL FEE (Jan 1 through Dec 31) Liquor \$4,000.00 Consumption or package sales ( Mon thru Sat) Beer only \$600.00 Consumption or package sales ( Mon thru Sat) Wine only \$600.00 Consumption or package sales ( Mon thru Sat) Beer & Wine Combination \$900.00 Consumption or package sales ( Mon thru Sat) Additional Fixed Bar \$600.00 Consumption on premises only ( Mon thru Sat) Additional Movable Bar \$300.00 Consumption on premises only ( Mon thru Sat) Sunday Sales Permit \$1,100.00 Consumption on premises only ( Only one fee) 8. The following fees are not prorated: Charitable Nonprofit = \$50.00 per day for beer and/or wine. \$50.00 per day for liquor. Fraternal Organizations = \$500.00 annual for beer and/or wine. \$1,000.00 annual for liquor. Wholesalers = \$600.00 each for beer or wine, plus \$4,000.00 for liquor. Administrative/application fee = \$100.00 for beer and/or wine, Plus \$200.00 for liquor.
9. Mixed drink tax returns – Consumption on premises businesses that sell distilled spirits are required to report and pay excise taxes of three (3) percent each month on the liquor sales only. These taxes must be paid promptly each month to avoid suspension or revocation of your license.
10. An alcohol license allows alcohol sales Monday through Saturday. Eating establishments meeting the minimum food sales requirement may purchase a Sunday Sales permit. The Sunday Sales permit will allow alcohol sales on Sunday from 12:30 noon until 02:55 a.m. Monday morning.
11. Employee permits to work in liquor stores or at consumption on premises establishments must be obtained from the DeKalb County Public Safety Department. Please call them at (404) 297-3934. The alcohol license must be issued to the business before any employee permits will be issued

**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

**City of Stonecrest  
3120 Stonecrest Blvd  
Stonecrest, GA 30038  
Phone: (770) 224-0200**

<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; Beer</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>Beer Beverage</b>              |
|                            |                          | <input type="checkbox"/> | <b>WINE TASTING</b>                | <input type="checkbox"/> | <b>Distilled Spirits (Liquor)</b> |
|                            |                          | <input type="checkbox"/> | <b>BEER TASTING</b>                | <input type="checkbox"/> | <b>Growler Beer 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 Stonecrest \_\_\_\_\_

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>	<b>YES</b>	<b>NO</b>
Wine, Beer Beverage, Distilled Spirits 200 Yards (Church) 200 Yards (School)	<input type="checkbox"/>	<input type="checkbox"/>

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 DeKalb 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 Stonecrest \_\_\_\_\_

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.

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**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 (10% 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 DeKalb 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 Stonecrest 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: \_\_\_\_\_**





**TYPE OF LICENSE:**

**LICENSE FEE:**

<b>_____ CONSUMPTION ON THE PREMISES:</b>	
_____ Wine	\$ 600.00
_____ Beer Beverages	\$ 600.00
_____ Wine and Beer Beverages	\$ 900.00
_____ Distilled Spirit (Liquor)	\$4,000.00
_____ Wine, Beer Beverages & Distilled Spirits	\$4900.00
_____ Additional Bar Fixed _____ @	\$600.00 (Each)
_____ Additional Bar Movable _____ @	\$300.00 (Each)
_____ Sunday Sales (Only one fee)	\$1,100.00
_____ Sunday Sales Malt Beverage	\$250.00
_____ Sunday Sales Wine	\$250.00

**HOURS OF OPERATION**

**PACKAGE - BEER AND WINE**

**PACKAGE - BEER AND WINE**

Monday through Saturday

(City, State, Federal, or County)

**PACKAGE - LIQUOR**

Monday through Saturday

Sunday

Election Day

(City, State, Federal, or County)

Election Day- Licensees may open their establishments for the sale of alcoholic beverages on any election day

\*Not allowed within 200 feet of Polling Place, during polling hours\*

No Sunday Sales

\*Not allowed within 200 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)]**

**Sunday 12:30 PM – 2:55 AM**

Monday 9:00 AM – 3:55 AM  
 Tuesday 9:00 AM – 3:55 AM  
 Wednesday 9:00 AM – 3:55 AM  
 Thursday 9:00 AM – 3:55 AM  
 Friday 9:00 AM – 3:55 AM  
 Saturday 9:00 AM – 2:55 AM

Election Day- Licensees may open their establishments for the sale of alcoholic beverages on any election day (City, State, Federal, or County)  
\*Not allowed within 200 feet of Polling Place, during polling hours\*

**NO SALES**

Sunday ALL DAY  
Monday - Saturday 3:00 AM – 9:00 AM

**City of Stonecrest  
3120 Stonecrest Blvd  
Stonecrest, Georgia 30038  
Phone: (770) 244-0200**

**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 2:55 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 Stonecrest 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



3120 Stonecrest Boulevard, Suite 100  
 Stonecrest, GA 30038  
 770.224.0200  
[www.stonecrestga.gov](http://www.stonecrestga.gov)

## 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 Stonecrest, 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 Stonecrest. This tax is due and payable to the City of Stonecrest 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 Stonecrest. 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
Size of Container	Beginning Inventory	Ending Inventory	Total Sold	Tax Per Container	Tax Due:
7 oz.				\$0.0292	
8 oz.				\$0.0333	
12 oz.				\$0.0500	
14 oz.				\$0.0583	
16 oz.				\$0.0667	
32 oz.				\$0.133	
1/2 Barrel (15 1/2 gal.)				\$6.00	
1 Barrel (31 gal.)				\$12.00	

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 line 1 for each month or fraction thereof, not to exceed 25% if submitted after the 15<sup>th</sup> 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 Stonecrest  
 3120 Stonecrest Blvd  
 Stonecrest, GA 30038

**PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT**

**Note: Incomplete forms will be returned to you to be fully completed**



3120 Stonecrest Boulevard, Suite 100  
Stonecrest, GA 30038  
770.224.0200  
[www.stonecrestga.gov](http://www.stonecrestga.gov)

### ALCOHOL 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 Stonecrest. 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 15<sup>th</sup> 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 Stonecrest. Failure to file such a statement, or to remit the tax collected on or before the 15<sup>th</sup> 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 = \$ \_\_\_\_\_
- 2. Penalty (add 5% of line 1 for each month or fraction thereof, not to exceed 25% if submitted after the 15<sup>th</sup> 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 Stonecrest  
3120 Stonecrest Blvd  
Stonecrest, GA 30038

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT

Note: Incomplete forms will be returned to you to be fully completed



3120 Stonecrest Boulevard  
Stonecrest, GA 30038  
770-224-0200  
[www.stonecrestga.gov](http://www.stonecrestga.gov)

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

**Business Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
\_\_\_\_\_

**Account Number:** \_\_\_\_\_  
**Month/Year Reported:** \_\_\_\_\_

**A. Inventory—Liquor Reporting Only**

List your inventory purchases from  
Licensed wholesaler for the month

**B. Excise Tax Reporting**

**1. Gross Liquor Sales by the Drink** \_\_\_\_\_

2. Tax (-) 3% of line 2: \_\_\_\_\_

3. Less 3% of line 2:(Timely Returns Only) \_\_\_\_\_

4. Credit or Debit \_\_\_\_\_

5. Penalty (-)10% times Line 2  
25% fraud or intent to evade \_\_\_\_\_

6. Interest- 1% per month or  
portion thereof times line 2 \_\_\_\_\_

- 1. ATL Wholesale Wine \_\_\_\_\_ liters
  - 2. Eagle Distributors \_\_\_\_\_ liters
  - 3. Empire Distributors \_\_\_\_\_ liters
  - 4. General Wholesale \_\_\_\_\_ liters
  - 5. Georgia Crown Distributors \_\_\_\_\_ liters
  - 6. National Distributors \_\_\_\_\_ liters
  - 7. Savannah Distributing \_\_\_\_\_ liters
  - 8. United distributors \_\_\_\_\_ liters
  - 9. Other: \_\_\_\_\_ liters
- Liters Purchased** \_\_\_\_\_ **liters**

**Total Amount Due** \_\_\_\_\_

**Total Cost of Liquor Purchased** \_\_\_\_\_ **liters**

**Total Amount Paid** \_\_\_\_\_

**This return and payment of the taxes collected during the month shown are due  
by the 20<sup>th</sup> day of the next month to avoid a late payment penalty and interest charges.**

**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 Stonecrest  
3120 Stonecrest Blvd  
Stonecrest, GA 30038**

**PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT**

**Note: Incomplete forms will be returned to you to be fully completed**