PRIVILEGE APPLICATION CHECKLIST

_____ 1. Privilege Application completed
_____ 2. Copy of Driver's License
_____ 3. Copy of Social Security Card
_____ 4. Copy of Permanent Resident Card or Alien Registration (both front & Back)
_____ 5. Copy of State License
_____ 6. Completed and notarized Private Employer Affidavit
_____ 7. Completed Marietta Police Department Criminal History Consent Form
_____ 8. Certified fund payment (cashier's check, money order or cash only)

Revision 07/31/2018
PRIVILEGE APPLICATION

INSTRUCTIONS: PLEASE PRINT APPLICATION AND ANSWER ALL QUESTIONS.

1. Full Name of Business
   Under What Name is the Business to be Operated?
   Is the Business a Proprietorship ( ); Partnership ( ); Corporation, Domestic ( ); Foreign ( )
   Enclose partnership agreement or certificate of incorporation including articles of incorporation, if applicable.
   Nature and Character of Business
   Projected Gross Receipts (In the State of Georgia from this location)
   Federal Tax ID Number __________________________ Georgia Sales Tax Number __________________________

2. Location __________________________
   If the location is not owned, please state name of property owner __________________________

3. Business Telephone __________________________ Beginning Date of Business in Marietta __________________________

4. Full and True Legal Name of Applicant __________________________
   Any Aliases or Name Changes used in last five (5) years __________________________

E-Mail Address: __________________________

Date of Birth __________________________ Social Security Number __________________________

Driver's License Number __________________________ State __________________________

Full Name of Spouse __________________________

Date of Birth __________________________ Social Security Number __________________________

Driver's License Number __________________________ State __________________________

Where were you born? Street __________________________ County __________________________

City __________________________ State __________________________

Current Address: Street __________________________ County __________________________

City __________________________ State __________________________

Do you reside in Cobb County? Yes ( ) No ( ) How Long __________________________

Number of years at present address __________________________ In Georgia __________________________
Telephone: Residence

What has been your occupation for the past five (5) years? Give specific details.

5. List all Partners, Individuals and Employees associated with this business.
   Give name, address, telephone number, date of birth, and social security number.

6. List name and percent of ownership of all parties.

7. Do you have other stores or locations?

8. Has the applicant, spouse of any individual having an interest either as owner, partner or stockholder been arrested, convicted or entered a plea of nolo contendere within 5 years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States of any municipal ordinance except traffic violations.

9. How is the proposed location zoned? ________________________________
   By Zoning Administrator ________________________________

10. Are there any fees, taxes, fines, utilities or other charges due to the City of Marietta or Marietta Power?
    Yes ( ) No ( ) If yes, please specify. ________________________________

11. Who is the Majority Partner or Stockholder?

   ________________________________

12. Please give three (3) character references from individuals who are in no way related to the applicant or individual shareholders, officers or directors of a corporation and who are not or will not benefit financially in any way from
the application if the license is granted and who have not been convicted of any crime involving moral character. Please include name, address and telephone number.

13. Are there any City employees employed by, has a vested ownership interest or is connected in any way, directly or indirectly, with the operation of this business? Yes ( ) No ( ) If yes, please specify.

14. Are you familiar with the City of Marietta ordinances, state laws and regulations, federal laws and regulations governing the operation of this type of business? ( ) Yes ( ) No

GEORGIA, COBB COUNTY

I, ________________________________________, being duly sworn to law, do swear that the statements made by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such statements were made in order to procure the granting of such a license. I hereby authorize the Marietta Police Department to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the Marietta Police Department's investigation. I further certify that I will notify the City of Marietta Business License Division of any changes effecting my status and/or position with this company.

____ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

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

Alien Registration no. for non-citizens

Persons that are not U.S. Citizens must provide original immigration card I-551 to the Business License Division for verification and copying. Naturalized citizens must provide their original certificate of naturalization for verification by the Business License Division. This applies to the applicant, each owner, each partner, each stockholder with 20% or more ownership, and their spouses. (Passports will not be accepted.)

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature Of Applicant (Type Name Before Signing)

________________________________________

Signature And Title Of Person Other Than Applicant Completing This Application (Print Name Before Signing)

Phone Number _______________________________ Work _______________________________ Home

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF ________, 20__,

Notary Public

My Commission Expires: ______
ATTACH CERTIFIED OR CASHIER'S CHECK PAYABLE TO THE CITY OF MARIETTA AS FOLLOWS:

Alcoholic Beverage Wholesalers
Deposit of Three (3) Months Excise Tax (Reference Marietta City Code 8-8-12-020)
Beer (Occupation Tax Based on Tax Class 1 or Number of Employees); Processing fee $100
Wine (Occupation Tax Based on Tax Class 1 or Number of Employees); Processing fee $100
Liquor (Occupation Tax $1,785); Processing fee $100
Copy of State License Required

Private Detectives and Security Businesses
Occupation Tax (Based on Tax Class 2 or Number of Employees)
Processing fee ($100)
Copy of State License Required

Burglar Alarm System Installations
Occupation Tax (Based on Tax Class 2 or Number of Employees)
Processing fee ($100)
Copy of State License Required (Low or High Voltage)

Please contact the Business License Division at (770) 794-5520 to schedule an appointment to submit application.

If incorporated, please attach copy of Articles of Incorporation.
Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) business license/occupation tax certificate as referenced in O.C.G.A. § 36-60-6(d), from the City of Marietta, Georgia, the undersigned applicant representing the private employer known as [printed name of private employer i.e. business name] verifies one of the following with respect to my application for the above mentioned document:

1. Check box (a) or (b) below

☐ (a) On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

☐ (b) On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

***If the employer checked box (a) must fill out Section 2 below.***

2. By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

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 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

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _________________, 20___.

______________________________
NOTARY PUBLIC

My Commission Expires: ________________
MARIETTA POLICE DEPARTMENT
240 LEMON ST. MARIETTA, GA. 30060
PHONE 770-794-5334    FAX 770-794-5301
CHIEF OF POLICE - DAN FLYNN
Georgia Crime Information Center
Criminal History Consent Form

I hereby authorize MARIETTA POLICE DEPARTMENT to receive and review any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand that this information will be used as part of a background investigation completed by the Marietta Police Department.

Full Name (PRINT)

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>(MAIDEN)</th>
</tr>
</thead>
</table>

ADDRESS  
CITY  
STATE  
ZIPCODE

SEX  
RACE  
DATE OF BIRTH  
PLACE OF BIRTH  
SOCIAL SECURITY NUMBER

List any convictions and/or plea of nolo contendere that has been entered on your record for any felony or misdemeanor charge in any Superior, State, and/or Municipal Court of any state of the United States.

________________________________________________________

________________________________________________________

________________________________________________________

SIGNATURE  
DATE

Special provisions (check if applicable):

Permit Application, (Purpose code 'E')

Business License Application (Purpose code 'E')

Other (Purpose code 'E')

One of the following must be checked:

This authorization is valid for 90 / 180 days (circle one) from date of signature.

DO NOT WRITE BELOW...POLICE USE ONLY

GEORGIA RECORD FOUND (SEE ATTACHED)

NO GEORGIA RECORD FOUND

EMPLOYEE SIGNATURE ___________________________  DATE __________

Form - Permit Business E