



City of Lithonia

City Clerk's Office

6920 Main Street, Lithonia Georgia 30058

Phone: (770) 482-8136 Ext. 128

2025 Alcohol License Renewals

Please find below the application for renewal of your current alcoholic beverage license(s) for the upcoming 2025 year. Additional forms required for license/manager changes can be obtained from the City Clerk Office.

A Background Check can be obtained through the Lithonia Police Department.

Applications sent after January 31, 2025 will be charged a late fee of \$100.00. Also, please remember to include payment of the required fees upon return of your application.

If you have any questions or comments, please contact my office at 770-482-8136 or by email at cityclerk@lithoniacity.org. I look forward to assisting you in obtaining your alcohol license for the coming year.

Business Name: _____	Physical Address: _____	
Mailing Address: _____	Phone: _____	Email: _____
FEIN: _____	Sales Tax No: _____	
State Alcohol License No: _____	ALCOHOL LICENSE TYPES & FEES	
LICENSEE / APPLICANT INFO Name of Licensee (Applicant): _____ Phone: _____ Name of Manager: _____ Phone: _____	<input type="checkbox"/> \$42/MO Beer, Retail _____ <input type="checkbox"/> \$100/ANNUAL Beer, Wholesale Dealer <input type="checkbox"/> \$42/MO Wine, Retail _____ <input type="checkbox"/> \$100/ANNUAL Wine, Wholesale Dealer <input type="checkbox"/> \$62.50/MO Beer & Wine, Retail _____ <input type="checkbox"/> \$84/MO Distilled Spirits, Retail _____ <input type="checkbox"/> \$20/MO Sunday Sales _____ <input type="checkbox"/> \$100/ANNUAL Distilled Spirits Wholesale Dealer <input type="checkbox"/> \$50 Administrative Fee <input type="checkbox"/> \$100 Late Fee <p style="text-align: right;">TOTAL FEES DUE \$ _____</p>	
Type of License: <input type="checkbox"/> Package	<input type="checkbox"/> Renewal with other changes (specify) _____	
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Change(s) for Current License (specify) _____	
<input type="checkbox"/> Consumption on Premises	<input type="checkbox"/> Renewal with new Ownership <input type="checkbox"/> Renewal, without changes	
TYPE OF BUSINESS:		
<input type="checkbox"/> Package Store <input type="checkbox"/> Grocery <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Restaurant <input type="checkbox"/> Gas Station with grocery _____ <input type="checkbox"/> VFW <input type="checkbox"/> Country Club _____ <input type="checkbox"/> BPOE (Elks) <input type="checkbox"/> American Legion _____ <input type="checkbox"/> Event Center Is alcohol catered for events? ____YES ____NO For private events is there an expectation of payment of any kind? ____YES ____NO		
NUMBER OF SERVERS: _____		
NUMBER OF POURERS: _____		
<input type="checkbox"/> _____ <input type="checkbox"/> _____		

Names of Servers (Include Application)	Names of Pourers (Include Application)

1. Are all answers, statements and responses contained in the initial application and subsequent renewals still true, and correct? () Yes () No
2. Are all principal officers, directors, partners, owners, manager etc. as disclosed in the previous application or subsequent renewal(s) and on file are still, correct? () Yes () No. If No, it is required to submit updates including new licensee/manager packet forms with the renewal application.
3. Has the business, licensee, agent, or manager violated or been cited for any criminal charges, gambling offences, alcohol related charges, or violated any regulation, law, or rule of alcohol distribution/sale regulation? () Yes () NO. If Yes, Attach a listing of all violations received in the past year.

Note: Before signing the application, check all answers to ensure they were answered fully & correctly. If any changes were made additional documentation may be required. Any false statements provided or not disclosed could result in denial, suspension, or revocation of the alcohol license. The City of Lithonia reserves the right to request additional written information relative to this application, applicant, any principal officer, and any manager. Should any changes occur during the year which make this application false, such as a change in licensee or manager the applicant must file an amended application within 30 days of such change.

By signing below the applicant affirms that the statements and answers in the application (including all statements, personal disclosures on file or attached hereto) are true and complete and that no false or fraudulent statement or answer is made herein. It is further understood that any false answer or statement or failure to amend this application, when necessary, shall be grounds for suspension or revocation of any license pursuant to this application. The applicant further affirms that he/she will abide by all laws and regulations of the City of Lithonia Alcohol Beverage Ordinance and Laws of the State of Georgia.

Applicant Signature _____ **Date** _____

Office Use Only License #: _____
City Clerk Notes: _____ O Approved O Denied

<input type="radio"/> Approved <input type="radio"/> Denied _____ Police Chief	<input type="radio"/> Approved <input type="radio"/> Denied _____ Council	<input type="radio"/> Approved <input type="radio"/> Denied _____ Council
<input type="radio"/> Approved <input type="radio"/> Denied _____ Council	<input type="radio"/> Approved <input type="radio"/> Denied _____ Council	<input type="radio"/> Approved <input type="radio"/> Denied _____ Council