

MAY 20 2026 PM 3:20
MAY 21 2025 PM 3:20

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE CITY OF STONE MOUNTAIN, GEORGIA

Please read through the entire application before answering any questions. Every question must be answered fully and correctly. If the space provided is not sufficient, answer the questions on another sheet of paper and indicate that a separate sheet is attached. If a particular question does not apply to you, then answer "N/A" and if necessary explain why the question is not applicable to you. **Do not leave any questions blank.** When the form is completed, it must be dated, signed and verified under oath by the applicant and filed with the City Clerk of the City of Stone Mountain, Georgia together with all supporting documents, and a certified check or cash for Three Hundred Fifty Dollars and No/100 (\$350.00) which is non-refundable if the license is not granted. If the license is granted, this processing/investigative fee will be applied towards the first annual license issued.

Type of establishment: (Check one)

- Restaurant Private Club Hotel/Motel Bed & Breakfast
- Caterer Convenience Store Grocery Store Wholesaler
- Theater or Other Entertainment Establishments Poolrooms & Billiard Parlors

Type of license applied for: (Check one)

License Fee must be paid by certified check or cash within 30 days of approval

- Retail consumption – Restaurant, Private Club, Bed & Breakfast, Caterer, Poolrooms & Billiard Parlors, Hotel/Motel, Theater or Other Entertainment Establishments (distilled spirits, malt beverages and wine) ~~\$2,800~~
- Retail consumption - Restaurant, Private Club, Bed & Breakfast, Caterer, Poolrooms & Billiard Parlors, Hotel/Motel, Theater or Other Entertainment Establishments (malt beverages and wine only) \$ 500
- Retail dealer: Building size greater than 4,000 sq. ft. (beer and wine package sales only) \$1,000
- Retail dealer: Building size 4,000 sq. ft. or less (beer and wine package sales only) \$ 500
- Wholesale dealer (beer or wine) \$ 200
- Transfer Fee (New Owner or Change in Licensee or Licensed Representative) \$ 100
- Brew Pub \$1,000
- Temporary license \$ 50
- Temporary License Representative N/C
- Business Relocation (No Change in Licensee or License Representative) N/C

**APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA
PAGE 4**

IF LIMITED LIABILITY COMPANY:

LIMITED LIABILITY COMPANY NAME

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

NAME, ADDRESS & SOCIAL SECURITY NUMBER OF MANAGING MEMBER(S):

NAME, SOCIAL SECURITY NUMBER, PER CENT INTEREST AND LEGAL ADDRESS OF ALL MEMBERS:

Are all of these partners U.S. Citizens? YES NO

If not, please provide the permanent alien registration # _____
(A copy of the green card must be attached)

NAME OF REGISTERED AGENT FOR SERVICE OF PROCESS FOR THE LIMITED LIABILITY COMPANY:

NAME

STREET ADDRESS

MAILING ADDRESS (If Different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

IF LIMITED PARTNERSHIP:

LIMITED PARTNERSHIP NAME

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

**APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA
PAGE 5**

NAME, ADDRESS & SOCIAL SECURITY NUMBER OF GENERAL PARTNER(S):

NAME, SOCIAL SECURITY NUMBER, PER CENT INTEREST AND LEGAL ADDRESS OF LIMITED PARTNERS:

Are all of these partners U.S. Citizens? YES NO

If not, please provide the permanent alien registration # _____

(A copy of the green card must be attached)

NAME, OF REGISTERED AGENT FOR SERVICE OF PROCESS FOR THE LIMITED PARTNERSHIP

NAME

STREET ADDRESS

MAILING ADDRESS (If Different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

NAME OF LICENSEE:

NAME

MAILING ADDRESS (If Different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Is the registered agent a U.S. Citizen? YES NO

If not, please provide the permanent alien registration # _____

(A copy of the green card must be attached)

**APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA
PAGE 6**

NAME OF LICENSE REPRESENTATIVE (REQUIRED)

The license representative shall be a resident of DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County; be the manager of the business and be on the premises on a regular basis. The licensee can be the license representative if the licensee meets the same requirements as the license representative.

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

THE COUNTY YOU RESIDE

Is the license representative a U.S. Citizen? YES NO

If not, please provide the permanent alien registration # _____
(A copy of the green card must be attached)

Is the above address the license representative's legal and bona fide place of domicile?
 YES NO

+ _____
NAME AND LOCATION OF BUSINESS FOR WHICH APPLICATION IS MADE:

NAME OF BUSINESS

STREET ADDRESS

CITY, STATE, ZIP CODE

DO YOU CURRENTLY HOLD OR HAVE HELD WITHIN THE LAST 10-YEARS ANY OTHER ALCOHOL BEVERAGE LICENSE OTHER THAN ONE ISSUED BY STONE MOUNTAIN? YES NO

IF YES, WHERE AND IF THE LICENSE IS CURRENT, PROVIDE THE LICENSE NUMBER AND ISSUING AUTHORITY.

License Number

Issuing Authority

HAVE YOU RECEIVED, READ, AND UNDERSTAND THE CITY OF STONE MOUNTAIN BEVERAGE LICENSE ORDINANCE? YES NO

Licensee Signature

License Representative Signature

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA
PAGE 7

VERIFICATION OF LICENSEE

STATE OF GEORGIA, Dekalb COUNTY.

I, David Thomas, Licensee, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.


Applicant/Licensee Signature (Full Name in Ink)

I hereby certify that DAVID THOMAS signed his/her name to the
(Full Name of Applicant/Licensee)
foregoing application after 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.

This 24 day of April, 2026


NOTARY PUBLIC

My Commission Expires: May 15, 2027

[AFFIX SEAL]



VERIFICATION OF LICENSE REPRESENTATIVE

STATE OF GEORGIA, _____ COUNTY.

I, _____, License Representative, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

License Representative (Full Name in Ink)

I hereby certify that _____ signed his/her name to the
(Full Name of License Representative)
foregoing application after 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.

This _____ day of _____, 20 _____.

NOTARY PUBLIC

My Commission Expires: _____

[AFFIX SEAL]

AFFIDAVIT OF LICENSEE/LICENSE REPRESENTATIVE

PAGE 8

STATE OF GEORGIA, Dekalb COUNTY

The undersigned licensee hereby certifies that he/she (is not) (is) serving as licensee and the license representative of ART Station; that he/she is at least twenty one (21) years of age, (is not) (is) a resident of either DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County, and (is not) (is) a manager of the business.


SIGNATURE OF LICENSEE

Sworn to and subscribed before me, this

24 day of April, 2026.


NOTARY PUBLIC

MY COMMISSION EXPIRES:

May 15, 2027

[SEAL]



The undersigned license representative hereby certifies that he/she is serving as the license representative of _____; that he/she is at least twenty one (21) years of age, is a resident of DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County, and is a manager of the business.

SIGNATURE OF LICENSE REPRESENTATIVE

Sworn to and subscribed before me, this

_____ day of _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

[SEAL]

CONSENT FORM

I hereby authorize THE CITY OF STONE MOUNTAIN to receive any criminal history record information pertaining to me which may be in the files of any state and local criminal justice agency in Georgia via a fingerprinting process.

David Thomas

Full Name Printed

6494 JBR Dr

Street Address

Stone Mountain, GA 30083

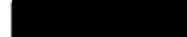
City, State, Zip

M
Sex

W
Race



Date of Birth



Social Security #

U.S. Citizen Yes No
(Attach proof, if applicable)

Signature

NOTICE

Criminal justice agencies which disseminate criminal history records to private individuals and to public and private agencies shall advise all requestors that, if an employment or licensing decision adverse to the record subject is made, the record subject must be informed by the individual or agency making the adverse decision of all information pertinent to that decision. This disclosure must include information that a criminal history record check was made, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision is a misdemeanor. This disclosure requirement applies to criminal justice agencies when such agencies make employment or licensing decisions adverse to record subjects.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

[SEAL]

May 15, 2027



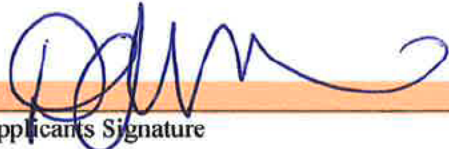
All Individuals Named in the Application Must Complete and Submit a 5-Year Background

History Affidavit

PAGE 10

AFFIDAVIT
5-YEAR BACKGROUND HISTORY


I, David Thomas, do hereby swear that I have not within 5 years prior to the date of this application been convicted or nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drug, has not entered a guilty plea, or been convicted of a felony or a misdemeanor of a crime opposed to decency and morality.


Applicant's Signature

VERIFICATION

STATE OF GEORGIA, Dekalb COUNTY.

I, David Thomas, Licensee, do hereby subject to criminal penalties for false swearing, that the statements made by me in this affidavit are true.


Applicant's Signature (Full Name in Ink)

I hereby certify that DAVID THOMAS signed his/her name
(Full Name of Applicant)
to the foregoing affidavit after stating to me that he/she knew and understood all statements made therein,
and, under oath actually administered by me, has sworn that said statements are true.

This 24 day of April, 2026.


NOTARY PUBLIC





**CITY OF STONE MOUNTAIN POLICE DEPARTMENT
CRIMINAL HISTORY CONSENT
ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
PAGE 12**

I, David Thomas, authorize the City of Stone Mountain Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in the State of Georgia and a criminal history record from the Georgia Crime Information Center. I understand that this information will be used to determine my eligibility to hold an Alcoholic Beverage Privilege License in the City of Stone Mountain. I acknowledge the personal information provided below is true and complete.

David Timothy Thomas

FULL LEGAL NAME (No abbreviations)

6494 JBR Dr

STREET ADDRESS

Stone Mountain, GA 30083

CITY, STATE, ZIP CODE

[REDACTED]
SOCIAL SECURITY NUMBER DRIVERS LIC NUMBER / STATE

[REDACTED]
DATE OF BIRTH

MAIDEN NAME (if applicable)

STATE / COUNTRY OF BIRTH

M W
SEX RACE

[Signature]
SIGNATURE

4/28/26
DATE OF AUTHORIZATION

CERTIFICATION OF THE CHIEF OF POLICE

- I hereby certify that the person named in the application has been investigated and found not to have within the 5 years prior to this date been convicted of nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs, has not entered a guilty plea, or been convicted of a felony or misdemeanor or a crime opposed to decency and morality.
- I hereby certify that the person named in this application has been investigated and found ineligible for an Alcoholic Beverage Privilege License.

Major [Signature] (designee)
SIGNATURE - CHIEF OF POLICE
05/28/2026
DATE

[Handwritten signature]

**APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA**

AS REQUIRED BY THE ALCOHOLIC BEVERAGE LICENSE ORDINANCE OF THE CITY OF STONE MOUNTAIN, THE FOLLOWING ATTACHMENTS MUST BE FILED WITH THE APPLICATION:

Application processing fee of Three Hundred Fifty Dollars and No/100 (\$350.00). ***CERTIFIED CHECK OR CASH***

A completed State of Georgia Department of Alcohol Unit form ATT-17 which has been filed with the state.

A certificate dated not more than 6 months prior to the date of this application from a registered land surveyor, licensed to do business in the State of Georgia, showing a scale drawing of proposed location and the shortest straight line distance from the proposed licensed premises to the property line of any residence, church building, alcoholic treatment center, school building, educational building, school, college building or college campus located within a radius of 600 feet.

A copy of a deed showing the applicant to be the owner of the premises for which the license is sought or a copy of a lease showing any interest the owner of the premises has in the business for which the license is sought.

An affidavit of each person whose name appears on an application for a license swearing that said person has not within 5 years prior to the date of application been convicted of nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs, has not entered a guilty plea, or been convicted of a felony or a misdemeanor or a crime opposed to decency and morality. ***(Does not include the registered agent for service of a corporation, or LLC unless such person is a covered stockholder, member, partner, limited partner, licensee or license representative).***
AFFIDAVIT – 5-YEAR BACKGROUND HISTORY – FORM INCLUDED IN PACKET – PAGE 10

Consent form releasing driver history and criminal background history of each person listed herein and proof of U.S. Citizenship or alien status.
CONSENT FORM - FORM INCLUDED IN THE PACKET – PAGE 9 AND 9A

7-Year certified driver history which can be obtained from the Georgia Department of Driver Services for the licensee and license representative.

For those applicants, who, within the last five year period, have resided or do reside in a state other than Georgia, the applicant must furnish a certified copy of a driver history and criminal background history from the state or state in which he/she has resided or resides to the Chief of Police of Stone Mountain.

AF006420260306223345.eft

LOAD DIFFERENT FILE

NO CHANGES

All data is processed locally. Nothing is uploaded to any server.

SUBJECT INFORMATION

IDENTITY

FULL NAME LAST NAME
Thomas, David Timothy Thomas

EDIT

ADDRESS

FULL ADDRESS
6494 James B Rivers Dr, Stone Mountain, GA 30083

EDIT

PERSONAL DETAILS

DATE OF BIRTH PLACE OF BIRTH COUNTRY OF CITIZENSHIP
[Redacted] NC United States

EDIT

REASON FINGERPRINTED

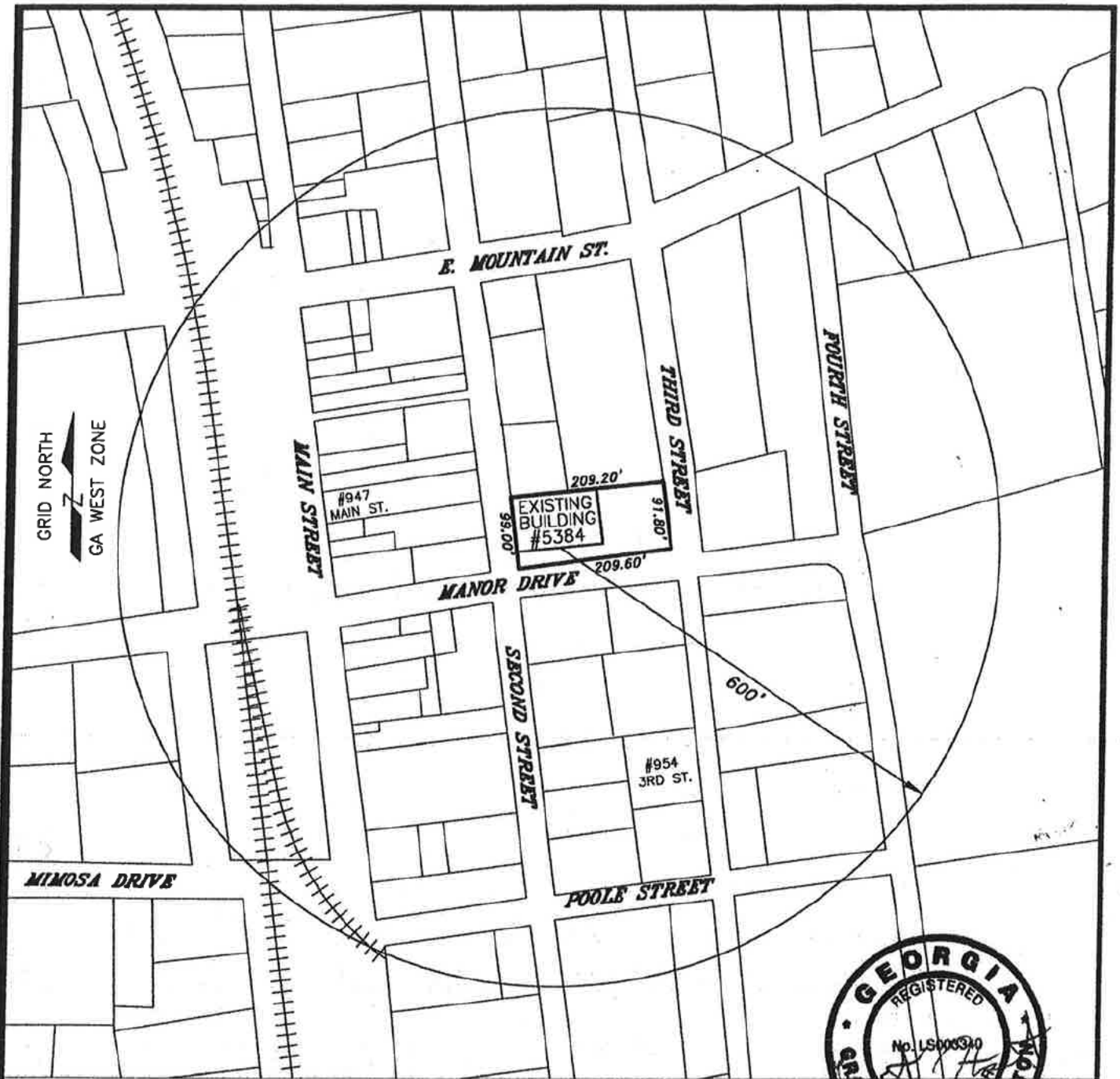
0

FINGERPRINT RECORDS

TYPE-4 RECORDS 14

Right Thumb

Right Index



NEAREST RESIDENCE PROPERTY LINE- 420'+/-
 -954 3RD STREET, STONE MOUNTAIN, GA 30083

NEAREST CHURCH -1,160'+/-
 5301 MIMOSA DRIVE, STONE MOUNTAIN, GA

NEAREST ESTABLISHMENT SELLING ALCOHOLIC BEVERAGES-430'+/-
 947 MAIN STREET, STONE MOUNTAIN, GA

NEAREST SCHOOL- 1,380'+/-
 5265 MIMOSA DRIVE, STONE MOUNTAIN, GA 30083

NEAREST ALCOHOL TREATMENT CENTER- 46,000' +/-
 1116 E. PONCE DE LEON AVE. DECATUR, GA

ALCOHOL SURVEY FOR:

**5384 MANOR DRIVE
 STONE MOUNTAIN, GA 30083**

LAND LOT 89	18TH DISTRICT
DEKALB, COUNTY	STONE MOUNTAIN, GEORGIA
SCALE 1" = 200'	DATE 05/18/2026

REVISIONS:



255 RACETRACK ROAD, SUITE 33
 MCDONOUGH, GA 30252
 PH (770) 483-8471
 GRANT@BRCLANDSERVICES.COM

JOB NO. 026-0071