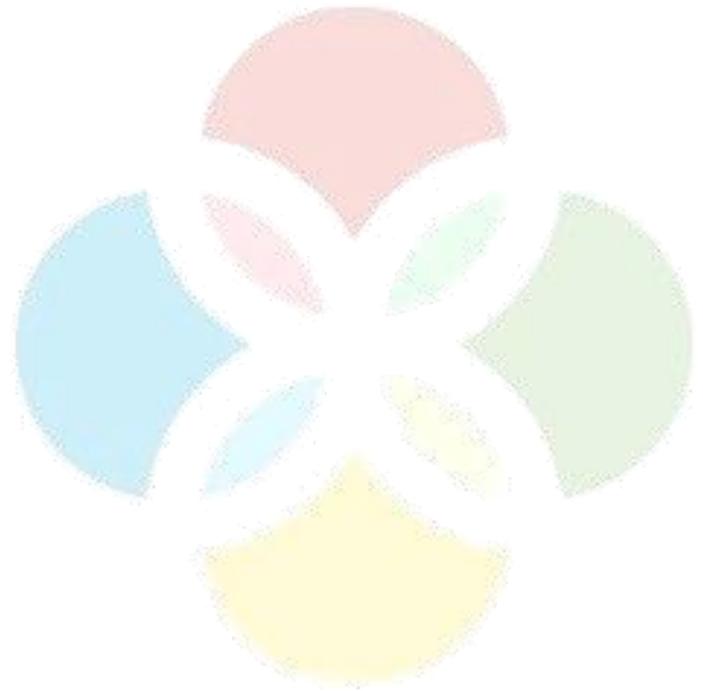


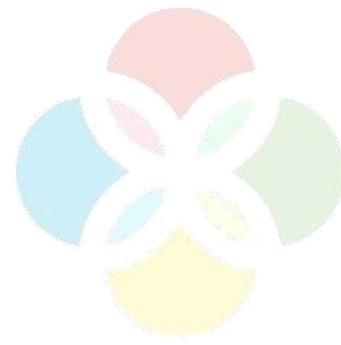
Alcoholic Beverage Employee Permit Application



FOR OFFICE USE ONLY

Amount Paid \$ _____ (Cash ONLY)		Date:	
DEPUTY CLERK	DATE:	CITY CLERK	DATE:

**CITY OF DORAVILLE
ALCOHOL PERMIT APPLICATION
EMPLOYEE WORK PERMIT APPLICATION**



Name of Applicant: _____ Phone _____

Other Names Used: _____

Home Address: _____

CITY ST ZIP

Date of Birth: ____/____/____ Age: _____ Sex: Male Female

Race: _____ Hair Color: _____ Weight: _____ Height: _____

Place of Birth: _____ Phone #: _____

**THE FOLLOWING INFORMATION IS REQUIRED TO GET A PERMIT.
YOU MUST FILL IN EITHER LICENSE NUMBER OR STATE IDENTIFICATION
AND A SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER. IF ALL
ARE LEFT BLANK YOUR APPLICATION WILL BE DENIED.**

Driver's License # _____ State _____

State Issued ID# _____ State: _____

Tax ID Number: _____ Social Security # _____

Place of Employment: _____

Owner's Name: _____

Employment Address: _____

Position Held: _____ Telephone Number: _____

Beginning with the most current, list all address where you have resided in the last 5 years:

Street Address	City and State	Zip	Dates

List all states you have resided in: _____

If you have ever been convicted of **any** crime, list the information below:

Date	Offense	County and State

Are you currently on probation or parole for any crime? Yes No If yes, please explain:

Beginning with your current employer, list all places of employment in the last 5 years:

Business Name	Address	Phone No.	Dates of Employment

- I do not have any questions or comments regarding the ordinances, laws, regulation or application.
- I have fully answered all questions in the application.
- I am familiar with the City of Doraville ordinances, state laws and regulations, federal laws and regulations governing the operation of this type of business.

I hereby swear or affirm that I have answered all questions truthfully and to the best of my knowledge.

I hereby authorize the City of Doraville Police Department to investigate and confirm any financial or other information provided in this application.

I hereby authorize the City of Doraville Police Department to receive any criminal history record information pertaining to me, which may be in the files of any local, state or federal law enforcement agencies. I also waive use of any and all information they may discover. I also release the City of Doraville Police Department, or any of their authorized agents, from any liability connected to the release of any criminal history or prior employment information. These releases are in exchange for the consideration of this application.

I hereby swear or affirm the information provided herein is true, complete and accurate and I understand that any inaccuracies may be considered just cause for invalidation of this application and an action taken on this application. I understand that the City of Doraville reserves the right to enforce any and all ordinances regardless of payment of any fee and further that it is my responsibility to conform to said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I can read the English language or I have had

someone who can read the English language to this document to me and I freely and voluntarily have completed the application. I understand that it is a felony to make false statement or writings to the City of Doraville pursuant to O.C.G.A. §16-10-20.

Please verify that all sections are complete – any missing information will constitute an incomplete application.

Signature of Applicant

Print Name

Date

Notary Public

Date

My Commission expires

Issuance of a permit is not to be considered an approval of any other action and in no way confirms that the permittee meets other requirements of the City of Doraville. Further, issuance of a permit neither waives nor prevents the applicability of any law or ordinance, nor will such issuance prevent the enforcement of any law or ordinance.

*******PLEASE READ*******

\$150 FEE FOR YOUR PERMIT, WHICH INCLUDES BACKGROUND CHECK, FINGER PRINGS AND I.D. CARD

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Doraville, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C. G. A. Section §50-36-1, I am stating that following with respect to my application for (check one) Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit for: _____ [Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

I am a United States citizen.

OR

I am a legal permanent resident 18 years of age or older or I am an otherwise 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.*

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.

Applicant Signature: _____ **Date:** ____ / ____ / _____

* _____
Alien Registration Number for Non-Citizens

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____ / ____ / _____

