Case Number: _____

Employee Alcoholic Beverage Permit Application

Fee Schedule

Background Checks: $30.00

Payments may be made in cash (exact change only), Credit/Debit Card (Processing fee may apply, or check.

Supporting Documentation Check List

_____ Completed Application

_____ State-Issued Id

Please return the complete application packet and corresponding documents to the:

Fayette County Marshal's Office
140 West Stonewall Ave.
Suite 205
Fayetteville, GA 30214
770-305-5417
(Tuesday and Thursday 8 am to 11 am)

Approved: _____ Not Approved: _____ Signature: _____ Date: _____

Employee Information

1. Last Name _____ First _____ Middle _____

2. Age _____ Date of Birth _____ Social Security Number _____

3. Place of Birth City _____ State _____ Country _____

4. US Citizen Yes ____ No ____ Alien Registration # _____

5. Date and Port of Entry _____

6. If naturalized, when? _____

7. Store Name _____

   Store Address _____

   City _____ State _____ Zip _____

8. Position at place of employment _____

9. Home Address: _____

   City: _____ State: _____ Zip: _____

10. Personal Telephone Number: _____

11. Personal Email Address: _____

12. How long have you lived there? _____

13. If less than ten years, give your previous address and the length of time you resided at said address.

_____

_____

Criminal History

Do not <u>sign</u> unless in the presence of a notary.

In the spaces provided below, list all convictions including pleas of nolo contendere, first offender, forfeiture of bond, etc., for any felony or misdemeanor, crimes of moral turpitude, gambling, sexual offenses, assault, battery, family violence, or illegal drugs within the five years prior to the date of application:

	Date of Offense	*Place of Offense*	*Type*	*Disposition*
1.				
2.				
3.				

If additional space is required, attach a sheet with the additional offenses and information.

Under Georgia Criminal Code Section 16-10-20, any person who knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or device, makes a false, fictitious, or fraudulent statement or representation, shall, upon conviction, therefore, be punished by a fine of not more than $1,000.00 or by imprisonment for not less than one year nor more than five years, or both.

I have read and understand that any falsehood or half-truth submitted in this application is a felony and will render me ineligible to possess an alcohol permit in this County. I also understand that any falsehood or half-truth discovered by investigators during the term of this permit (which is one year from the date of the application) is grounds for its revocation and my subsequent prosecution.

I hereby authorize the Fayette County Marshal's Office 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 Georgia.

_____ _____

Signature of Applicant Date

Sworn and subscribed before me this ____ day of _____, 20_____.

_____

Notary

Verification

Do not <u>sign</u> unless in the presence of a notary.

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Fayette County Alcohol Permit are true, and no false or fraudulent statement or answer is made therein to procure the granting of such permit.

_____

Applicant's Signature

I certify that the above signed has provided me with proper documentation as verification of his/her identity. I also certify that he/she signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and under oath administered by me, has sworn that said statements and answers are true.

This: _____ day of: _____, _____.

(Affix Seal)

_____

Notary Public

Alcoholic Beverage Ordinance

- My signature acknowledges that I have read and understand the Fayette County Alcoholic Beverage Ordinance.

- It is my responsibility to know its content.

- This ordinance is strictly enforced.

Should you have any questions, please call this office at 770-305-5417.

_____

Applicant's Signature
(full name signed in ink)

Marshal's Office
140 Stonewall Ave W Suite 205
Fayetteville, GA 30214
770-320-6070
Fayettecounyga.gov

AUTHORIZATION FOR RELEASE OF INFORMATION

I herby authorize the Fayette County Marshal's Office to recieve any criminal history record inormation obtained throught the Georgia Crime Information Cener (G.C.I.C.)

All information must be completely filled out.

LAST FIRST MIDDLE MAIDEN

STREET ADDRESS CITY STATE ZIP

___/___/_____ ____ _____-_____-_____

DATE OF BIRTH SEX SOCIAL SECURITY NUMBER

RACE: ☐AMERICAN INDIAN ☐ASIAN ☐BLACK ☐WHITE

(Per GCIC/NCIC guidelines, only the above races will be accepted for Criminal History purposes by the Georgia Crime Information Center.)

Department: FCMO **Purpose:** Permitting

Please check all that applies:

☒ Employment/Permitting/Volunteer (Purpose Code 'E')

☐ Employment/volunteer work with children (Purpose code 'W')

☐ Employment/volunteer work with elder care (Purpose code 'N')

☐ Employment/volunteer work with mentally disabled (Purpose code 'M')

This authorization is valid for 90 days from date of signature.

Signature: _____ Date: _____

Criminal History Result: ☐ **Approved** ☐ **Denied**