



Case Number: \_\_\_\_\_

## Employee Alcoholic Beverage Permit Application

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### 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 sign 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:

<i>Date of Offense</i>	<i>Place of Offense</i>	<i>Type</i>	<i>Disposition</i>
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 sign 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.

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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 hereby authorize the Fayette County Marshal's Office to receive any Georgia criminal history record information obtained through the Georgia Crime Information Center (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: \_\_\_\_\_ Purpose: \_\_\_\_\_

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