



FAYETTE COUNTY ALCOHOLIC  
BEVERAGE EMPLOYEE PERMIT  
APPLICATION



## Fayette County Alcoholic Beverage Employee Permit Application

1. Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

2. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

4. U.S. Citizen: Yes: \_\_\_\_ No: \_\_\_\_ Alien Registration Number: \_\_\_\_\_

5. Date and Port of Entry: \_\_\_\_\_

6. If Naturalized when?: \_\_\_\_\_

7. Business Name and Address of permitted employee:

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

8. Your Position at place of employment: \_\_\_\_\_

9. Your home address: Street: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

10. Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

11. Your E-Mail address: \_\_\_\_\_

12. How long have you lived at the above address?: \_\_\_\_\_

13. If less than 10 years list your previous addresses and the length of time you resided at those locations:

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18. In the space provided below list all convictions, within five years from the date of this application, of any felony, or within two years, any violation of laws of this county or state, or any other state of the United States, to include illegal gambling, prostitution, violations relating to the sale or use, or distribution of alcoholic beverages, narcotics, controlled substances, gambling, sexual offenses, assault, battery, family violence, or any crimes of moral turpitude.

Date of Offense	Location of Offense	Type	Disposition
1.			
2.			
3.			
4.			

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

**Under Georgia Law O.C.G.A. 16-10-20, A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.**

\_\_\_\_\_ You must initial that you have read the above statement.

I have read and understand that any falsehood or half-truth submitted in this application is a felony and will render me ineligible to serve or sell alcoholic beverage in Fayette County. I also understand that any falsehood or half-truth discovered by investigators during the term of this permit is grounds for its revocation and subsequent prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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*

\_\_\_\_\_  
*Full name printed.*

\_\_\_\_\_  
*Address*

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary

**VERIFICATION**

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 Alcoholic Beverage Employee Permit are true and no false or fraudulent statement or answer is made there-in to procure the granting of such permit.

\_\_\_\_\_  
Applicant's Signature

I certify that \_\_\_\_\_ 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 actually administered by me, has sworn that said statements and answers are true.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary

## Alcoholic Beverage Ordinance

- I am aware of the Fayette County, Georgia, Alcoholic Beverage Ordinance.
- I accept responsibility for knowing its contents as they apply to the Alcoholic Beverage Employee Permit.
- I am aware that the Alcoholic Beverage Ordinance will be strictly enforced.

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*Applicant's Signature*



**CODE ENFORCEMENT**  
140 Stonewall Avenue West, Ste. 202  
Fayetteville, Georgia 30214  
Main Line: 770-305-5417  
www.fayettedcountyga.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.)

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