

## ALCOHOL BEVERAGE APPLICATION

Owners | Managers | Registered Agents

To apply for an Alcohol Beverage Permit within the City of Milton, applicants must complete the following:

1. Complete and sign application and all forms included in this packet;
2. Complete a background check release and fingerprint verification; and
3. Provide a copy of a driver license or state issued identification.

All forms must be completed in their entirety. Please follow all instructions and be prepared to provide all necessary documentation when submitting the application.

**\*\*PLEASE NOTE: Permits, including background and fingerprint verification, are only processed between the hours of 1 P.M. and 4 P.M. on Tuesdays and Thursdays. \*\***

**Alcohol Beverage Permits are valid for a period of 1 year from the date of issue.**

### PERMIT TYPE REQUESTED

**POURING PERMIT** (\$60.00 Fee) Annual

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

Business Address: \_\_\_\_\_

Title:  Owner  Manager  Registered Agent

### APPLICANT INFORMATION (Please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Alias/Stage Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace City: \_\_\_\_\_ Birthplace State: \_\_\_\_\_

SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F Race: \_\_\_\_\_

Height: \_\_\_\_' \_\_\_\_" Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Mobile/Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Years \_\_\_\_\_ Months

## INSTRUCTIONS

Please answer all questions completely and accurately by checking the appropriate response. If more space is needed, attach additional sheets referring to the applicable question.

1. Have you been arrested and/or convicted for a misdemeanor within the past five (5) years?

Yes  No

*\*If yes, please attach a list including date(s) of arrest, charge(s), location(s), dates served in jail, and dates served on probation or parole. Please note that any applicant with misdemeanor drug charges within the past five years will be denied.*

2. Have you been arrested and/or convicted for a felony within the past five (5) years?

Yes  No

*\*Please note that any applicant with felony convictions or open charges within the past five years will be denied.*

3. Have you been convicted, pled guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within the past five (5) years?

Yes  No

*\*Please note that any applicant that has been convicted, pled guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within the past five years will be denied.*

4. Have you been arrested and/or convicted for moral turpitude within the past ten (10) years?

Yes  No

*\*Please note that any applicant with moral turpitude convictions within the past ten years will be denied.*

5. Have you pled guilty or entered a plea of nolo contendere to any crime involving moral turpitude, illegal gambling, illegal possession or sale of controlled substances, or the illegal sale or possession of alcohol, including the sale or transfer of alcoholic beverages to minors in a related crime within the past five (5) years?

Yes  No

*\*Please note that any applicant that has pled guilty or entered a plea of nolo contendere to any crime as described in paragraph (5) within the past five years will be denied.*

# ALCOHOL BEVERAGE APPLICATION AFFADAVIT

Applicant: \_\_\_\_\_

Job Title: \_\_\_\_\_

I hereby agree that as a condition to the issuance of a Pouring Permit, Public Event Permit or Special Event Permit, the applicant shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with said permit.

I hereby 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 Pouring Permit, Public Event Permit or Special Event Permit, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such permit.

I hereby state and understand that any conviction for violation of the provisions of the City of Milton's Alcohol Beverages, Chapter 4 or the State of Georgia's Alcohol Beverage Code, Title 3 of O.C.G.A. shall result in the automatic suspension of the Pouring Permit, Public Event Permit or Special Event Permit. Furthermore, the Chief of Police may revoke said permit and demand its return if the applicant adversely affects the public health, safety, or welfare.

I hereby understand that it shall be unlawful for an applicant whose Pouring Permit, Public Event Permit or Special Event Permit has been revoked and upon whom demand for return of the card has been made to refuse to return the card or to alter, conceal, deface, or destroy the card.

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

SWORN AND ATTESTED BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature and Seal:  
\_\_\_\_\_

## STAFF USE ONLY

Permit #: \_\_\_\_\_ Permit Fees: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Denied Date: \_\_\_\_\_

\_\_\_\_\_  
Chief of Police Signature

\_\_\_\_\_  
Date

**O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit Verifying Status for City Public Benefit**

**\*\*This form is required for ALL LICENSES/PERMITS by State Law\*\***

By executing this affidavit under oath, as an applicant for a pouring permit, as referenced in O.C.G.A. § 50-36-1, from the City of Milton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1. I am a United States Citizen.  
(Must include copy of either current State Drivers' License, Passport, or Military ID)
- 2. I am a legal permanent resident of the United States.  
(Must include copy of your current State Drivers' License and either a copy of your Permanent Resident card or Employment Authorization Card.)
- 3. I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. (Must include copy of your current State Drivers' License and either a copy of your Permanent Resident card or Employment Authorization Card.)

\*My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.\*

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

Applicant Name (Please print): \_\_\_\_\_

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

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public/Seal: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## BACKGROUND CHECK & FINGERPRINT VERIFICATION CONSENT FORM

I authorize the Milton Police Department to receive any criminal history record information pertaining to me which may be in the files of any federal, state, and/or city criminal justice agency in Georgia and to perform any fingerprint verification required in order to receive this permit.

Full Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Maiden Name/Previous Name/Alias Info: \_\_\_\_\_

Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ DL State: \_\_\_\_\_

Are you a U.S. Citizen?

Yes  No *\*If no, you will need to have your Green Card available.\**

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F Race: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Mobile/Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Business Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

\_\_\_\_\_  
Date