



2665 Buford Hwy
Atlanta, GA 30324
Main 404-637-0500
Fax 404-637-0501
www.brookhavenga.gov

Personnel Statement Affidavit

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

This Statement must be executed under oath and the Owner/Partner is subject to criminal penalties for false swearing. The statement includes all attachments and forms that are required for the processing of this application. I, _____ the Owner/Partner, do solemnly swear that the answers made on this application are true and correct and that no false or fraudulent statements have been made herein to obtain an alcoholic beverage license.

Signature of Owner/Partner

Date

I hereby certify that signed his/her name to the foregoing application 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 and correct.

Subscribed and Sworn Before Me on This the _____ Day Of _____, 20 _____

Notary Public/Clerk Signature

My Commission Expires: _____