City of Johns Creek
Revenue Division
11360 Lakefield Drive
Johns Creek, Georgia 30097
(678) 512-3242
revenue@johnscreekga.gov

Alcohol Employee Pouring Permit Application

APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED TO THE REVENUE DIVISION IN PERSON BETWEEN THE HOURS OF 8:00 AM AND 5:00 PM, MONDAY THROUGH FRIDAY. SUBMIT THE COMPLETED APPLICATION WITH A GOVERNMENT-ISSUED PICTURE I.D. AND NON-REFUNDABLE PAYMENT IN THE AMOUNT OF $30.00. APPLICANTS MUST COMPLETE AN APPROVED ALCOHOL AWARENESS TRAINING PROGRAM WITHIN 30 DAYS OF BEING ISSUED A POURING PERMIT. THE TYPICAL APPLICATION PROCESSING TIME IS 3 WEEKS.

Application Type: ☐ NEW ☐ RENEWAL

I. Applicant Name: _____ Social Security Number: _____ - _____ - _____
First Name M Last Name

Gender: *(Check One)* ☐ Male *or* ☐ Female Maiden, Married, Alias or Other Names Used: _____

Date of Birth: _____/_____/_____ Government ID Number: _____ Issued By: _____

Race: _____ Birthplace: *(City, State & Country)* _____

Cell Phone: _____ Email Address: _____

Current Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____

II. Lawful Status: Please check ONE of the boxes below:

☐ I am a United States citizen. **(Include copy of either current State Driver's License, Passport, or Military ID)**

☐ I am a legal permanent resident of the United States. **(Include a copy of a current State Driver's License and a copy of your Permanent Resident Card/Employment Authorization Card)**

☐ 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.

My alien number is: **(Include a copy of a current State Driver's License and/or a copy of your Permanent Resident Card/Employment Authorization Card)**

If I-797 Notice of Action is included, report "Notice Date." _____

III. Have you been convicted for a felony within the past five (5) years? *A guilty plea and plea of nolo contendere.*

(Check One) ☐ Yes *or* ☐ No If yes, please explain below:

_____

_____

IV. Applicant's Application & SAVE Public Benefits Affidavit

By my signature below,
I hereby execute this affidavit under oath as an applicant for a public benefit (Alcohol Pouring Permit) as referenced in O.C.G.A.§50-36-1, from the City of Johns Creek. With respect to my application for a public benefit, I hereby swear or affirm that I am authorized to work in the United States, and I have provided valid form of secure/verifiable document(s) with this affidavit as required by Georgia Law O.C.G.A § 50-36-1 (f) (1). Furthermore, I hereby authorize the City of Johns Creek to verify my citizenship or immigration status for the purpose of my eligibility for receiving this permit as well as any future renewals of the same permit.

I certify that all information given is true, factual and correct to the best of my knowledge and ability. In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.

Signature of Applicant: _____

Sworn to and subscribed before me this _____ day of _____, 20 ____ , (Stamp/Seal)

Notary Public Signature _____

STAFF USE: Initials: _____ Amount Due: **$30.00** Amount Paid: _____ Receipt #: _____

CITY OF JOHNS CREEK
CRIMINAL HISTORY RECORD CHECK CONSENT FORM

Instructions: Make additional copies of this form as needed; print legibly and answer all questions fully. If the space provided is not sufficient, answer on a separate sheet of paper and note accordingly. Include copies of verifiable identification with photo, such as driver's license or state photo ID. This application is to be executed under oath and is subject to the penalties of false swearing. An electronic version of this authorization shall be as valid as the original.

Name of Business Establishment: _____ Job Title: _____

Business Address: _____

Reason for check: Employment with or Ownership of Regulated business: PURPOSE CODE "E"

By my signature below, I hereby authorize the City of Johns Creek to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or local criminal justice agency in Georgia. I hereby specifically release the City of Johns Creek from any liability which may be incurred as a result of furnishing such information for the purpose of assessing my eligibility. Furthermore, I authorize the City of Johns Creek to conduct future background checks to determine my continued eligibility for holding this license or permit and any future renewals as applicable.

Name of Applicant: _____
(First) (Middle) (Last)

Aliases/Prior Names (or N/A): _____ Social Security _____

Home Address: _____ Cell phone # _____

Email address: _____ Height: _____ Weight: _____ lbs.

Eye Color: _____ Hair Color: _____ Sex: _____ Race: _____

ID Type: _____ ID Number: _____ ID Exp: _____

DOB: _____ City, State, and County of Birth: _____

Have you ever been arrested or held by federal, state, or other law enforcement authorities for violation of any federal, state, county or municipal law regulations or ordinances? (Do not include traffic violations; all other charges must be included even if they were dismissed.) If YES, list dates, locations, charges, and dispositions of **any and all** citations and arrests. If you have no charges, citations, or arrests – write "None."

_____

_____

Applicant's Affidavit: By my signature below, I hereby swear or affirm that the statements and answers given are true, factual and correct to the best of my knowledge and ability. I understand that it is a felony to knowingly and willfully make a false, fictitious or fraudulent statement or representation to a governmental agency in the application.

Signature of Applicant: _____ Date: _____

Subscribed and sworn before me on this the _____ day of _____, 20_____.

(Stamp/Seal)

Executed in _____ (City), _____ (State).

Notary Public Signature: _____

RESULTS

Requested by: City of Johns Creek, GA – Revenue Division

No criminal record on file _____ Criminal record on file (see attached) _____

Record Technician: _____ Badge Number: _____ Date: _____

APPROVED ALCOHOL AWARENESS TRAINING PROGRAMS

Rules and Regulations

Chapter 6, "**Sec. 6-21(c). – Alcohol awareness training certification.**

c. ***Every applicant to whom a pouring permit is issued and every employee who dispenses, sells, serves, takes orders or mixes beverages shall also complete an approved alcohol awareness training program within 30 days of being issued a pouring permit or being employed." Each establishment shall maintain an updated list of employees who have completed an approved alcohol awareness training program along with copies of each of the employee's completion certificate, and shall produce said list and/or certificates for inspection by the city upon request.***

- Training Institute for Responsible Vendors http://www.tirv.net/
- TIPS http://gettips.com/
- ServSafe http://www.servsafe.com/home
- Evindi – RAS http://evindi.com/
- Learn2Serve http://www.learn2serve.com/
- Communicata Language Services LLC
- Darden Restaurants Responsible Alcohol Service Training Online
- LiquorExam https://liquorexam.com/Georgia_Alcohol_Server_Seller_Training