

OFFICE USE ONLY	
RECEIPT #	CARD#



POLICE DEPARTMENT
 5995 Barfield Rd * Sandy Springs, GA 30328 * Phone 770.551.3299 * Fax 770.551.6906

POURING/SERVING PERMIT

PLEASE PRINT CLEARLY

JOB TITLE:

NAME:

(Last)	(First)	(Middle)		
(Aliases/Stage Name)	(Race)	(Sex)	(Height)	(Weight)
(Hair Color)	(Eye Color)	(Driver's License/ID#)	(State)	
(Phone #)	(Cell/Mobile#)			

ADDRESS:

(Street)	(Apt#)	
(City)	(State)	(Zip)

PERSONAL INFORMATION:

(Date of Birth)	(SS#)	(Place of Birth – City/State)
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EMPLOYMENT INFORMATION:

(Name of Business Where You Will Be Employed):		
(Supervisor)	(Address)	(Phone)
(Emergency Contact)	(Phone#)	

I do hereby swear/affirm that the information I have provided is true and correct. I understand that falsification of any information provided to the Sandy Springs Police Department will result in the immediate declination or revocation of any permit issued. Furthermore, criminal and/or civil penalties may be pursued as a result of purposely providing any false information. The \$50.00 fee collected is non-refundable.

I have received and read a copy of the Sandy Springs Alcohol & Beverage Code handout.

_____ Signature of Applicant	_____ Printed Name	_____ Date
_____ Signature of Clerk	_____ Printed Name	_____ Date

SANDY SPRINGS POLICE DEPARTMENT
Consent Form for GCIC Records Check

I authorize the **SANDY SPRINGS 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.

DATE _____

PRINT FULL NAME _____

MAIDEN NAME/PREVIOUS NAME/ALIAS INFO _____

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 _____ RACE _____ SEX _____ SOCIAL SEC# _____

STREET ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SIGNATURE OF APPLICANT _____

COMMUNICATIONS OFFICER: _____ DATE COMPLETE _____

RECORD ATTACHED _____ NO RECORD _____



Business Name: _____

Business Address: _____





**Affidavit Verifying Lawful Presence
Within the United States**

I, (print name) _____, swear or affirm under penalty of perjury that (check one):

I am a United States citizen or legal permanent resident 18 years of age or older;

Or

I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (check one):

Alcoholic Beverage License for _____
Print Business Name

Occupation Tax Certificate for _____
Print Business Name

Door-to-Door Salesman/Solicitors Permit

Taxi Permit

Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Applicant Signature

Date

Subscribed and sworn to before me:

(Clerk/Notary Public)

This ____ day of _____, 20 ____.

My commission expires: _____