

## Pouring Permit Application

The City of Dunwoody has established the following application to allow for the lawful pouring of alcohol in accordance with the City of Dunwoody's Alcoholic Beverages, Chapter 4 as it pertains to Pouring Permits.

A Pouring Permit is required for any employee holding a managerial or supervisor position and any employees of an off premises alcohol beverage caterer who engage in the handling, selling or serving of alcohol beverages. This excludes employees whose duties are limited solely to those of busboys, cooks, and dishwashers.

In order to sell, offer for sale, or otherwise dispense any alcohol beverages within the City, the establishment must first obtain a license from the City of Dunwoody. For questions regarding an Alcohol Beverage License, please contact the Finance and Administration Department at 678-382-6700. No licensee shall employ any person required to have a Pouring Permit until such person has obtained such permit.

Pouring Permits are issued to individual applicants. Only one pouring permit per individual will be issued for employment at any and all establishments within the City. The permit will be valid for a period of one (1) year and shall be renewed on or before its expiration. Individuals applying for the permit shall make themselves available for photographing, fingerprinting, and such other investigation as may be required by the police department.

As part of the application process, the Chief of Police or his designee shall have a complete and extensive search made to determine if there is a police record of such person. If there is a record of conduct prohibited by City of Dunwoody's Alcoholic Beverages, Chapter 4 or evidence that the person's employment would adversely affect the public health, safety, or welfare, issuance of a permit shall be denied.

A new search may be conducted on any person issued an employee Pouring Permit if the Chief of Police receives information which warrants such a new search. If the new search reveals evidence that warrants revocation of the card, the card may be revoked following notice and a hearing.

The fee for a Pouring Permit is made up of two (2) components: a background check by the City of Dunwoody Police Department for \$50.00 and the permit fee of \$60 totaling \$110.00. **Please make checks payable to City of Dunwoody.**

Please submit the following Pouring Permit Application and required supplemental materials (detailed in the following checklist) to the Finance and Administration Department, located at 4800 Ashford Dunwoody RD, Dunwoody, GA 30338. If you have questions, please do not hesitate to contact the Finance and Administration Department at (678) 382-6700.

**\*\*There must be a manager or supervisor with a pouring permit on site during business operating hours\*\***

## **Pouring Permit Checklist**

### Application Requirements:

- Pouring Permit Application Information
- Applicant's Certification (Notarized)
- SAVE Affidavit (Notarized)
- Signed Authorization for Criminal Background Check
- Background Check by the City of Dunwoody Police Department (Tuesdays & Thursdays: 9:00am-10:45am or 1:00pm-2:45pm)
- Photographing by the City of Dunwoody Police Department (Tuesdays & Thursdays: 9:00am-10:45am or 1:00pm-2:45pm)
- Copy of current Driver's License
- Payment in full

### The following items may be required, if applicable:

- Arrest and Conviction Information, including:
  - date(s) of conviction or arrest
  - charge(s)
  - location(s)
  - dates served in jail
  - dates served on probation or parole

### Pouring Permit Fees:

- Background Check \$50.00
- Permit Fee \$60.00

## Pouring Permit Application

### Applicant Information

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

Aliases/Stage Names: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

### Contact Information

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

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

Please list any additional legal addresses for the past five (5) years:

(1): \_\_\_\_\_

(2): \_\_\_\_\_

(3): \_\_\_\_\_

(4): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### References

Name/Address/Phone/Email

(1): \_\_\_\_\_

(2): \_\_\_\_\_

(3): \_\_\_\_\_

### Employment Information

Business of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**Please answer the following questions below**

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 the preceding paragraph within the past five years will be denied.*

6. Are you on active probation, parole, or sex offender registry? (yes/no)

*Please note that any applicant that is on active probation, parole, or on a sex offender registry will be denied.*

## Pouring Permit Applicant's Affidavit and Signature

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

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

I hereby agree that as a condition to the issuance of a Pouring Permit, the applicant shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with the 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, 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 Dunwoody'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. Furthermore, the Chief of Police may revoke said Pouring 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 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

### Staff Use Only

Permit #:	Permit Fees:
Approved/Denied by:	Expiration Date:
Approval Date:	Denied 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 Dunwoody, 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 Driver's License, Passport, or Military ID)
  
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States\*\*  
(Must include a copy of your current State Driver's 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 a copy of your current State Driver's 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).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

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

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

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

## Background Check Consent Form

**\*\*\*PLEASE NOTE: Background Checks are only performed between the hours of 9AM-10:45AM and 1PM-2:45PM on Tuesdays and Thursdays.**

I authorize the **Dunwoody Police Department** to receive any background record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia. I also acknowledge that I received a copy of my privacy rights in accordance to both Federal and State regulations.

Print Full Name: \_\_\_\_\_

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

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ 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: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Sec#: \_\_\_\_\_

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

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

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

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

**Signature of Applicant:** \_\_\_\_\_

### For Finance Dept Use Only:

- Only Background Check & Fingerprints (No Permit Required)
- Only Background Check (No Permit Required)
- Return Results to Finance Department
- Pouring Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 1 yr)

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Employee Completing: \_\_\_\_\_ Date Complete: \_\_\_\_\_

Meets Permit/ License Requirements: \_\_\_\_\_ Does Not Meet Requirements: \_\_\_\_\_

## APPLICANT PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-335(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-recordinformation>).



## **PRIVACY ACT STATEMENT**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

2018-05 Attachment B