

Applicant Information

Pouring Permit Renewal Application

Last Name:	First Name:	Middle Name:	
Driver's License #: **Include a copy of your current	t Driver's License**	State Issued:	
Contact Information			
Home Address:			
Home Phone:	Mobile/Cell Phone:_		
Employment Information			
Business of Employment:		Job Title:	
Street Address:		Supervisor:	
Phone:	_ Length of Employme	ent:	

- 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
 - 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.

Total Fees Due: \$110.00

^{**}Please make checks payable to the City of Dunwoody**



Applicant: _____

Pouring Permit Applicant's Affidavit and Signature

Job Title:				
	f a Pouring Permit, the applicant shall indemnify and e of action which may arise from activities associated			
	s for false swearing, that the statements and answers cation for a Pouring Permit, are true, and no false or ocure the granting of such permit.			
Alcohol Beverages, Chapter 4 or the State of Georg result in the automatic suspension of the Pouring P	r violation of the provisions of the City of Dunwoody's ia's Alcohol Beverage Code, Title 3 of O.C.G.A. shall ermit. Furthermore, the Chief of Police may revoke plicant adversely affects the public health, safety, or			
	applicant whose Pouring Permit has been revoked and made to refuse to return the card or to alter, conceal,			
Applicant's Signature:				
Sworn and Attested before me on this day of	, 20			
Notary Signature and Seal:				
Staff II	se Only			
Permit #:	Permit Fees:			
Approved/Denied by:	Expiration Date:			
Approval Date:	oval 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 <u>pouring permit</u>, 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:

	am a United States citizen of either current State Driver's Lic	ense, Passport, or Milit	tary ID)
(Must include a co	am a legal permanent resident of py of your current State Driver apployment Authorization Card)		a copy of your Permanent
	I am a qualified alien nd Nationality Act with an alien nu ecurity or other federal immigration	mber issued by the De	er the Federal Immigration partment of Homeland
	py of your current State Driver' aployment Authorization Card)	s License and either	a copy of your Permanent
	My alien number issued by the Enmigration agency is:		nd Security or other federal
	ant also hereby verifies that he or verifiable document, as required		
The secure and verifiab	le document provided with this af	fidavit can best be clas	sified as:
makes a false, fictitiou	presentation under oath, I under is, or fraudulent statement or re 16-10-20, and face criminal penal	epresentation in an af	fidavit shall be guilty of a
Executed in	(city), (stat	e).	
	Signature of Applicant		Pate
	Printed Name of Applicant		
SUBSCRIBED AND SWC	ORN BEFORE ME ON THIS THE	DAY OF	, 20
	My Cor	nmission Expires:	
NOTARY PUBLIC/SEAL			



Background Check Consent Form

****Renewal****

***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 **<u>Dunwoody Police Department</u>** 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 Na	me/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 h	ave your Gree	en Card av	vailable. Count	ry 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 Or	nly:			
Only Background ClOnly Background ClReturn Results to FiPouring Permit (Pho	neck (No Permi nance Departn	it Required nent)	e to Applicant (Exp. 1 yr)
Employee Completing:				
Meets Permit/License Requ	irements:	Do	oes Not Meet Req	uirements:



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