



**CITY OF HOLLY SPRINGS**  
P.O. Box 990, Holly Springs, GA 30142  
Phone: 770-345-5536  
knorred@hollyspringsga.us

## Alcohol License Active Manager Change Form

### BUSINESS INFORMATION

License Number: \_\_\_\_\_

Full Name of Business: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Street Address of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

### ACTIVE MANAGER'S INFORMATION

New Active Manager: \_\_\_\_\_

New Manager's Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**In accordance with Chapter 6, Article II, Section 6-69 of the City of Holly Springs Code, managers are required to hold a manager's permit. Application for a manager's permit must be made with the police department.**



***City of Holly Springs  
Affidavit Verifying Status  
for City Public Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Holly Springs, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Holly Springs, Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

\_\_\_\_\_. (Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

1) \_\_\_\_\_ I am a United States citizen.

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older and I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. \*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

\_\_\_\_\_

\_\_\_\_\_

Printed Name:

Alien Registration number for non-citizens:

\_\_\_\_\_

\* \_\_\_\_\_

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

Notary Public: \_\_\_\_\_

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

\*Note: O.C.G.A. §50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of “alien”, legal permanent residents must also prove their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_

**City of Holly Springs  
Georgia Crime Information Center  
Consent Form**

I hereby authorize the Holly Springs Police Department and the City of Holly Springs to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Please **PRINT** below except on the signature line. It **MUST** be signed in the presence of the notary public in order for this consent form to be valid.

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Maiden Name

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code

\_\_\_\_\_  
Sex\*    Race\*                      Date of Birth                      Social Security Number

\_\_\_\_\_  
Signature                      Contact Telephone

\_\_\_\_\_  
ID / DL State                      ID / DL Number                      Date

\*Note – **ONLY** Valid Sex Codes are **M=Male, F=Female, U=Unknown** / **ONLY** Valid Race Codes are **W=White, B=Black, A=Asian or Pacific Islander, I=American Indian or Alaskan Native, U=Unknown**

**Request Provisions (one of the following must be checked):**

- Employment (other than one of the below special provisions)
- Employment with mentally disabled
- Employment with elder care
- Employment with children
- Employment with criminal justice agency – non-sworn
- Employment with criminal justice agency – sworn
- Other: \_\_\_\_\_

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_

NOTARY PUBLIC

**Agency Use Only**

**NO RECORD FOUND**

Date Processed: \_\_\_\_\_ SID: \_\_\_\_\_ FBI: \_\_\_\_\_

Operator Initials: \_\_\_\_\_ Dissemination:     Mailed     Picked Up