

Holly Springs Police Department

Alcohol Work Permit Application

Submit completed applications to the Holly Springs Police Department at 3235 Holly Springs Pkwy, Holly Springs, GA 30115 or via e-mail to permits@hollyspringspd.net. Applications may be submitted Monday-Friday from 8AM to 4PM and will be processed within 3 business days. Complete this application in its entirety; failure to do so may cause a delay or inability to process your application and your application fee may be forfeited.

PRE-SUBMISSION CHECKLIST:

- Notarized Application
- State Issued Photo Identification Card (*Driver's License or ID*)
- One Secure Verifiable Document (*Non-U.S. Citizen applicants only, see Section IV*)
- Copy of Responsible Serving of Alcohol Training Certificate (*or acceptable substitute*)
*Visit www.hollyspringsga.us. Access the course under the "E-Gov Services tab, "Online Alcohol Training"
- Current Photo (**optional*; if you do not submit a photo, your last photo on file or driver's license photo will be used*)

FEE INFORMATION:

Application fees for an Alcohol Work Permit in the City of Holly Springs may be paid by cash, check, or credit/debit card. Please prepare to pay the associated fee when you pick-up your permit.

New Application Server - \$25.00
New Application Manager - \$35.00
New Application/Renewal Fee Owner - \$0.00
Renewal Fee Server - \$15.00
Renewal Fee Manager - \$25.00

SECTION I:

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Driver's License Number: _____ Driver's License State: _____

SECTION II:

Employer Name: _____ Date of Hire: _____

Position:	Application Type:
<input type="checkbox"/> Server (<i>waiter/waitress, bartender, cashier, etc.</i>)	<input type="checkbox"/> New (<i>Never Applied or Applied 2+ years prior</i>)
<input type="checkbox"/> Manager	<input type="checkbox"/> Renewal (<i>Currently hold HS Alcohol Work Permit</i>)
<input type="checkbox"/> Owner	

Have you completed the required Responsible Serving of Alcohol Training? Yes No

Certificate Issue Date: _____ Certificate Expiration Date: _____

SECTION III:

Have you ever been arrested, indicted or convicted for any offense by any local, state, federal, or foreign governmental authority? Yes No

If "Yes" please list each charge, date, city/state/country of offense, and disposition below.
DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. Failure to make full disclosure may result in denial or subsequent revocation of your alcohol work permit.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

SECTION IV:

I certify that I am either

a U.S. Citizen or a legal permanent resident of the United States

OR

a qualified 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 issued by the Department of Homeland Security or other federal immigration agency is: _____

I am at least 18 years of age or older and have provided at least one secure verifiable document as required by O.C.G.A. § 50-36-1(e) (1).

Documentation Provided:

Permanent Resident Card Alien Registration Card U.S. Government Work Visa

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 violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Signature of Applicant

Date

SUBSCRIBED AND SWORN BEFORE ME
ON THIS _____ DAY OF _____, _____

Notary Public

Affix Seal Above

City of Holly Springs Police Department

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the **Holly Springs Police Department** to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

FULL NAME:				DOB:	
ADDRESS:				SSN:	
CITY:			STATE:		ZIP:
STATE OF BIRTH:			ID/LICENSE #:		ID/LICENSE STATE:
SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PHONE NUMBER:		
RACE:	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> NATIVE AMERICAN / ALASKAN				

This authorization is valid for (circle one) 30 / 60 / 90 days from date of signature.

OR

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

PLEASE SELECT A REASON BELOW FOR THIS INQUIRY:

- [E] Employment / Alcohol Work Permit
- [M] Working with Mentally Disabled
- [N] Working with Elderly
- [W] Working with Children
- [U] Personal Copy (*Individual/Their Attorney*)
- [J] Civilian Criminal Justice Employment
- [Z] Sworn Criminal Justice Employment

Signature

Date

Attorney for Individual

Bar Number

Date

SWORN AND SUBSCRIBED BEFORE ME
ON THIS ____ DAY OF _____, _____

Notary Public

Affix Seal Above

FOR OFFICIAL USE ONLY

Date of Inquiry: _____ **Time of Inquiry:** _____ **Operator's Initials** _____

ARN: _____

The inquiry resulted in the following (check all that apply):

No Criminal Record Available Criminal Record (Attached/Released)
 No NCIC/GCIC Warrant Possible NCIC/GCIC Warrant (Wanting Agency: _____)

Terminal Operator Signature: _____ **Date:** _____

*****THIS SECTION FOR OFFICIAL USE ONLY*****

THE APPLICATION IS HEREBY: APPROVED DENIED PENDING ADDITIONAL DOCUMENTS

IF OTHER THAN "APPROVED", LIST REASON: _____

PERMIT NUMBER ISSUED: _____ - _____ PERMIT EXPIRATION: _____

PAYMENT AMOUNT: \$0.00 \$15.00 \$25.00 \$35.00

PAYMENT TYPE: CASH CHECK CREDIT/DEBIT CARD

I ATTEST I HAVE COLLECTED THE FOLLOWING REQUIRED DOCUMENTS FROM THE APPLICANT PRIOR TO PROCESSING THIS APPLICATION FOR AN ALCOHOL WORK PERMIT:

- COMPLETED NOTARIZED APPLICATION PACKET
- STATE ISSUED PHOTO ID CARD (ATTACH COPY)
- ONE SECURE VERIFIABLE DOCUMENT (NON-U.S. CITIZEN APPLICANTS ONLY – ATTACH COPY)
- RESPONSIBLE SERVING OF ALCOHOL TRAINING CERTIFICATE (ATTACH COPY)

PERMIT AGENT SIGNATURE

DATE