

Permit # _____

Holly Springs Police Department

Each Alcohol Work Permit Requires the Following

**A. \$35.00 New Manager's Permit Application Fee
\$25.00 Renewal Fee**

**B. \$25.00 New Server's Permit Application Fee
\$15.00 Renewal Fee**

C. Completed Application*

D. Valid State Issued Identification*

E. U.S. Government Issued Social Security Card*

**Please indicate the permit you are applying for A or B
(Cash or Money Order Only)**

**ORIGINAL DOCUMENTS ARE REQUIRED, COPIES
WILL NOT BE ACCEPTED.**

**If you are not a U.S. Citizen, you must provide valid
identification issued by the State of Georgia and one (1) of the
following documents:**

- 1. Permanent Resident Card**
- 2. Alien Registration Card**
- 3. U.S. Government Work Visa**

**Holly Springs Police Department
Permits Section
Alcohol Work Permit Application**

Instructions: Fill in all blanks with complete and accurate information or your application *will not* be processed and your fee will be forfeited.

Please indicate: Initial Application () Renewal Application ()

NAME: _____
 Last First Middle

ADDRESS: _____
 Number Street

 City State Zip

HOME PHONE: _____ WORK PHONE: _____

AGE: _____ DATE OF BIRTH: _____ SSN: _____

U.S. CITIZEN: Yes () No () ALIEN REGISTRATION #: _____

DATE AND PORT OF ENTRY: _____

PLACE OF BIRTH: City _____ State _____ Country _____

DRIVERS LICENSE # AND STATE _____

BUSINESS NAME WHERE YOU WORK AND WHERE THIS PERMIT IS REQUIRED:

YOUR POSITION: _____

FORMER EMPLOYER NAME AND ADDRESS:

**Holly Springs Police Department
Permits Section
Alcohol Work Permit Application**

Instructions: In the spaces below, list every time that you have been arrested. Do not include minor traffic tickets. If additional space is needed, attach a separate sheet to the application.

DATE	TYPE OF OFFENSE	COUNTY/CITY OF OFFENSE	DISPOSITION
1.			
2.			
3.			
4.			

UNDER GEORGIA CRIMINAL CODE SECTION 16-10-20, ANY PERSON WHO KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS, OR COVERS UP ANY TRICK, SCHEME, OR DEVICE; A MATERIAL FACT; MAKES FALSE STATEMENTS, FICTITIOUS, OR FRAUDULENT STATEMENT OR REPRESENTATION, SHALL UPON CONVICTION THEREOF, BE PUNISHED BY A FINE OF NOT MORE THAN \$1000.00 OR BY IMPRISONMENT FOR NOT LESS THAN ONE YEAR NOR MORE THAN FIVE YEARS, OR BOTH.

Initial here that you have read the above statement: _____

I HAVE READ AND UNDERSTAND THAT ANY FALSEHOOD OR HALF-TRUTH SUBMITTED IN THIS APPLICATION IS A FELONY AND WILL RENDER ME INELIGIBLE TO SERVE ALCOHOLIC BEVERAGES IN THE CITY OF HOLLY SPRINGS. I ALSO UNDERSTAND THAT ANY FALSEHOOD OR HALF-TRUTH DISCOVERED BY INVESTIGATORS DURING THE TERM OF THIS PERMIT (WHICH IS ONE YEAR FROM THE DATE OF ISSUANCE) IS GROUNDS FOR ITS REVOCATION AND MY SUBSEQUENT PROSECUTION.

Signature _____ Date _____

Witness _____ Date _____

FOR OFFICIAL USE ONLY
 APPROVED () DENIED ()
 REASON(S) FOR DENIAL _____

PERMIT AGENT SIGNATURE: _____ DATE _____

**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



City of Holly Springs

SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE)

Affidavit of Compliance with O.C.G.A. 50-36-1 “Verification of Lawful Presence within the United States.”

O.C.G.A. 50-36-1 requires that applicants applying for such things as licenses for public benefits complete a signed and sworn affidavit verifying the applicant’s lawful presence in the United States. Therefore, the applicant must answer the following questions:

The applicant is a U. S. citizen or legal permanent resident at least eighteen (18) years old.
 YES NO or IF NOT:

The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. ***A photo static copy of the applicant’s alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.****

O.C.G.A. 50-36-1 states that “Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to this Code section shall be guilty of a violation of Code Section 16-10-20.”

I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.

Signature

Date

Title

Legal Company Name

Company Address

(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. **A STAMPED SIGNATURE IS NOT ACCEPTABLE.**)

I hereby certify that _____ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

SUBSCRIBED AND SWORN BEFORE ME ON THIS
_____ DAY OF _____, 201__

Notary Public

AFFIX SEAL

*All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-36-2.