

**ACWORTH POLICE PERMIT APPLICATION
ALCOHOL MANAGER**

Date of Application _____ Work Phone # _____

Renewal or New Application _____ Home Phone # _____

Business Name _____

Business Address _____

Name of Applicant _____

Home Address _____

City, State, Zip Code _____

Date of Birth _____ Age _____

Race _____ Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

Social Security # _____

Drivers License # _____

Owner of Above Business _____

Your position at the business _____

Date employed or appointed by alcohol license establishment _____

List dates and places of employment for the past five years _____

Have you ever been **arrested** or **convicted** of a felony? _____ If yes, list dates,
police agency, charges and disposition of charges. _____

Have you ever been **arrested** or **convicted** of a misdemeanor? _____
If yes, list dates, police agency, charges and disposition of charges. _____

Have you ever been fingerprinted?_____If yes, list when, where and why._____

Have you previously been issued a permit by the City of Acworth?_____
If yes, list type and date._____

Have you previously been issued a permit by any other jurisdiction for this purpose?
_____If yes, list dates and places._____

Place of birth (state)_____ (country)_____

Are you a U.S. citizen?_____ Alien Registration # _____

Naturalized date_____ Certificate # _____

List any and all aliases, nicknames, maiden names, etc._____

Under Georgia Criminal Code Section 16-10-20, any person who knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device, makes a false fictitious or fraudulent statement or representation, shall upon conviction, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one year nor more than five years, or both.

I have read and understand that any falsehood or half-truth submitted in this application is a felony and will render me ineligible for a City of Acworth work permit. I also understand that any falsehood or half-truth discovered by investigators during the term of this permit will be grounds for its revocation and my subsequent prosecution.

I swear that the information contained within this application to be the truth and that it contains no falsifications or misrepresentations of the facts. I hereby authorize Acworth Police Department and/or any duly authorized agent to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of this investigation.

Signature

Date



Acworth Police Department Consent Form



I hereby authorize the Acworth Police Department to receive any criminal history record information pertaining to me, which may be in the files of any national state or local criminal justice agency. I hereby authorize the Acworth Police Department to release all criminal history record information received to:
_____ care of _____.

Full Name (print)

Maiden Name / Previous Name / Alias

Street Address

City

State

Zip Code

Date of Birth

Social Security Number

Race:

- A – Asian, Asian Indians, & Other Non-White
- I – American Indian or Alaskan Native
- B – Black
- W – White (Includes Mexicans & Latins)
- U – Unknown / Other

Sex:

- Male
- Female

Signature

Date

Signed and sealed on the ____ day of _____, _____

Notary

Seal

Official Use Only

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

GCIC Operator Signature

Date

Record Attached

- FBI Number Checked
- State ID Number Checked

No Record



Affidavit Verifying Status for City Public Benefit Application

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

- | | |
|--|---|
| <input type="checkbox"/> Business License or Georgia Occupational Tax Certificate | Miscellaneous Licenses (check one below): |
| <input type="checkbox"/> Alcohol Beverage License | <input type="checkbox"/> Auctioneers |
| <input type="checkbox"/> Taxicab License | <input type="checkbox"/> Pawn Brokers |
| <input type="checkbox"/> Insurance Company License | <input type="checkbox"/> Massage Therapists |
| <input type="checkbox"/> Employee Benefits (Retirement, Health, Disability) | <input type="checkbox"/> Billiard Rooms Operations |
| <input type="checkbox"/> Contracts (Please specify type) _____ | <input type="checkbox"/> Precious Metals and Gems Dealers |
| <input type="checkbox"/> Other public benefit <i>(indicate, if not listed above)</i> _____ | <input type="checkbox"/> Flea Markets |

Name of Business _____

Check only one:

- 1) I am a United States citizen.
- 2) I am a legal permanent resident of the United States.
- 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.

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 this ____ day of _____, 20__ in _____ (city), _____ (state).

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__**

Signature of Applicant

Notary Public _____

Printed Name of Applicant

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 provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below: