

**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          | <b>Miscellaneous Licenses (check one below):</b>          |
| <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 <b>(Please specify type)</b> _____                      | <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: