



Alcohol Server Application

Business Name:

Business Address:

Your Name:

Date of Birth:

Social Security Number:

Place of Birth:

Phone Number:

List All Names Used Previously:

Address:

Previous Addresses (Last 2 Years):

Race: Sex: Eye Color:

Hair Color: Height: Weight:

Within the last (5) years, have you been convicted of, plead guilty to or plead nolo contendere to any federal, state or local offense, whether a misdemeanor or felony involving (1) moral turpitude (2) lottery (3) illegal possession or sale of narcotics or liquors (4) contributing to the delinquency of a minor?

No Yes (If yes, list each below)

Charge	Date	Location	Disposition
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O.C.G.A. 16-10 71 provides that a person to whom a lawful oath or affirmation has been administered to or who executes a document knowing that it purports to be an acknowledgement of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, she/he knowingly and willfully makes a false statement.

I, _____, do hereby swear or affirm that the answers given herein are true and correct to the best of my knowledge. I further understand that if I have made an omission or misrepresentation, my permit is subject to immediate revocation and /or that I am also subject to issuance of a citation as provided for by City ordinance and may be arrested for the offense of false swearing.

Signature: _____ Date: _____

I, _____, do hereby authorize the City of Decatur Police department to obtain and receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency.

Signature: _____ Date: _____



EMPLOYEE REGULATIONS

All persons who are issued a work permit to serve alcoholic beverages at licensed establishments in the City of Decatur are responsible for complying with the following regulations as set forth in the city of Decatur.

1. All employees must apply for a work permit within four (4) days of the date of their original employment.
2. Work permits expire one year from the date of issuance. Applications for renewal should be submitted along with alcoholic beverage license renewal applications.
3. A separate work permit is required for each location a permit holder engages in the sale of alcoholic beverages.
4. Any permit holder who terminates their employment is required to surrender their permit to the holder of the alcoholic beverage license.
5. The permit will be maintained at the licensed establishment and will be presented to any member of the department of public safety, police division, upon request.
6. A permit holder is required to obtain identification from every person who attempts to purchase alcoholic beverages to ascertain the age of the purchaser. No person engaged in the sale of alcoholic beverages shall knowingly sell alcoholic beverages to anyone under the age of 21 years. This identification should include a photograph of the purchaser, name and date of birth. The following are recommended acceptable forms of identification: driver's license, state identification cards and military identification cards.
7. A permit holder is required to refuse service to anyone who appears intoxicated.
8. A permit holder is not allowed to sell alcoholic beverages upon the licensed premises on any day or any time when such sale is prohibited by law.

All employees issued a work permit are responsible for complying with all provisions of City of Decatur ordinance pertaining to the sale of alcoholic beverages. The violation of any provision of state law or city ordinance may require revocation of the work permit and criminal prosecution.

I, _____, applicant, hereby acknowledge receipt of a copy of the City of Decatur alcoholic beverages employee regulations as provided in City of Decatur code (Section 4). I have read and understand each regulation.

Applicant Signature: _____

Date: _____



COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: _____

Date: _____



City Manager's Office
509 North McDonough Street
P.O. Box 220
Decatur, Georgia 30031
404-370-4102 ■ Fax 678-553-6518
info@decaturga.com ■ www.decaturga.com

February 24, 2023

Dear Applicant:

Georgia law now requires applicants for public benefits in Georgia's cities and counties to verify their legal status. Specifically, the City of Decatur must, "require every applicant for such benefit to execute a signed and sworn affidavit verifying the applicant's lawful presence in the United States" (O.C.G.A. § 50-36-1(e)).

The State of Georgia has defined "public benefits" to include business licenses, alcoholic beverage licenses and other certain government services. In order to receive your license you must complete the affidavit included in this application packet and return it to the City of Decatur. Again, this is required by the State of Georgia. The City of Decatur cannot issue a waiver and has no discretion in making you complete the affidavit.

Your eligibility will be verified through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security before the license is issued.

Thank you for your cooperation.

Sincerely,

Andrea Arnold
City Manager



City Manager's Office

509 North McDonough Street

P.O. Box 220

Decatur, GA 30031

404-370-4102 * Fax: 678-553-6518

info@decaturga.com * www.decaturga.com

Affidavit Verifying Applicant Status for City of Decatur Public Benefit

By executing this affidavit under oath, as an applicant for a public benefit referenced in O.C.G.A §50-36-1, I am stating the following with respect to my City of Decatur, Georgia, application for: (check all that apply)

Business License or Occupation Tax Certificate Taxi Permit

Alcohol License Other Public Benefit Specify:

If applying on behalf of a business, specify the name and address of the business:



I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under O.C.G.A. §50-36-2 and made available on the State Attorney General's website.

I am a United States Citizen **OR**

I am a legal permanent resident **OR**

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.

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 (f)(1)(a), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:



A current list of secure and verifiable documents can be found on the Georgia Attorney General's website at <http://law.ga.gov/immigration-reports>.

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.

SUBSCRIBED AND SWORN

Signature of Applicant: _____

BEFORE ME ON THIS THE

Date: _____

_____ DAY OF _____, 20__

Printed Name: _____

Notary Public

Alien Registration Number:

My Commission Expires:

*Note: O.C.G.A. 5-36-1(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: