

Pouring Permit Application

The City of Dunwoody has established the following application to allow for the lawful pouring of alcohol in accordance with the City of Dunwoody's Alcoholic Beverages, Chapter 4 as it pertains to Pouring Permits.

A Pouring Permit is required for any employee holding a managerial or supervisor position and any employees of an off premises alcohol beverage caterer who engage in the handling, selling or serving of alcohol beverages. This excludes employees whose duties are limited solely to those of busboys, cooks, and dishwashers.

In order to sell, offer for sale, or otherwise dispense any alcohol beverages within the City, the establishment must first obtain a license from the City of Dunwoody. For questions regarding an Alcohol Beverage License, please contact the Finance and Administration Department at 678-382-6700. No licensee shall employ any person required to have a Pouring Permit until such person has obtained such permit.

Pouring Permits are issued to individual applicants. Only one pouring permit per individual will be issued for employment at any and all establishments within the City. The permit will be valid for a period of one (1) year and shall be renewed on or before its expiration. Individuals applying for the permit shall make themselves available for photographing, fingerprinting, and such other investigation as may be required by the police department.

As part of the application process, the Chief of Police or his designee shall have a complete and extensive search made to determine if there is a police record of such person. If there is a record of conduct prohibited by City of Dunwoody's Alcohol Beverages, Chapter 4 or evidence that the person's employment would adversely affect the public health, safety, or welfare, issuance of a permit shall be denied.

A new search may be conducted on any person issued an employee Pouring Permit if the Chief of Police receives information which warrants such a new search. If the new search reveals evidence that warrants revocation of the card, the card may be revoked following notice and a hearing.

The fee for a Pouring Permit is made up of two (2) components: a background check by the City of Dunwoody Police Department for \$50.00 and the permit fee of \$60 totaling \$110.00. **Please make checks payable to City of Dunwoody.**

Please submit the following Pouring Permit Application and required supplemental materials (detailed in the following checklist) to the Finance and Administration Department, located at 4800 Ashford Dunwoody RD, Dunwoody, GA 30338. If you have questions, please do not hesitate to contact the Finance and Administration Department at (678) 382-6705 or at Businesstax@dunwoodyga.gov.

**There must be a manager or supervisor with a pouring permit on site during

Business operating hours**



Pouring Permit Checklist

<u>Appli</u>	cation Requirements:			
	Pouring Permit Application Information			
	Applicant's Certification (Notarized)			
	SAVE Affidavit (Notarized)			
	Signed Authorization for Criminal Background Check			
	Background Checks & Fingerprints by the City of Dunwoody Police Department (Tuesdays & Thursdays Only)			
	Copy of current Driver's License			
	Payment in full			
The f	ollowing items may be required, if applicable:			
	Arrest and Conviction Information, including: date(s) of conviction or arrest charge(s) location(s) dates served in jail dates served on probation or parole			
<u>Pouri</u>	ng Permit Fees:			
	Background Check \$50.00			
	Permit Fee \$60.00			



Pouring Permit Application

Applicant Information Last Name: _____ First Name: _____ Middle Name: _____ Aliases/Stage Names: _____ Social Security #: _____ Sex: □ Male □ Female Height: _____ Weight: _____ Race: _____ Hair Color: _____ Eye Color: ____ Date of Birth: Birthplace City: Birthplace State: Driver's License #: _____ State Issued: ____ **Contact Information** Home Address: Home Phone: _____ Mobile/Cell Phone: _____ Please list any additional legal addresses for the past five (5) years: (4): Emergency Contact: _____ Emergency Contact Phone: _____ **References** Name/Address/Phone/Email (2): _____

Employment Information

Business of Employment:______ Job Title: ______

Street Address:______ Supervisor: ______

Phone: _____ Length of Employment: _____



Please answer the following questions below

1. Have you been arrested and/or convicted for a misdemeanor within the past five (5) years? (yes/no)

If yes, please attach a list including date(s) of arrest, charge(s), location(s), dates served in jail, and dates served on probation or parole. Please note that any applicant with misdemeanor drug charges within the past five years will be denied.

2. Have you been arrested and/or convicted for a felony within the past five (5) years? (yes/no)

Please note that any applicant with felony convictions or open charges within the past five years will be denied.

3. Have you been convicted, pled guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within the past five (5) years? (yes/no)

Please note that any applicant that has been convicted, pled guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within the past five years will be denied.

4. Have you been arrested and/or convicted for moral turpitude within the past ten (10) years? (yes/no)

Please note that any applicant with moral turpitude convictions within the past ten years will be denied.

5. Have you pled guilty or entered a plea of nolo contendere to any crime involving moral turpitude, illegal gambling, illegal possession or sale of controlled substances, or the illegal sale or possession of alcohol, including the sale or transfer of alcoholic beverages to minors in a related crime within the past five (5) years? (yes/no)

Please note that any applicant that has pled guilty or entered a plea of nolo contendere to any crime as described in the preceding paragraph within the past five years will be denied.

6. Are you on active probation, parole, or sex offender registry? (yes/no)

Please note that any applicant that is on active probation, parole, or on a sex offender registry will be denied.



Applicant:

10h Title:

Pouring Permit Applicant's Affidavit and Signature

305 Hele:	
I hereby agree that as a condition to the issuindemnify and hold the City harmless from clain from activities associated with the permit.	
I hereby solemnly swear, subject to criminal per and answers made by me to the foregoing quest true, and no false or fraudulent statement or ar such permit.	ions in this application for a Pouring Permit, are
I hereby state and understand that any convict Dunwoody's Alcohol Beverages, Chapter 4 or the 3 of O.C.G.A. shall result in the automatic suspective of Police may revoke said Pouring Permit a affects the public health, safety, or welfare.	State of Georgia's Alcohol Beverage Code, Title ension of the Pouring Permit. Furthermore, the
I hereby understand that it shall be unlawful for revoked and upon whom demand for return of to card or to alter, conceal, deface, or destroy the conceal.	the card has been made to refuse to return the
Applicant's Signature:	
Sworn and Attested before me on this da	ay of, 20
Notary Signature and Seal:	
Ch-ff II.	a Only
Staff Us	
Permit #:	Permit Fees:
Approved/Denied by:	Expiration Date:

Denied Date:

Approval Date:



O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit Verifying Status for City Public Benefit

This form is required for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an applicant for a <u>pouring permit</u>, as referenced in O.C.G.A. § 50-36-1, from the City of Dunwoody, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

	n a United States citizen either current State Driver's Licer	ise, Passport, or Military	ID)
(Must include a copy	n a legal permanent resident of th of your current State Driver's ployment Authorization Card)		opy of your Permanent
Sec (Must include a copy	I am a qualified alien o Nationality Act with an alien num urity or other federal immigration of your current State Driver's bloyment Authorization Card)	agency.**	ment of Homeland
	ly alien number issued by the Denigration agency is:		ecurity or other federa
at least one secure and v	nt also hereby verifies that he or serifiable document, as required by document provided with this affic	O.C.G.A. § 50-36-1(e)(1), with this affidavit.
makes a false, fictitious violation of O.C.G.A. § 16	resentation under oath, I understa , or fraudulent statement or rep 5-10-20, and face criminal penaltic	resentation in an affida	vit shall be guilty of a
Executed in	(city), (state).		
	Signature of Applicant	Date	
	Printed Name of Applicant		
SUBSCRIBED AND SWOR	N BEFORE ME ON THIS THE	DAY OF	_, 20
	My Comr	nission Expires:	
NOTARY PUBLIC/SEAL			





Background Check Consent Form

Account#	
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***PLEASE NOTE: Background Checks & Fingerprint are performed on Tuesdays and Thursdays by APPOINTMENT ONLY.

I authorize the **<u>Dunwoody Police Department</u>** to receive any background record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia. I also acknowledge that I received a copy of my privacy rights in accordance to both Federal and State regulations.

Print Full Name:								
Maiden Name/Previous Nam	ne/Alias Info:							
Date:	Telephone	Number:						
Driver's License No:		DL State:						
Are you a U.S. Citizen?	Yes No							
If no, you will need to	have your Green	Card available.	Country of Birth:					
Date of Birth:	Race:Se	ex: Social Se	ec#:					
Street Address:								
City:	County:	State:	Zip:					
Business Name:								
Business Address:								
Signature of Applicant: _								
Background Check C Licensee- Backgroun Pouring Permit (Pho Register Agent - Ba Work Permit (Photo, Return Results to Fire	& Fingerprints Only (No Permit Requent Check Only to, Background Check Only ckground Check, Background Check, nance Department	iired) k, Fingerprints)-Iss , Finger prints) - Issi	ue to Applicant (Exp. 1 yr.) ue to Applicant (Exp. 1 yr.)					
Employee Completing:		Date Complete:_						
Meets Permit/ License Requ	ıirements:	Does Not Meet Re	equirements:					



APPLICANT PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-335(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-recordinformation).



PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

2018-05 Attachment B