City of Jonesboro 124 North Avenue, Jonesboro, Georgia 30236 (770) 478-3800 (770)-478-3775 (fax)

Employee/Servers Alcoholic Beverage Permit Application

This application must be completed in full, signed, notarized, and accompanied by all necessary supporting documentation, as well as the application fee, <u>before</u> it will be processed or considered by the City of Jonesboro. EVERY question must be fully and correctly answered. Failure to provide complete and correct information will result in a delay for consideration, and may result in the denial of the permit and possibly the revocation of the vendor's liquor license.

	ments: (please use this as a chent issued photo identification (conte		te issued ID card, etc.)
□ Criminal	history/background check employment by a licensed alcoho	ol vendor within the City of Jo	onesboro
Required Fees:		certified check or money orde e payable to the "City of Jone	sboro".
Applicant Name):		
• •	which you are currently empl	_	
	oyment and current job title (p		
	sed by applicant, including ma or otherwise, aliases, nickna		er marriages, former names
Phone: (Day)	(Evening)	(Ot	her)
Home Address:			
Is the above ad	dress your legal and bona fide	e domicile? If yes, fo	or how long?
Please list your	previous legal addresses for	the last five years, and leng	gth of time at each:
Address:			
City:		State:	Zip:
Length of resid	ency at this address:		
Address:			
City-		State:	7in·

Length of residency at this address:			
e-mail:			
If no, please state your native country, dand court of your naturalization:	yes, are you a citizen by birth or a naturalized citizen?		
teachers) who are responsible, reputable known you well for at least five years. In information, nature of relationship, and			
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fully and correctly. The following staten	heck to make sure all answers and explanations are stated nent is to be executed under oath and is subject to the t it includes all attached sheets submitted herewith.		
STATE OF GEORGIA, CLAYTON COUNT	Y, CITY OF JONESBORO		
to the penalties of false swearing, that the foregoing application are true and concepartment to receive any criminal and be in the files of any Federal, State, Couread, understand, and agree to abide by pertaining to the establishment and ope involved in the sale of alcohol and the p	do solemnly swear or affirm, subject ne statements and answers made by me, as the applicant, in brrect. Furthermore, I authorize the City of Jonesboro Police driver's history record information pertaining to me which may nty, or local criminal justice agency. I am familiar with, have all applicable City Ordinances, local, state, and federal laws ration of a business inside the City of Jonesboro's City limits roper conduct of its management. I understand that a violation nor, may result in the permanent revocation of my permit.		
Full legal name:			
Date of Birth:/	Social Security Number:		
Drivers License Number	Issuing State:		
Applicant signature:	Date:/20		
or her name to the foregoing application	stating to me that he or she knew and understood all and other oath actually administered by me, has sworn or ers are true and correct.		
This Day of	, 20 [place notary seal here]		
Notary Public Signature:			
For Office Use Only:			
Date Received:/20	Fee Attached?:		
Approved/Denied	Permit number:		