

## PERMIT APPLICATION

APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED TO THE CITY CLERK IN PERSON BETWEEN THE HOURS OF 8:30AM AND 4:00PM, MONDAY THROUGH FRIDAY. SUBMIT THE COMPLETED APPLICATION WITH A GOVERNMENT-ISSUED PICTURE I.D., ALIEN REGISTRATION CARD, COMPLETED "AFFIDAVIT VERIFYING LAWFUL PRESENCE WITHIN THE UNITED STATES," AND PAYMENT IN THE AMOUNT OF \$150.00, WHICH INCLUDES BACKGROUND CHECK, FINGER PRINTS AND I.D. CARD.

**APPLICATION TYPE:**

EMPLOYEE ALCOHOL PERMIT       EMPLOYEE ALCOHOL SERVER PERMIT

NEW       Renewal

Name of Applicant: \_\_\_\_\_ Phone \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Home Address: \_\_\_\_\_  
CITY ST ZIP

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Cell/Home Phone #: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS REQUIRED TO GET A PERMIT.  
 YOU MUST FILL IN EITHER LICENSE NUMBER OR STATE IDENTIFICATION  
 NUMBER OR TAX IDENTIFICATION NUMBER. IF ALL  
 ARE LEFT BLANK YOUR APPLICATION WILL BE DENIED.**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

State Issued ID# \_\_\_\_\_ State: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employment Type:  Full-time  Part time  Other

FOR OFFICE USE ONLY			
Amount Paid \$ _____		(Cash ONLY)	Date: _____
FINANCE DEPT.:	DATE:	CLERK'S OFFICE:	DATE:

**BACKGROUND CONSENT**

- I do not have any questions or comments regarding the ordinances, laws, regulation or application.
- I have fully answered all questions in the application.
- I am familiar with the City of Doraville ordinances, state laws and regulations, federal laws and regulations governing the operation of this type of business.

I hereby swear or affirm that I have answered all questions truthfully and to the best of my knowledge.

I hereby authorize the City of Doraville Police Department to investigate and confirm any financial or other information provided in this application.

I hereby authorize the City of Doraville Police Department to receive any criminal history record information pertaining to me, which may be in the files of any local, state or federal law enforcement agencies. I also waive use of any and all information they may discover. I also release the City of Doraville Police Department, or any of their authorized agents, from any liability connected to the release of any criminal history or prior employment information. These releases are in exchange for the consideration of this application.

I hereby swear or affirm the information provided herein is true, complete and accurate and I understand that any inaccuracies may be considered just cause for invalidation of this application and an action taken on this application. I understand that the City of Doraville reserves the right to enforce any and all ordinances regardless of payment of any fee and further that it is my responsibility to conform to said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I can read the English language or I have had someone who can read the English language to this document to me and I freely and voluntarily have completed the application. I understand that it is a felony to make false statement or writings to the City of Doraville pursuant to O.C.G.A. §16-10-20.

Please verify that all sections are complete – any missing information will constitute an incomplete application.

Issuance of a permit is not to be considered an approval of any other action and in no way confirms that the permittee meets other requirements of the City of Doraville. Further, issuance of a permit neither waives nor prevents the applicability of any law or ordinance, nor will such issuance prevent the enforcement of any law or ordinance.

**AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Doraville, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C. G. A. Section §50-36-1, I am stating that following with respect to my application for (check one)  Occupation Tax Certificate,  Alcohol License,  Taxi Permit or  other public benefit for: \_\_\_\_\_ [Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

- I am a United States citizen.
- I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

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.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*\*Must be signed in the presence of a Notary*

\* \_\_\_\_\_  
Alien Registration Number for Non-Citizens

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_