Dunwoody
Smart people – Smart city

41 Perimeter Center East, Suite 250
Dunwoody, Georgia 30346
P (678) 382-6700 F (678) 382-6701
dunwoodyga.gov

Pouring Permit Renewal Application

Applicant Information

Last Name: _____ First Name: _____ Middle Name:_____

Driver's License #: _____ State Issued: _____
Include a copy of your current Driver's License

Contact Information

Home Address: _____

Home Phone: _____ Mobile/Cell Phone:_____

Employment Information

Business of Employment:_____ Job Title: _____

Street Address:_____ Supervisor: _____

Phone: _____ Length of Employment: _____

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.

Total Fees Due: $110.00
Please make checks payable to the City of Dunwoody

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Pouring Permit Applicant's Affidavit and Signature

Applicant: _____

Job Title: _____

I hereby agree that as a condition to the issuance of a Pouring Permit, the applicant shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with the permit.

I hereby solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Pouring Permit, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such permit.

I hereby state and understand that any conviction for violation of the provisions of the City of Dunwoody's Alcohol Beverages, Chapter 4 or the State of Georgia's Alcohol Beverage Code, Title 3 of O.C.G.A. shall result in the automatic suspension of the Pouring Permit. Furthermore, the Chief of Police may revoke said Pouring Permit and demand its return if the applicant adversely affects the public health, safety, or welfare.

I hereby understand that it shall be unlawful for an applicant whose Pouring Permit has been revoked and upon whom demand for return of the card has been made to refuse to return the card or to alter, conceal, deface, or destroy the card.

Applicant's Signature: _____

Sworn and Attested before me on this _____ day of _____, 20___.

Notary Signature and Seal: _____

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied by:	Expiration Date:
Approval Date:	Denied Date:

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O.C.G.A. § 50-36-1(e)(2) 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 pouring permit, 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:

1) _____ I am a United States citizen
(Must include copy of either current State Driver's License, Passport, or Military ID)

2) _____ I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

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.**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**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 in _____ (city), _____ (state).

_____ _____
Signature of Applicant Date

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20___.

_____ My Commission Expires: _____
NOTARY PUBLIC/SEAL

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Background Check Consent Form

*****PLEASE NOTE: Background Checks are only performed between the hours of 9AM-11AM and 1PM-3PM on Tuesdays and Thursdays.**

I authorize the **Dunwoody Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name:_____

Maiden Name/Previous Name/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:_____Sex:_____Social Sec#:_____

Street Address:_____

City:_____County:_____State:_____Zip:_____

Business Name: _____

Business Address: _____

Signature of Applicant:_____

For Finance Dept Use Only:

- ☐ Only Background Check & Fingerprints (No Permit Required)
- ☐ Only Background Check (No Permit Required)
- ☐ Return Results to Finance Department
- ☐ Pouring Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 1 yr)

Employee Completing: _____ Date Complete:_____

Record Attached: _____ No Record:_____