



City of Johns Creek  
Revenue  
11360 Lakefield Drive  
Johns Creek, Georgia 30097  
(678) 512-3242  
www.johnscreekga.gov

## Alcohol Employee Pouring Permit Application

APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED TO THE REVENUE DIVISION IN PERSON BETWEEN THE HOURS OF 8:00 AM AND 5:00 PM, MONDAY THROUGH FRIDAY. SUBMIT THE COMPLETED APPLICATION WITH A GOVERNMENT-ISSUED PICTURE I.D. AND NON-REFUNDABLE PAYMENT IN THE AMOUNT OF \$30.00.

I. Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last Name First Name MI

Gender: (Check One)  Male or  Female Maiden, Married, Alias or Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Race: \_\_\_\_\_ Birthplace: (City, State & Country) \_\_\_\_\_

Are you a citizen of the United States or an alien lawfully admitted for permanent residence? (Check One)  Yes or  No

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Check One)  Mobile or  Home

II. Address Information – List your current home address and mailing address if necessary.

Current Address: \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Period: (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Period: (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

III. Have you been convicted for a felony within the past five (5) years?

*A guilty plea and plea of nolo contendere.*

(Check One)  Yes or  No If yes, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

IV. Restaurant/Establishment Name: \_\_\_\_\_

V. Alcohol Awareness Training

As an applicant for an employee pouring permit, you must complete an approved alcohol awareness training program within 30 days of being issued a pouring permit or being employed. Details on approved programs will be provided by the City at the time of submittal or can be found on the City's website at www.johnscreekga.gov.

VI. Background Consent

I, (*print your name*) \_\_\_\_\_, authorize the City of Johns Creek and/or their designee, *Guard One Security, Inc. (GOS)*, to make an independent investigation of my background, criminal or police records.

I release the City of Johns Creek and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used. This consent form shall be valid as long as I am employed in the City of Johns Creek.

I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAFF USE: Initials: \_\_\_\_\_ Amount Due: \$30.00 Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Application Type (Circle): NEW RENEWAL SAVE Affidavit On File:



Affidavit Verifying Lawful Presence
Within the United States

I, (print name) \_\_\_\_\_, swear or affirm under penalty of perjury that (check one):

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

Alien Registration Number: \_\_\_\_\_

I am applying for the following public benefit (check one):

- Alcoholic Beverage License for \_\_\_\_\_
Alcohol Employee Pouring Permit
Occupation Tax Certificate \_\_\_\_\_
Door-to-Door Salesmen/Solicitors Permit
Other: \_\_\_\_\_

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Print Name of Applicant

Position Title (if applicable)

Signature of Applicant

Date

Subscribed and sworn to before me on

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Clerk/Notary Public)

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



City of Johns Creek
Georgia Criminal History Record Information
Request and Consent Form

1) This Request is For: (Check only one)

- Employment
Military
Personal Use
Other use not listed (E)
International Travel
Firefighter Employment (E)
Prospective Adoptive/Foster Parents (E + Note & 2 Copies)
Employment Working with the Elderly (N)
Employment at a Child Care Facility (W)
Employment Working with the Mentally Ill (M)
Police Ride-Along Request (C)
Police Department Vendor/Contractor (C)

2) A History is Requested on the Following Person:

Name: (Last) (First) (Middle)
Social Security Number: - - Sex:
Race: White Black Asian American Indian Unknown/Other
Date of Birth: (Month) (Day) (Year) Phone Number:

Check here if request is for yourself, and proceed to Section 5.

3) Person Requesting Criminal History:

Name: (Last) (First) (Middle)
Address:
City, State Zip:

4) Consent:

This portion is to be used if the person requesting the criminal history is different than who the criminal history is being inquired on, (Sections 2 & 3 above are not the same person). A third party notary is required.

I hereby give consent for my criminal history record information to be provided to the person named in section 3 above. I also give permission for this history to be inquired within the next (circle one) 90 / 180 / \_\_\_ days from the date of this request.

(Signature) (Printed Name) (Date)

(Notary Signature) (Date) Seal:

5) In making this request, I agree that the Johns Creek Police Department, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record once it has been delivered to me. A photocopy of this release will be placed on file and is valid as an original hereof, even though the photocopy does not contain an original signature. Incomplete requests will be denied. This report is considered accurate at the time of inquiry and may change at any time. I also understand that if this record is for personal/employment use this record check is \$20.00 payable upon request and will be available in 5 business days. If this request is on behalf of the City of Johns Creek (Ride-Along, Licensing, Vendor), no fee is due.

(Signature of Person Requesting Criminal History) (Date)

Official Use Only-Do Not Mark Below This Line

Results: Operator: ARN:
Date Submitted:
Inquiry Date:



# APPROVED ALCOHOL AWARENESS TRAINING PROGRAMS

## Rules and Regulations

Chapter 6, “Sec. 6-21(c). – Alcohol awareness training certification.

*c. Every applicant to whom a pouring permit is issued and every employee who dispenses, sells, serves, takes orders or mixes beverages shall also complete an approved alcohol awareness training program within 30 days of being issued a pouring permit or being employed.” Each establishment shall maintain an updated list of employees who have completed an approved alcohol awareness training program along with copies of each of the employee’s completion certificate, and shall produce said list and/or certificates for inspection by the city upon request.*

- Training Institute for Responsible Vendors <http://www.tirv.net/>
- TIPS <http://gettips.com/>
- ServSafe <http://www.servsafe.com/home>
- Evindi – RAS <http://evindi.com/>
- Bloomin’ Brands <http://bloominbrands.com/home/index.aspx>
- Learn2Serve <http://www.learn2serve.com/>
- Communicata Language Services LLC
- Darden Restaurants Responsible Alcohol Service Training Online
- LiquorExam [https://liquorexam.com/Georgia\\_Alcohol\\_Server\\_Seller\\_Training](https://liquorexam.com/Georgia_Alcohol_Server_Seller_Training)