

P.O. Box 1059, 1369 Fourth Avenue, Auburn, GA 30011

P:770-963-4002 F:770-513-9255

City of Auburn Pourers Permit Application

	PERMIT STATUS SECTION							
PL	PLEASE CHECK ONE OF THE FOLLOWING REASONS FOR APPLYING FOR THIS PERMIT							
	MANAGER	ASSISTANT MANAGER	BARTENDER	SERVER	HOST/HOSTESS	OTHER		
	NAME OF COM	IPANY						

	APPLICAN	T INFORMATION S	ECTION	[
	NAME OF APPLICANT						
	LIST ALL PREVIOUS LAST NAMES AND ALIASES						
	DRIVER'S LICENSE NUMBER (APPLICANT MUST PO	OSSESS A VALID GEOR	GIA DRIVE	ER LICENSE)			
	DATE OF BIRTH (MM/DD/YYYY FORMAT) SOCIAL SECURITY NUMBER						
	PRIMARY PHONE NUMBER SECONDARY NUMBER OR MOBILE						
	PHYSICAL HOME ADDRESS						
	СПТҮ			STATE	ZIPCODE		
LIS	ST TWO PREVIOUS EMPLOYER'S INFORMATION BI	ELOW					
	COMPANY NAME		-	OF TIME EMPLOYED			
			FROM: _		TO:		
	PHYSICAL ADDRESS						
	СПҮ			STATE	ZIPCODE		
	COMPANY NAME		-	OF TIME EMPLO			
			FROM: _		TO:		
	PHYSICAL ADDRESS						
	СПҮ			STATE	ZIPCODE		



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Answer the following questions. If you cannot answer "Yes" to any of the questions below then your application will be denied

Yes	No	
		Is the applicant at least 18 years of age? Note: Permit shall be issued for a period of one calendar year. <u>Permitted pourers must posses such permit at all</u> times while employed at the licensed establishment. This is to include owners and managers [Ord.5.50.320 (6)]
		Is the applicant a U.S. Citizen or a permanent resident alien?
		Has the Pourers permit application been fully completed, signed and dated.
		Has the Criminal History and Background Check Consent Form been fully completed, signed, dated and notarized.
		Have you included a certified check, money order, or cash for the permit fee.

		Signature	Print Name	Date
DEPA	RTMEN	NT USE ONLY:		
Yes	No			
		Does the applicant (Pourers	Permit) meet the requirement	nt of the Ordinance? [Ord. 5.50.320]
City C	lerk:	Denied	Approved	Date:
Police Chief:		Denied	Approved	Date:

Check this box if written notice has been sent to the applicant giving reasons for denial and advising of rights to appeal. Attach the notice of denial to the application paperwork.



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City of Auburn Criminal History and Background Check Consent Form

APPLICANT INFORMATION SECTION									
NAME OF APPLICANT									
LIST ALL PREVIOUS LAST NAMES AND ALIASES									
 DRIVER'S LICENSE NUMBER (APPLICANT MUST POSSESS A VALID GEORGIA DRIVER LICENSE)									
DATE OF BIRTH (MM/DD/YYYY FORMAT)			SOCIAL SECURITY NUMBER						
RACE	ETHNICITY	SEX	WEIGHT	HEIGHT	EYE CO	LOR	HAIR CC	OLOR	
MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED				SPOUSES NAM	E				
LEGAL STATUS U.S. CITIZEN RESIDENT ALIEN – LIST YOUR INS NUMBER:									
CITY						STAT	E	ZIPCC	DE

BUSINESS INFORMATION SECTION

NAME OF PLACE OF EMPLOYMENT

PHYSICAL ADDRESS

CITY	STATE	ZIPCODE

ARREST INFORMATION SECTION

IF YOU HAVE EVER BEEN ARRESTED THEN PLEASE LIST ALL ARRESTS BELOW (MUST INCLUDE ALL CHARGES EVEN IF THEY WERE DISMISSED OR EXPUNGED) LIST ANY ADDITIONAL ARRESTS ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS								
AP	PLICATION							
	DATE ARRESTED CHARGE ARRESTING AGENCY COURT DISPOSITIONS							
	DATE ARRESTED	CHARGE	ARRESTING AGENCY	COURT DISPOSITIONS				
	DATE ARRESTED	CHARGE	ARRESTING AGENCY	COURT DISPOSITIONS				



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NOTE: THE COPY OF THE REQUEST FOR THE CRIMIAL HISTORY MUST BE MAINTAINED FOR FOUR (4) YEARS FOR THE PURPOSE OF GCIC/NCIC AUDITS.

ILLEGAL USE OF THE INQUIRY FOR ANY REASON OTHER THAT STATED ABOVE IS A VIOLATION OF STATE LAW AND GCIC/NCIC POLICY AND PROCEDURES AND COULD RESULT IN THE PROSECUTION AND/OR SANCTIONS AGAINST YOU.

(Note: Unless all blanks are completed on this form and the form is notarized, no information will be released.) ****** Rules of Georgia Crime Information Center Council Chapter (GCIC) 140-02 Section 140-02 04 Criminal Justice Information Exchange and Discrimination. Amended ******

Criminal justice agencies may disseminate criminal history records to private persons, businesses, public agencies, political subdivisions, authorities and instrumentalities, including state or federal licensing and regulatory agencies, or to their designated representatives. For dissemination purposes, criminal history records include all available criminal history information; except information relating to any arrest or charges disposed of under the provisions of the Georgia First Offender Act shall not be provided after the person has been discharged from First Offender status and exonerated of the charges. At the time of each request requestors shall provide the fingerprints or the signed and notarized consent of the person whose record is requested. The signed and notarized consent must be in a formal approved by GCIC and must include the person's full name, address, social security number, race, sex and date of birth. Criminal justice agencies which disseminate criminal history records to private individuals and to public and private agencies shall advise all requestors that if an employment or licensing decision adverse to the record subject is made, the record subject must be information of all information pertinent to that decision. This disclosure must include information that a criminal history check was made, the specific contents of the record, and the effect the record had upon the decision.

The City of Auburn requires an **annual** investigation of all licensees. A new Consent will be required with each renewal. The criminal investigation is done by the City of Auburn Police Department through the State of Georgia and GCIC does the background investigation.

By signing this form I, ______, the applicant, understand the reason for this inquiry. I also authorize the City of Auburn and its designees to receive my criminal history from the Auburn Police Department. I further authorize the City of Auburn and its designees to receive my background history form the Georgia Crime Information Center.

SIGNATURE

SWORN AND SUBSCRIBED BEFORE ME THIS

_____DAY OF_____,20____

DATE

NOTARY PUBLIC