

Pouring Permit Application

The City of Sky Valley has established the following application to allow for the lawful pouring of alcohol in accordance with the City of Sky Valley's Alcoholic Beverages, Chapter 4 as it pertains to Pouring Permits.

A Pouring Permit is required for any employee holding a managerial or supervisor position and any employees of an off premises alcohol beverage caterer who engage in the handling, selling or serving of alcohol beverages. This excludes employees whose duties are limited solely to those of busboys, cooks, and dishwashers.

In order to sell, offer for sale, or otherwise dispense any alcohol beverages within the City, the establishment must first obtain a license from the City of Sky Valley. For questions regarding an Alcohol Beverage License, please contact the Finance and Administration Department at 706-746-2204. No licensee shall employ any person required to have a Pouring Permit until such person has obtained such permit.

Pouring Permits are issued to individual applicants. Only one pouring permit per individual will be issued for employment at any and all establishments within the City. The permit will be valid for a period of one (1) year and shall be renewed on or before its expiration. Individuals applying for the permit shall make themselves available for photographing, fingerprinting, and such other investigation as may be required by the police department.

As part of the application process, the Chief of Police or his designee shall have a complete and extensive search made to determine if there is a police record of such person. If there is a record of conduct prohibited by City of Sky Valley's Alcohol Beverages, Chapter 4 or evidence that the person's employment would adversely affect the public health, safety, or welfare, issuance of a permit shall be denied.

A new search may be conducted on any person issued an employee Pouring Permit if the Chief of Police receives information which warrants such a new search. If the new search reveals evidence that warrants revocation of the card, the card may be revoked following notice and a hearing.

The fee for a Pouring Permit is made up of two (2) components: a background check by the City of Sky Valley Police Department for \$50.00 and the permit fee of \$60 totaling \$110.00. **Please make checks payable to City of Sky Valley.**

Please submit the following Pouring Permit Application and required supplemental materials (detailed in the following checklist) to the Finance and Administration Department, located at 3444 Highway 246, Sky Valley, GA 30537. If you have questions, please do not hesitate to contact the Finance and Administration Department at (706) 746-2204.

****There must be a manager or supervisor with a pouring permit on site during business operating hours****

Pouring Permit Checklist

Application Requirements:

- Pouring Permit Application Information
- Applicant's Certification (Notarized)
- SAVE Affidavit (Notarized)
- Signed Authorization for Criminal Background Check
- Background Check by the City of Sky Valley Police Department

- Photographing by the City of Sky Valley Police Department

- Copy of current Driver's License
- Payment in full

The following items may be required, if applicable:

- Arrest and Conviction Information, including:
 - date(s) of conviction or arrest
 - charge(s)
 - location(s)
 - dates served in jail
 - dates served on probation or parole

Pouring Permit Fees:

- Background Check \$50.00
- Permit Fee \$60.00

Pouring Permit Application

Applicant Information

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

Aliases/Stage Names: _____ Social Security #: _____

Sex: Male Female Height: _____ Weight: _____

Race: _____ Hair Color: _____ Eye Color: _____

Date of Birth: _____ Birthplace City: _____ Birthplace State: _____

Driver's License #: _____ State Issued: _____

Contact Information

Home Address: _____

Home Phone: _____ Mobile/Cell Phone: _____

Please list any additional legal addresses for the past five (5) years:

(1): _____

(2): _____

(3): _____

(4): _____

Emergency Contact: _____ Emergency Contact Phone: _____

References

Name/Address/Phone/Email

(1): _____

(2): _____

(3): _____

Employment Information

Business of Employment: _____ Job Title: _____

Street Address: _____ Supervisor: _____

Phone: _____ Length of Employment: _____

Please answer the following questions below

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.

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 Sky Valley'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:

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 Sky Valley, 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__.

NOTARY PUBLIC/SEAL

My Commission Expires: _____

Background Check Consent Form

I authorize the **Sky Valley 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: _____

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)
- Secondhand Dealer Permit (Photo, Background Check, Fingerprints)-(Exp. December 31st)
- Massage Permit (Photo, Background Check, Fingerprints)--Issue to Applicant (Exp. 1 yr)
- Solicitor's Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 3 mos.)

Employee Completing: _____ Date Complete: _____

Record Attached: _____ No Record: _____