



**ATLANTA POLICE DEPARTMENT
PERSONAL HISTORY RECORD**

PERMIT TYPE: _____

DATE: _____

Name in FULL (Please Print) _____

Address: _____ Telephone: _____

Place of Birth _____ Date of Birth: _____ Age: _____
(City, State) (Day, Month, Year)

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Social Security Number: _____ Driver's License # _____

Have you been convicted of any law? Federal: _____ Foreign Country: _____ State Law: _____
City Ordinance: _____ if so, explain: _____

List names and addresses of employers for the past three (3) years: _____

Marital Status: _____

Spouse's Name: _____

Finger printed by: _____ Applicant Signature: _____

Date: _____

CRIMINAL HISTORY CONSENT

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? () Yes () No

Date of Occurrence: _____ City: _____ State: _____

Disposition: _____ Explain: _____

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF

CITY ORDINANCE 106-90. (SIGNATURE)

SAVE Affidavit



CITY OF ATLANTA AFFIDAVIT
VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFIT
SUBMITTED TO DEPARTMENT OF POLICE/LICENSE AND PERMITS

By executing this affidavit under oath, as an applicant for a City of Atlanta Contract, Business License or Georgia Occupation Tax Certificate, Alcohol License, Taxi Permit, Insurance Company License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: _____.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States Citizen

OR

2) _____ 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.* All non-citizens must provide their Alien Registration Number below.

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.

Signature of Applicant:

Date:

Printed Name:

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

* _____

Alien Registration number for non-citizens

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



CITY OF ATLANTA POLICE DEPARTMENT

3493 Donald Lee Hollowell Parkway

Atlanta, Georgia 30331

TEMPORARY ALCOHOL LICENSE

Two original applications required. All applications must be typed or legibly printed in black ink. Each question must be answered completely and correctly. The Temporary License will be issued for a period of 120 days.

1. Is applicant: () Sole Proprietorship () Partnership () Corporation

2. Legal name of business: _____

3. Operating / Trade name of business: _____

4. Location of Business: _____

City _____ State _____ Zip _____

5. Full name of licensee / agent: _____

Residence address: _____

_____ City County State

Telephone number: Home _____ Business _____

6. Licensee/agent business Interest(s), Occupation(s), and/or Employer(s) for the past ten (10) years:

| Company | Address (City & State) | Position | Dates |
|---------|------------------------|----------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

7. Location where pending Annual Alcohol License is to be issued: _____

8. Describe nature and character of business. (Be specific)

9. Indicate type of alcoholic beverage(s) which will be sold:

- 10. Does License/Agent, Manager or any partner(s) or any corporation officer or board member or any principal shareholder or trustee have, within the past ten (10) years, any conviction for the violation of any federal state, or local law(s), ordinance(s), or regulation(s), or does said person(s) have current proceedings pending for any violation of any federal, state, or law ordinance or regulation?

(For the purpose of this question, the term “conviction” shall include an adjudication of guilty, a plea of nolo contendere, or forfeiture of a bond).

| Person Charged | Date of Offense | Location(City, State) | Disposition |
|----------------|-----------------|-----------------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Chapter 10§ 10-75 of the Atlanta City Code of Ordinances states in part: “Temporary Licensees/Agents waive any and all rights available to them to appeal the decision by the Chief of Police to deny their application for a temporary license or to revoke a temporary license to them and the applicant.”

- 11. Have you read and fully understand the City of Atlanta Ordinances, State laws and Regulations governing the operation of an Alcohol Establishment?
 Yes No
- 12. Do you agree to abide by such ordinances, laws and regulation? Yes No

I, _____ being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement is made herein that such answers were made in order to procure the granting of such license.

Signature of Licensee/Agent

Sworn to and subscribed before me this _____ day of _____ 20 _____.

Notary Public

Signature and Title of person other than Licensee/Agent filling out this application

(_____) _____
Telephone Number

Command Review

I approve/disapprove this event.

I approve/disapprove this event.

Commander, License and Permits Unit

Commander, Special Enforcement Section

Comments: _____

Comments: _____

I approve/disapprove this event.

Deputy Chief, Criminal Investigation

Date

Division

Comments: _____

I approve/disapprove this event.

Assistant Chief

Date

Comments: _____

I approve/disapprove this event.

Chief of Police

Date

Comments: _____

