

TEMPORARY ALCOHOLIC BEVERAGE APPLICATION



ATLCORE
BUSINESS LICENSING & PERMITTING PORTAL

**REQUIRED
FORMS**

REQUIRED FORMS



REQUIRED FORMS CHECKLIST

Temporary Alcohol

- Government Issued ID (Non-Expired)
- Notarized Certification Form
- Affidavit
- Personal History Form
- Consent Form

**BE SURE TO HAVE THE FORMS
NOTARIZED, IF APPLICABLE.**



CERTIFICATION

TEMPORARY ALCOHOL LICENSE

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.”

1. Have you read and fully understand the City of Atlanta Ordinances, State laws and Regulations governing the operation of an Alcohol Establishment? () Yes () No
2. 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

CITY OF ATLANTA POLICE DEPARTMENT APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGE



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 License Number: _____

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)

Verification of Lawful Presence with the United States



By executing this affidavit under oath, as an applicant for a(n) _____
[type of public benefit], as reference in O.C.G.A §50-36-1, from _____
[name of government entity], the undersigned applicant verifies one of the following with respect to my
application for a public benefit:

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States
- 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.

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 (f) (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

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ONTHIS THE
____ DAY OF _____, 20 ____

NOTARY PUBLIC
My Commission Expires: _____

Alcohol License Agent Consent Form

Georgia Bureau of Investigation Georgia Crime Information Center

Consent Form

I hereby authorize CITY OF ATLANTA
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name of Licensee/Agent (print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing below I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my tenure as agent, independent contractor, or member of this establishment.

Signature of Agent

Email Address

Date:

Phone:

FOR OFFICE USE ONLY:

Receiving Authorized Recipient
