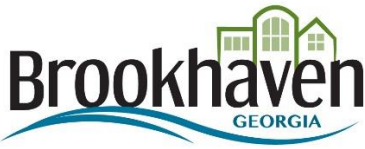


Personnel Statement

NAME Last:	NAME First:	NAME Middle:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Aliases / Stage Names:	Social Security Number:
Home Address:		City/State/Zip:
Date of Birth / /	Phone:	BIRTHPLACE City: State:
Are you a U.S. Citizen?	Naturalized? Provide Certificate No. (Yes/No)	Date, Place, Court.
Petition Number	Derived Parents Certificate No.	Alien Register No.
*** Note a copy of Resident Alien Card and Driver's License must be provided at the time of application. The application will not be accepted without this documentation.		
Native Country	Date of Entry	Port of Entry
Marital Status	If Married, Spouse's Name:	Spouse's SS No.
Spouse's Date of Birth:	Spouses Employer:	Address of Spouse's Employer:
Business of Employment:		
Job Title:		Supervisor:
Street Address:		
Phone:		Length of Employment:
% Ownership if any:		Salary or Annual Compensation:
<p>Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages: (Yes/No) If Yes, give names and locations of interest in each.</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>		
<p>Have you ever had any financial interest in an alcoholic beverage business which was denied a license? (Yes/No) If so give details.</p> <p>_____</p>		
<p>Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? (Yes/No) If so, give details.</p> <p>_____</p>		



If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved).

Have you ever been denied bond by a commercial security company? (Yes/No) If Yes, give details.

Have you ever been arrested or held by Federal, State, or Other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinances? A criminal background investigation will be conducted to verify this information. (Do not include traffic violations. All other charges must be included even if they were dismissed.

Reason Charged or Held	Date	Place of Charge
Reason Charged or Held	Date	Place of Charge

No Arrests? (Yes/No) Attached additional Arrests? (Yes/No)

Please list any other names used by the applicant (maiden name, names by former marriages, former names, aliases, nicknames, etc.) Specify which and show dates used.

Employment Record (Most Recent First)

Residences for the Past Ten Years

From		To		Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
Month	Year	Month	Year				
Dates				Street	City	State	
From		To					



Personnel Statement Affidavit

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, _____ County. I _____ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

Applicant's Signature: _____

I hereby certify that _____ signed his name to the foregoing application stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

Please Attach Original Photograph (front view) taken within the past year (copies are not acceptable).

Sworn and Attested before me on this _____ day of _____, 20_____.

Notary Signature/Seal: _____

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:



Registered Agent Form

Agent Information	NAME Last:	NAME First:	NAME Middle:
	Date of Birth: / /		Social Security Number: - -
	Home Address:		City/State/Zip:
	Are you a U.S. Citizen?	Home Telephone Number:	Business Telephone Number:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHPLACE City:	BIRTHPLACE State:
Business	Business Name:		
	Street Address:		City/State/Zip

City of Brookhaven Code Chapter 4, Article 2, Section 27 requires every business applying for or holding an alcoholic beverage license to have and continuously maintain a registered agent for service of process of any notice permitted by law under the alcoholic beverage ordinance. **The registered agent must live in DeKalb County.** The owner can be their own registered agent if they live in DeKalb County.

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors of the above business and to perform all obligations of such agency under the provisions of City of Brookhaven Code Chapter 4, Article 2, and Section 27. **I also consent to the required criminal background investigation in order to serve as a registered agent.**

Signature of Agent: _____ Date: _____

The owner(s) or an officer of the corporation must authorize the person shown above to be their agent. **It is the owner's responsibility to maintain a registered agent who lives in DeKalb County.** Please attach a cashier's check or money order for \$50.00 payable to City of Brookhaven to cover the background investigation. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcoholic beverage license.

Licensee Name	Two Pictures taken within the last year are required. Attach one picture of the agent here on each form.			
Licensee's Signature			Date	
Owner's Name				
Owner's Signature			Date	
Officer's Name			Title	
Officer's Signature			Date	



O.C.G.A. § 50-36-1(e)(2) SAVE 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 an alcohol license, as referenced in O.C.G.A. § 50-36-1, from the City of Brookhaven, 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

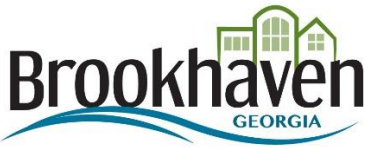
Date

Printed Name of Applicant

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

My Commission Expires: _____

NOTARY PUBLIC/SEAL



Alcohol Excise Tax Acknowledgement

Pursuant to the Chapter 4 Alcoholic Beverage Ordinance, all licensed businesses in the City of Brookhaven that hold a valid City of Brookhaven Alcoholic Privilege License to serve **liquor for consumption on premises** must be responsible for submitting their monthly Alcohol Excise Tax returns. Below is an excerpt of Article 8 Excise Tax from the Chapter 4 Alcoholic Beverage Ordinance.

Tax Imposed on Sale of Drinks Containing Distilled Spirits

There is imposed upon the retail sale of drinks containing distilled spirits in the City a tax in the amount of three percent (3%) of the purchase price of the drink to the consumer. A record of each sale shall be made in writing and maintained for inspection by any authorized agent of the City.

Licensee to Collect and Remit

Every consumption on the premises licensee shall collect the tax imposed by this article from purchasers of drinks containing distilled spirits. The licensee shall furnish such information as may be required by the City of Brookhaven to facilitate the collection of the tax.

Payment and Returns by Licensee

- (a) Each licensee shall pay over the amount of taxes collected and coming due under this Article in any calendar month to the City no later than the **twentieth day of the following calendar month**.
- (b) On or before the twentieth day of each month, a return for the preceding month shall be filed with the City of Brookhaven by each licensee liable for the payment of tax under this article. Returns shall be in such form as the City may specify and shall show the licensee's gross receipts from the sale of drinks containing distilled spirits and the amount of taxes collected or coming due thereon.

Any amounts collected in excess of three per cent (3%) of the taxable sales shall be reported and paid to the City.

- (c) Licensees shall be allowed a percentage of the tax due and accounted for and shall be reimbursed in the form of a deduction in submitting, reporting, and paying the amount due, if said amount is not delinquent at the time of payment. The rate of deduction shall be the same rate authorized for deductions from State sales and use tax under O.C.G.A. § 48-8-50.

Alcohol Excise forms can be found on our website at www.brookhavenga.gov. Please sign and date below acknowledging that you understand your responsibility to report your monthly Alcohol Excise Taxes to the City of Brookhaven.

Contact for Excise Taxes
404.637.0500
revenue@brookhavenga.gov

Signature: _____

Date: _____

Business Name: _____
Alcohol Beverage Privilege License

Phone: _____



Background Check Consent Form

*****PLEASE NOTE: Background Checks are performed between the hours of 8:30AM-4:30PM Monday-Friday.**

I authorize the **Brookhaven 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)

Employee Completing: _____

Date Complete: _____

Record Attached: _____

No Record: _____