



City of Johns Creek
 Revenue
 10700 Abbotts Bridge Road, Suite 190
 Johns Creek, Georgia 30097
 (678) 512-3242
 www.johnscreekga.gov

Alcohol Employee Pouring Permit Application

APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED TO THE REVENUE DIVISION IN PERSON BETWEEN THE HOURS OF 8:30 AM AND 5:00 PM, MONDAY THROUGH FRIDAY. SUBMIT THE COMPLETED APPLICATION WITH A GOVERNMENT-ISSUED PICTURE I.D. AND NON-REFUNDABLE PAYMENT IN THE AMOUNT OF \$30.00.

I. Applicant Name: _____ Social Security Number: _____ - _____ - _____
Last Name First Name MI

Gender: (Check One) Male or Female Maiden, Married, Alias or Other Names Used: _____

Date of Birth: ____/____/____ Driver's License Number: _____ State Issued: _____

Race: _____ Birthplace: (City, State & Country) _____

Are you a citizen of the United States or an alien lawfully admitted for permanent residence? (Check One) Yes or No

Phone: _____ Email Address: _____
(Check One) Mobile or Home

II. Address Information – List your current home address and mailing address if necessary.

Current Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____ Period: (mm/yy) ____/____ to ____/____

Mailing Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____ Period: (mm/yy) ____/____ to ____/____

III. Have you been convicted for a misdemeanor or felony within the past five (5) years?

A guilty plea, plea of nolo contendere or the forfeiture of a bond is considered a conviction.

(Check One) Yes or No If yes, please explain below:

IV. Restaurant/Establishment Name: _____

V. Alcohol Awareness Training

As an applicant for an employee pouring permit, you must complete an approved alcohol awareness training program within 30 days of being issued a pouring permit or being employed. Details on approved programs will be provided by the City at the time of submittal or can be found on the City's website at www.johnscreekga.gov.

VI. Background Consent

I, (*print your name*) _____, authorize the City of Johns Creek and/or their designee, *Business Consulting & Investigations, Inc. (BCI)*, to make an independent investigation of my background, criminal or police records.

I release the City of Johns Creek and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used. This consent form shall be valid as long as I am employed in the City of Johns Creek.

I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.

Applicant Signature: _____ Date: _____

STAFF USE: Initials: _____ Amount Due: \$30.00 Amount Paid: _____ Receipt #: _____

Application Type (Circle): NEW RENEWAL SAVE Affidavit On File:



Affidavit Verifying Lawful Presence Within the United States

I, (print name) _____, swear or affirm under penalty of perjury that (*check one*):

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (*check one*):

- Alcoholic Beverage License for _____
Print Business Name
- Alcohol Employee Pouring Permit
- Occupation Tax Certificate _____
Print Business Name
- Door-to-Door Salesmen/Solicitors Permit
- Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Print Name of Applicant

Position Title (if applicable)

Signature of Applicant

Date

Subscribed and sworn to before me on

the _____ day of _____, 20_____.

(Clerk/Notary Public)

My commission expires: _____



APPROVED ALCOHOL AWARENESS TRAINING PROGRAMS

Rules and Regulations

Chapter 6, “Sec. 6-21(c). – Alcohol awareness training certification.

c. Every applicant to whom a pouring permit is issued and every employee who dispenses, sells, serves, takes orders or mixes beverages shall also complete an approved alcohol awareness training program within 30 days of being issued a pouring permit or being employed.” Each establishment shall maintain an updated list of employees who have completed an approved alcohol awareness training program along with copies of each of the employee’s completion certificate, and shall produce said list and/or certificates for inspection by the city upon request.

- Training Institute for Responsible Vendors <http://www.tirv.net/>
- TIPS <http://gettips.com/>
- ServSafe <http://www.servsafe.com/home>
- Evindi – RAS <http://evindi.com/>
- Bloomin’ Brands <http://bloominbrands.com/home/index.aspx>
- Learn2Serve <http://www.learn2serve.com/>
- Communicata Language Services LLC
- Darden Restaurants Responsible Alcohol Service Training Online