

City of Johns Creek Revenue 12000 Findley Road, Suite 400 Johns Creek, Georgia 30097 (678) 512-3200 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:					
	Applicant Name: Social Security Number:								
	, ,								
	Date of Birth:/Driver's License Number:			State Issued:					
	Race:)							
Are you a citizen of the United States or an alien lawfully admitted for permanent residence? (Check One)									
	Phone: (Check One) Mobil	e <i>or</i> ∏ Home	Email Address: _						
II.	Address Information – List your current home address and mailing address if necessary.								
	Current Address:			Apartment/Ur	nit:		_		
	City:	State:	Zip Code:	Period: <i>(mm/yy)</i>		to			
	Mailing Address:			Apartment/Ur	nit:				
	City:	State:	Zip Code:	Period: (mm/vv)	/	to	/		
	. Restaurant/Establishment I Alcohol Awareness Training As an applicant for an employ days of being issued a pourin	yee pouring permi g permit or being	t, you must complete a employed. Details on	an approved alcohol aware approved programs will be	ness trainin	ng progra			
VI	of submittal or can be found on the City's website at www.johnscreekga.gov. VI. Background Consent								
71	I, (<u>print your name</u>), authorize the City of Johns Creek and/or their designee, <u>Business Consulting & Investigations, Inc. (BCI)</u> , 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.									
Αŗ	oplicant Signature:			Date: _					
_	AFF HOF. Introduction	Americal Day	\$20.00	Amazunt Daidi	Description	и.			
δl	AFF USE: Initials:		·			+			
	Application Type (Circ	:le): NEW	RENEWAL	SAVE Affidavit On F	ile: []				



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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 I	Alien Registration Number:								
I am applying for the following public benefit (check one):									
	Alcoholic Beverage License for P	dat Basis	N						
\boxtimes	Alcohol Employee Pouring Permit	ess name							
	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	- <u>-</u>	Position Title (if applicable)						
Signature of A	pplicant	- [Date						
Subscribed a	nd sworn to before me on								
the	day of, 2	0							
(Clerk/Notary Public)									
My commission	on 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 <u>http://www.learn2serve.com/</u>

• Communicata Language Services LLC

Darden Restaurants Responsible Alcohol Service Training Online