



CITY OF DAHLONEGA

465 Riley Road

Dahlonega, Georgia 30533

Phone: 706-864-6133 • Fax: 706-864-4837

SERVER PERMIT / ACKNOWLEDGEMENT FORM

Please read the following and initial each paragraph if you have read and understand. The information and regulations contained in this document are compulsory. You must understand and comply with all regulations which govern the establishment with which you are employed.

ALCOHOL BEVERAGE means and includes alcohol, distilled spirits, beer, malt beverages, wine, and fortified wine.

1. _____ FAILURE TO REQUIRE AND PROPERLY CHECK IDENTIFICATION. It shall be a violation not to require and properly check identifications for such person as reasonably necessary to ensure that no underage person is sold, served, or does not have in his/her possession alcoholic beverage.
2. _____ SALES TO UNDERAGE PERSON PROHIBITED. No employee authorized to sell alcoholic beverages shall do any of the following: Sell or offer to sell any distilled spirits, wine, malt beverage or other alcoholic beverage to any person under the age of 21 years.
3. _____ NO CONSUMPTION OUTSIDE PREMISES. It is prohibited for customers to leave the premises with open alcoholic beverages.
4. _____ BRING YOUR OWN BOTTLE (BROWN BAGGING) PROHIBITED. It is prohibited for any person to bring in his/her own alcoholic beverage to any establishment either licensed or unlicensed which serve alcoholic beverages.
5. _____ HOURS AND DAYS OF SALE. Distilled spirits, beer, wine shall not be sold for consumption on the premises except between the hours of 10:00 a.m. through 1:00 a.m. Monday through Friday; and (10:00 a.m. (Saturday) – 1:00 a.m. (Sunday).
6. _____ PROMOTION AND SALES. No employee with the sale or other disposition of alcoholic beverage for consumption on the premises shall offer free alcoholic beverages to any person or deliver more than one alcoholic beverage to one person at a time.
7. _____ NO EMPLOYEE shall sell, offer to sell, or deliver alcoholic beverage, including malt beverage, in any container which HOLDS MORE THAN 32 FLUID OUNCES, EXCEPT TO TWO OR MORE PERSONS AT ANY ONE TIME.
8. _____ NO EMPLOYEE shall offer to sell any alcoholic beverages to a n y PERSON WHO IS NOTICEABLY INTOXICATED, who is of unsound mind, or who is a habitual drunkard whose intemperate habits are known.
9. _____ INSPECTION OF ESTABLISHMENT BY THE CITY OF DAHLONEGA. Sworn code enforcement officers of the City of Dahlonega shall have authority to inspect establishment licensed under the alcoholic beverage's ordinance of the City at any time.



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**SERVER PERMIT / ACKNOWLEDGEMENT
FORM**

SIGNATURE ACKNOWLEDGEMENT OF THIS INFORMATION:

Signature of Applicant

Date

Print Name of Applicant

Signature of Witness

Date

Print Name of Witness



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PUBLIC BENEFIT AFFIDAVIT

By executing this affidavit under oath, as an applicant for a City of Dahlonega, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefits as referenced on O.C.G.A. Section 50-36-1, from City of Dahlonega, 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 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:

 Alien Number

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. Section 50-36-1 (e)(l), with this affidavit. The secure and verifiable document provided with this affidavit can be classified as:

 Name of Verifiable Document

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 a affidavit shall be guilty of a violation of O.C.G.A Section 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Dahlonega, Georgia on this _____ day of _____ 20 _____

Subscribed and sworn before me on this ___ day of _____, 20 _____ Signature of Applicant: _____

Notary Public: _____ Printed Name: _____

My Commission Expires _____

*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:

 Document Number



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**GEORGIA BUREAU
GEORGIA CRIME INFORMATION CENTER
CONSENT FORM**

I hereby authorize THE CITY OF DAHLONEGA, DAHLONEGA, GEORGIA 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 (Print)

Address

Sex Race Date of Birth Social Security Number

I give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Applicant Signature: _____

Date: _____

Notary Public: _____

Date: _____

My Commission Expires _____