



**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 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 all home addresses over the past five (5) years; use the back of this sheet if more space is needed.**

**Current Address:** \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Period: (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

**Previous Address:** \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Period: (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

**Previous Address:** \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Period: (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

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

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

\_\_\_\_\_  
 \_\_\_\_\_

**IV. Establishment Name:** \_\_\_\_\_

**V. Alcohol Awareness Training**

As an applicant for an employee pouring permit, you must provide a current certificate of attendance at an approved alcohol awareness training program within 30 days of submitting your application to the City. 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](http://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: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Application Type (Circle):  NEW  RENEWAL Receipt #: \_\_\_\_\_



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 \_\_\_\_\_
Alcohol Employee Pouring Permit
Occupation Tax Certificate \_\_\_\_\_
Door-to-Door Salesmen/Solicitors Permit
Other: \_\_\_\_\_

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: \_\_\_\_\_

**2012 Schedule of Classes – City of Johns Creek**

The fee for alcohol awareness training is \$18.00 per person and is payable by company check or cash. The classes are held at the following establishment in the City of Johns Creek:

- Stoney River, 5800 State Bridge Rd, Johns Creek, GA 30097  
Map: [www.stoneyriver.com/location\\_main.php?id=duluth](http://www.stoneyriver.com/location_main.php?id=duluth)

**Class Schedule**

Wednesday January 11, 2:30 P.M.  
Saturday January 21, 2:30 P.M.

Wednesday February 8, 2:30 P.M.  
Saturday February 25, 2:30 P.M.

Wednesday March 7, 2:30 P.M.  
Saturday March 24, 2:30 P.M.

Wednesday April 11, 2:30 P.M.  
Saturday April 28, 2:30 P.M.

Wednesday May 9, 2:30 P.M.  
Saturday May 26, 2:30 P.M.

Wednesday June 6, 2:30 P.M.  
Saturday June 23, 2:30 P.M.

Wednesday July 11, 2:30 P.M.  
Saturday July 28, 2:30 P.M.

Wednesday August 8, 2:30 P.M.  
Saturday August 25, 2:30 P.M.

Wednesday September 5, 2:30 P.M.  
Saturday September 22, 2:30 P.M.

Wednesday October 10, 2:30 P.M.  
Saturday October 27, 2:30 P.M.

Wednesday November 7, 2:30 P.M.  
Saturday November 24, 2:30 P.M.

Wednesday December 5, 2:30 P.M.  
Saturday December 15, 2:30 P.M.

- Contact Scott Wiatric at (404) 531–9237 with any questions. (No registration required)