

## **Pouring Permit Application**

The City of Brookhaven has established the following application to allow for the lawful pouring of alcohol in accordance with the City of Brookhaven's Alcoholic Beverages, Chapter 4 as it pertains to Pouring Permits.

A Pouring Permit is required for any employee holding a managerial or supervisor position and any employees of an off premises alcohol beverage caterer who engage in the handling, selling or serving of alcohol beverages. This excludes employees whose duties are limited solely to those of busboys, cooks, and dishwashers.

In order to sell, offer for sale, or otherwise dispense any alcohol beverages within the City, the establishment must first obtain a license from the City of Brookhaven. For questions regarding an Alcohol Beverage License, please contact the Brookhaven Police Department at 404-637- 0600. No licensee shall employ any person required to have a Pouring Permit until such person has obtained such permit.

Pouring Permits are issued to individual applicants. Only one pouring permit per individual will be issued for employment at any and all establishments within the City. The permit will be valid for a period of one (1) year and shall be renewed on or before its expiration. Individuals applying for the permit shall make themselves available for photographing, fingerprinting, and such other investigation as may be required by the police department.

As part of the application process, the Chief of Police or his designee shall have a complete and extensive search made to determine if there is a police record of such person. If there is a record of conduct prohibited by City of Brookhaven's Alcoholic Beverages, Chapter 4 or evidence that the person's employment would adversely affect the public health, safety, or welfare, issuance of a permit shall be denied.

A new search may be conducted on any person issued an employee Pouring Permit if the Chief of Police receives information which warrants such a new search. If the new search reveals evidence that warrants revocation of the card, the card may be revoked following notice and a hearing.

The fee for a Pouring Permit through the City of Brookhaven Police Department is \$40.00. **Please make checks payable to Brookhaven Police Department. \*\*\*NON-REFUNDABLE\*\***

Please submit the following Pouring Permit Application and required supplemental materials (detailed in the following checklist) to the Brookhaven Police Department, located at **1793 Briarwood Rd. NE Brookhaven, GA 30329**. If you have questions, please do not hesitate to contact the Finance and Administration Department at (404) 637-0600.

**\*\*There must be a manager or supervisor with a pouring permit on site during business operating hours\*\***

## **Pouring Permit Checklist**

### Application Requirements:

- Pouring Permit Application Information
- Applicant's Certification (Notarized)
- Signed Authorization for Criminal Background Check
- Background Check by the City of Brookhaven Police Department (Monday 8:00am-12:00pm, Tuesdays & Fridays 8:00am-4:30pm)
- Photographing by the City of Brookhaven Police Department (Monday 8:00am-12:00pm, Tuesdays & Fridays 8:00am-4:30pm)
- Copy of current Driver's License
- Payment in full

### The following items may be required, if applicable:

- Arrest and Conviction Information, including:
  - date(s) of conviction or arrest
  - charge(s)
  - location(s)
  - dates served in jail
  - dates served on probation or parole

### Pouring Permit Fees:

- Permit Fee \$40.00 \*\*\***NON-REFUNDABLE**\*\*\*

### Pouring Permit Application

#### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Aliases/Stage Names: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sex:  Male  Female      Height: \_\_\_\_\_      Weight: \_\_\_\_\_

Race: \_\_\_\_\_      Hair Color: \_\_\_\_\_      Eye Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Birthplace City: \_\_\_\_\_      Birthplace State: \_\_\_\_\_

Driver's License #: \_\_\_\_\_      State Issued: \_\_\_\_\_

#### Contact Information

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Mobile/Cell Phone: \_\_\_\_\_

Please list any additional legal addresses for the past five (5) years:

(1): \_\_\_\_\_

(2): \_\_\_\_\_

(3): \_\_\_\_\_

(4): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_      Emergency Contact Phone: \_\_\_\_\_

#### References

Name/Address/Phone/Email

(1): \_\_\_\_\_

(2): \_\_\_\_\_

(3): \_\_\_\_\_

**Employment Information**

Business of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

## **Pouring Permit Application**

### **Please answer the following questions below**

1. Have you been arrested and/or convicted for a misdemeanor within the past five (5) years?  
(yes/no)

*If yes, please attach a list including date(s) of arrest, charge(s), location(s), dates served in jail, and dates served on probation or parole. Please note that any applicant with misdemeanor drug charges within the past five years will be denied.*

2. Have you been arrested and/or convicted for a felony within the past ten (10) years? (yes/no)

*Please note that any applicant with felony convictions or open charges within the past ten years will be denied.*

3. Have you been convicted, pled guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within the past ten (10) years? (yes/no)

*Please note that any applicant that has been convicted, pled guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within the past ten years will be denied.*

4. Have you been arrested and/or convicted for moral turpitude within the past five (5) years?  
(yes/no)

*Please note that any applicant with moral turpitude convictions within the past five years will be denied.*

5. Have you pled guilty or entered a plea of nolo contendere to any crime involving moral turpitude, illegal gambling, illegal possession or sale of controlled substances, or the illegal sale or possession of alcohol, including the sale or transfer of alcoholic beverages to minors in a related crime within the past five (5) years? (yes/no)

*Please note that any applicant that has pled guilty or entered a plea of nolo contendere to any crime as described in the preceding paragraph within the past five years will be denied.*

6. Are you on active probation, parole, or sex offender registry? (yes/no)

*Please note that any applicant that is on active probation, parole, or on a sex offender registry will be denied.*

**Pouring Permit Applicant's Affidavit and Signature**

Applicant: \_\_\_\_\_

Job Title: \_\_\_\_\_

I hereby agree that as a condition to the issuance of a Pouring Permit, the applicant shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with the permit.

I hereby solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Pouring Permit, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such permit.

I hereby state and understand that any conviction for violation of the provisions of the City of Brookhaven's Alcohol Beverages, Chapter 4 or the State of Georgia's Alcohol Beverage Code, Title 3 of O.C.G.A. shall result in the automatic suspension of the Pouring Permit. Furthermore, the Chief of Police may revoke said Pouring Permit and demand its return if the applicant adversely affects the public health, safety, or welfare.

I hereby understand that it shall be unlawful for an applicant whose Pouring Permit has been revoked and upon whom demand for return of the card has been made to refuse to return the card or to alter, conceal, deface, or destroy the card.

Applicant's Signature: \_\_\_\_\_

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

Notary Signature and Seal: \_\_\_\_\_

**Staff Use Only**

|                     |                  |
|---------------------|------------------|
| Permit #:           | Permit Fees:     |
| Approved/Denied by: | Expiration Date: |
| Approval Date:      | Denied Date:     |

### Background Check Consent Form

**\*\*\*PLEASE NOTE: Background Checks are only performed between the hours of Monday 8:00am-12:00pm, Tuesdays & Fridays 8:00am-4:30pm.**

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 \_\_\_\_\_ Country of Birth: \_\_\_\_\_

\*If no, you will need to have your Green Card available.

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Sec#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**For Police Department Use Only:**

- Return Results to Police Department
- Pouring Permit (Photo, Background Check)-Issue to Applicant (Exp. 1 yr)

Employee Completing: \_\_\_\_\_ Date Complete: \_\_\_\_\_

Record Attached: \_\_\_\_\_ No Record: \_\_\_\_\_