







CITY HALL
151 WILLOWBEND ROAD
PEACHTREE CITY, GA 30269
PHONE: 770-487-7657
FAX: 770-631-2505
WWW.PEACHTREE-CITY.ORG

AFFIDAVIT AND CRIMINAL HISTORY CONSENT FORM FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION WITH THE CITY OF PEACHTREE CITY

I, \_\_\_\_\_ (PRINT FULL NAME), swear that I am at least 21 years of age and am competent to provide this affidavit..

My address is: \_\_\_\_\_. I have resided at this address for: \_\_\_\_\_ years and \_\_\_\_\_ months. My previous addresses for the last 10 years are as follows:

\_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #/State: \_\_\_\_\_

Date of Birth is: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

I have / have not (circle one), within 5 years prior to this application, been convicted of (nor entered a plea of nolo contendere to) any felony or misdemeanor relating to the sale/use of alcoholic beverages or illegal drugs.

I have / have not ever (circle one) been ever arrested for a crime. If so, details below and the disposition of the arrest are listed below. I understand that failure to disclose any arrest (including DUI's) may result in denial of the application.

\_\_\_\_\_

(Attach a separate sheet if necessary.)

I have / have not ever had beneficial interest in any other alcoholic beverage business in this or any other state in which the alcohol license was denied, revoked or other disciplinary action taken. (Beneficial interest here means when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives any economic benefit from, or has control over a business.) If so, please describe in detail. Attach a separate sheet if necessary:

\_\_\_\_\_

\_\_\_\_\_

I am / am not the applicant for license representative. If so, I swear that I am a manager of the business and a resident of the State of Georgia.

I have read the Peachtree City Ordinance regarding the sale of alcoholic beverages and I understand and will comply with the rules and regulations. I hereby authorize the PEACHTREE CITY POLICE DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency. I 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 city license for sale of alcoholic beverages are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

SIGNATURE OF APPLICANT

I do hereby certify that the foregoing applicant is personally known to me, that he/she signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and under oath actually administered to me, has sworn that said statements and answers are true.

NOTARY PUBLIC: \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_



CITY CLERK
151 WILLOWBEND ROAD
PEACHTREE CITY, GA 30269
PHONE: 770-487-7657
FAX: 770-631-2505
WWW.PEACHTREE-CITY.ORG

Affidavit Verifying Status for
City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Peachtree City, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Peachtree City (circle one) Occupational Tax Certificate or Alcohol License, or other public benefit I am stating the following for \_\_\_\_\_.

(The name of person applying on behalf of business, corporation, partnership, or other private entity)

as a representative of \_\_\_\_\_.

(The name of the business, corporation, partnership, or other private entity)

- 1) \_\_\_\_\_ I am a United States citizen
2) \_\_\_\_\_ I am a legal permanent resident of the United States 18 years of age or older, please include Alien Registration Number below signature \*
3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States \*

\* OCGA § 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:

Number and Document Source

In making the above statement under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of OCGA Section 16-10-20.

Signature of Applicant Date

Printed Name

NOTARIZATION REQUIRED:

SUBSCRIBED AND SWORN BEFORE
ME ON THIS THE \_\_\_\_\_ DAY OF
\_\_\_\_\_, 20\_\_\_\_\_.

\*Alien Registration number for non-citizens

Notary Public
My Commission Expires: \_\_\_\_\_