

APPLICATION FOR ALCOHOLIC BEVERAGE EMPLOYEE PERMIT CARD  
CITY OF THOMASVILLE, GA

NAME OF APPLICANT: \_\_\_\_\_ SS# \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
(NUMBER, STREET, RFD, PO BOX, CITY, STATE, ZIPCODE)

HOME PHONE NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ AGE \_\_\_\_\_

MILITARY SERVICE \_\_\_\_\_  
(BRANCH) (DATES SERVED) (TYPE DISCHARGE)

PREVIOUS EMPLOYMENT:

\_\_\_\_\_  
(NAME AND ADDRESS OF BUSINESS) (NAME OF SUPERVISOR) (DATES EMPLOYED)

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY CITY, STATE, OR FEDERAL VIOLATION OF LAW (EXCEPT FOR TRAFFIC VIOLATIONS)? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, LIST ALL SUCH CASES BELOW: (ATTACH A SEPARATE SHEET IF NECESSARY):

\_\_\_\_\_  
(DATE OF OFFENSE) (NATURE OF OFFENSE) (DISPOSITION) (NAME AND LOCATION OF COURT)

HAVE YOU EVER WORKED FOR OR OWNED ANOTHER ALCOHOL-LICENSED BUSINESS ANYWHERE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF ANSWER IS YES, HAVE YOUR LICENSES OR EMPLOYEE PERMITS EVER BEEN REVOKED OR SUSPENDED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

EMPLOYMENT APPLIED FOR AT: \_\_\_\_\_  
(NAME OF BUSINESS) (POSITION APPLIED FOR)

\_\_\_\_\_  
(ADDRESS OF BUSINESS) (NAME OF LICENSEE)

I HEREBY STATE THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT IF I AM ISSUED AN ALCOHOLIC BEVERAGE EMPLOYEE PERMIT CARD, SUCH PERMIT CARD IS TO BE KEPT AT ALL TIMES ON THE LICENSED PREMISES OF THE ESTABLISHMENT IN WHICH I AM EMPLOYED.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT) (DATE)

I HAVE REVIEWED THE ABOVE APPLICATION AND UNDERSTAND THAT SUCH PERMIT CARD, WHEN ISSUED, IS TO BE KEPT AT ALL TIMES ON THE LICENSED PREMISES OF THIS ESTABLISHMENT AS LONG AS THE APPLICANT IS EMPLOYED HERE. I FURTHER UNDERSTAND THAT ALL APPLICANTS FOR EMPLOYMENT WHO WILL DISPENSE, SERVE, OR SELL ALCOHOLIC BEVERAGES IN THIS ESTABLISHMENT MUST OBTAIN SUCH A PERMIT CARD FROM THE CITY OF THOMASVILLE POLICE DEPARTMENT WITHIN 5 WORKING DAYS OF EMPLOYMENT.

\_\_\_\_\_  
(SIGNATURE OF LICENSEE OR MANAGER) (DATE)