City of Tucker
1975 Lakeside Parkway
Suite 350
Tucker, GA 30084
Phone: 678-597-9040 Email: licenses@tuckerga.gov Website: www.tuckerga.gov

FOR OFFICE USE ONLY - PERMIT #:

Employee Permit Application

APPLICANT INFORMATION

Last Name:	First Name:	Middle Name:
Aliases/Stage Names:		Last four of SSN.:
Address:	City:	Zip:
Email:		Cell Phone

DOB:	Age	Sex	Height	Weight	Eye Color	Hair Color	Race

Are you a US Citizen? ☐ YES ☐ No	If not, List Immigration No.:	Birthplace or US City	Birthplace State
Driver's License Number or State ID Number	State	**OFFICE USE ONLY**	
Marital Status ☐ SINGLE ☐ MARRIED ☐DIVORCED ☐ WIDOWED	Spouse's Name		
Have you ever been arrested? ☐ YES ☐ NO	If yes, list all arrests below (even if charges were dismissed) *** List additional arrest on back.**		

Arrest date	Charge	Arresting agency	Court disposition ☐ Conviction ☐ Dismissed ☐Pending
Arrest date	Charge	Arresting agency	Court disposition ☐ Conviction ☐ Dismissed ☐Pending

PERMIT TYPE

☐ Employee	☐Server/Pouring **ALC**	☐ Massage **MSG**	☐ Pawn - ○Broker/○Employee **PWN**	☐ Precious Metal **PMP**

EMPLOYMENT INFORMATION

Place of Employment:				Job Title
EMPLOYMENT TYPE:	☐ Full-Time	☐ Part-Time	☐ Seasonal	☐ Other _____
Employment Address:				
Start Date:	Supervisor:			

I hereby agree that as a condition for the issuance of a 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 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 Tucker's Employee Permits, 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 Director of Finance may revoke said Permit and demand its return if the applicant adversely affects public health, safety, or welfare.

I hereby understand that it shall be unlawful for an applicant whose Permit has been revoked and upon whom demand for return of the card has been made, to refuse to return the card or to alter, conceal, deface, or destroy the card.

_____, I hereby authorize the City of Tucker Marshal Service to receive any background record information pertaining to me, which may be in the files of any Federal, State, or Criminal Justice Agency in Georgia. I also acknowledge that I received a copy of my privacy rights in accordance with both Federal and State regulations.

Applicant Signature:	Date:

Systematic Alien Verification for Entitlements Program

(SAVE) Affidavit Verifying Lawful Presence within the United States

SECTION 1

I, (print name)_____, swear or affirm under penalty of perjury that (check one):

☐ I am a United States citizen **(State of Federal Issued Photo ID)**

☐ I am a legal permanent resident of the United States **(Permanent Resident or Authorization Card)**

☐ 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.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

I am applying for the following public benefit (check one):

☐ Alcoholic Beverage License for _____
Print Business Name

☐ Alcohol Employee Pouring Permit

☐ Occupational Tax Certificate

☐ Door-to-Door Salesmen/Solicitors Permit

☐ Other: _____
Public Benefit

_____
Name of Business (if applicable)

X _____
SIGNATURE OF APPLICANT **Must be signed in the presents of a Notary*

_____
ALIEN REGISTRATION NUMBER

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that the state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

******10 employees or less* **- Proceed to Section 3 for Notary.**

E-Verify (PRIVATE EMPLOYER AFFIDAVIT) SECTION 2

The Georgia Department of Law is a registered participant in the federal work authorization program commonly known as E-Verify, and uses such program to verify employment eligibility of all employees hired on or after July 1, 2007

☐ EMPLOYER DOES NOT EMPLOY MORE THAN TEN EMPLOYEES – **Proceed to notary section**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs more than ten employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____ FEDERAL WORK AUTHORIZATION USER IDENTIFICATION NUMBER

_____ NAME OF PRIVATE EMPLOYER

_____ DATE OF AUTHORIZATION

For more information on E-Verify: https://www.e-verify.gov or https://law.georgia.gov/e-verify

ALL APPLICANTS MUST SIGN BELOW, NOTARIZE, AND THEN RETURN THIS AFFIDAVIT WITH APPLICATION/PAYMENT TO OBTAIN YOUR BUSINESS TAX CERTIFICATE.

In making the above representation under oath, I understand that any person who 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 and face criminal penalties by such statute.

Executed on the _____ day of _____, 20_____ in _____(city), _____ (state)

_____
Print Name and Title of authorized Officer or Agent

X _____
Signature of Authorized Officer or Agent **Must be signed in the presents of a Notary*

SECTION 3

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

_____
Notary Signature

My commission expires: _____/_____/_____

NOTARY SEAL

Non-Criminal Justice Applicant's Privacy Rights

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have ce1iain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct an FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, connecting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to connect or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3- 35(b)].

You have the right to expect that the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history- record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia.

Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).

Applicant Signature & Title

Date

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and Federal Regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Signature & Title

Date