



# ALCOHOL POURING PERMIT

NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ID EXPIRATION: \_\_\_\_\_

## SECTION 1: TO BE COMPLETED BY APPLICANT (Write legibly in print):

NAME (Last, First, Middle, Other): \_\_\_\_\_

ADDRESS (Street, City, State, Zip): \_\_\_\_\_

DOB: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ SS#: \_\_\_\_\_

WGT: \_\_\_\_\_ HGT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ALT. PHONE #: \_\_\_\_\_ Business Name: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

### Application Requirements

- A non-refundable \$25.00 application fee shall be paid prior to processing the application.**
- Copy of driver's license or picture ID. (Must be given at time application is turned in for review)
- Application must be notarized.
- Alcohol awareness class certificate

**\*\*\*My signature below indicates that I have read and understand the requirements of the Server ID Application.\*\*\***

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SECTION 2: OFFICE USE ONLY

CRIMINAL HISTORY ARN: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED/DENIED BY: \_\_\_\_\_

APPROVED

DOE: \_\_\_\_\_

DENIED

DATE LETTER SENT: \_\_\_\_\_

**REASON FOR DENIAL:** \_\_\_\_\_

\_\_\_\_\_



Hiram Police Department  
217 Main Street  
Hiram, GA 30141  
Phone: 770.943.3087 ext. 2011 Fax: 770.439.1190  
[www.cityofhiramga.gov](http://www.cityofhiramga.gov)

**NOTARIZED**  
**AUTHORIZATION FOR RELEASE OF**  
**PERSONAL INFORMATION**

I, \_\_\_\_\_ (Print Applicant's Name), do hereby authorize a review of and full disclosure of all records concerning myself to any duty authorized agent of the City of Hiram, whether the said records are of public, private, or confidential nature, including any criminal and/or driving history record information pertaining to me which may be in the files of any federal, state, or local agency (under purpose code E). Authorization is also given to the City of Hiram to recheck and review the records at the City's discretion.

I, \_\_\_\_\_ (Print Applicant's Name), understand that any information obtained by a personal history background, which is discovered directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for eligibility for the City of Hiram Alcohol Server ID card.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

*I, the undersigned, hereby swear and affirm that I have not been convicted of any alcohol related offense within the past five (5) years from the date of this application, or convicted of any felony within five (5) years of the date of the application. I further swear and affirm that I have not been charged or convicted of any offense that would indicate that my employment would adversely affect the public health, safety, or welfare. I understand that a plea of nolo contendere shall be considered as a conviction, and that if at the time of this application I have any charge described in this paragraph that I have not yet been to court on, this application shall be dismissed without prejudice.*

***Do NOT sign this until in front of the notary!***

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

\_\_\_\_\_  
Date

**NOTARY ONLY:**

\_\_\_\_\_  
Notary Name

\_\_\_\_\_  
Date