



# Covington Police Department Alcohol Permit Application



Dear Applicant:

In accordance with the provision of the City of Covington Ordinance 5.12.210, all managers, assistant managers, and bartenders for on-premise sale of alcoholic beverages need to apply for an annual alcohol permit at the Covington Police Department. Compliance with the permitting includes all of the above mentioned persons who may be directly involved in the dispensing or oversight of alcohol operations.

**5.12.210 (E)**

**To qualify for issuance of such permit the applicant must not have been convicted of any felony or violation of the laws of any jurisdiction relating to the manufacture, sale or use of alcoholic beverages or controlled substances or of any sex crime or crime against children five years of the sentence for which, including probation or parole, has not been completed at the time of application for the permit.**

Complete the enclosed application for each Alcohol Permit and return it to this office with the following: (feel free to make copies for your employees)

- A \$35.00 fee for each permit, (cash, credit card or money order) paid to the Covington Police Department. A background check will be done at this time.

Any questions you may have should be directed to Cheryl Vaughn at (770) 786-7605.





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I, \_\_\_\_\_, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing question in this application for a City of Covington Alcohol Permit are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license. Furthermore, I do solemnly swear that I have not been convicted of any felony or violation of the laws of any jurisdiction relating to the manufacture, sale or use of alcoholic beverages or controlled substances or of any sex crime or crime against children five years of the sentence for which, including probation or parole, has not been completed at the time of application for the permit. I am giving the City of Covington Police Department the authority to conduct a criminal history background check on the person listed on this application.

\_\_\_\_\_

Applicant's signature (Full Name)

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

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public

# Covington Police Department

## Criminal History Consent Form

**This authorization is valid for 90 days from the date signed.**

**Valid picture I.D. must be provided.**

1. I am performing this criminal history inquiry for:  Employment (continue to step2)  
 Personal Reasons (continue to step 3)

2. I hereby authorize \_\_\_\_\_,  
Name of Employer/Business

\_\_\_\_\_,  
Contact Person/First and Last Name Telephone Number

to receive any criminal history record information pertaining to me which may be in the files of any local and/or state criminal justice agency in Georgia.

3. Full Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden Name)

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race:  White (W)  Black (B)  Asian/Pacific Islander (A)  
 American Indian/American Native (I)  Unknown (U)

Sex:  Male (M)  Female (F) Contact Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Consent**

\_\_\_\_\_  
**Date**

**Special employment provisions (check if applicable):**

- Employment providing care to the Mentally Disabled (Purpose Code "M")  
 Employment providing care to the Elderly (Purpose Code "N")  
 Employment providing care to Children (Purpose Code "W")  
 Employment in a Pawn Shop (Purpose Code "F")

**Official Use Only**

**RECORD** \_\_\_\_\_ Pages Attached  **NO RECORD**

\_\_\_\_\_  
**Operator Signature**