



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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Name _____
(Last) (First) (Middle) (Maiden)

Home Address _____
(Number & Street) (City) (State) (Zip)

SSN _____ Phone No _____ Date Employed _____

Birthdate _____ State of Birth _____ Age _____

Height _____ Weight _____ Hair _____ Eyes _____ Race _____ Sex _____

Driver's License # _____ State _____

Employer's Name _____

Employer's Address _____

Employer's Telephone _____

Owner/Manager's Name _____

Owner/Manager's Address and Telephone _____

Name of Business _____

Business Location Address _____

Business Telephone _____

Upon approval of this application and issuance of a permit, it is understood that the permit must be posted on the premises when on duty and that the same must be exhibited to any duly authorized law enforcement officer or citizen upon request, and that said permit is good for one year from date of application.

Note: I understand that furnishing false or incomplete information will be grounds for denial of this permit. **There is no refund of the fee** that accompanies this application if, for any reason, it is denied.
State of Georgia, Newton County



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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

13183 Harland Drive, Covington, GA 30014

770 786-7605 / Fax 770 385-2160

www.covingtonpolice.com

Stacey L. Cotton
Chief of Police

Philip Bradford
Assistant Chief of Police

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 step 2)
 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



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