

**APPLICATION FOR POURING PERMIT**  
**CHATTOOGA COUNTY, GEORGIA MADE THIS \_\_\_\_\_ DAY**  
**OF \_\_\_\_\_, \_\_\_\_\_.**

**(1) Applicant:**

- (A) Full Name: \_\_\_\_\_
- (B) Address: \_\_\_\_\_
- (C) Telephone Number: Home \_\_\_\_\_  
Cell \_\_\_\_\_
- (D) Birth date: \_\_\_\_\_ SS# \_\_\_\_\_  
Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Place of birth: \_\_\_\_\_
- (E) Spouse's Name: \_\_\_\_\_

**(2) Employer**

- (A) Name of Employer: \_\_\_\_\_
- (B) Employer's Address: \_\_\_\_\_
- (C) Mailing Address of Employer: \_\_\_\_\_
- (D) Telephone Number of Employer: \_\_\_\_\_
- (3) If you own, lease, and/or operate any outlets/locations/restaurant within Chattooga County, Georgia where you now hold a license to sell alcoholic beverages, or for which an application has been made by you, list by name and address the outlet/location/restaurant. \_\_\_\_\_
- (4) If you do not currently hold an alcoholic beverage license within Chattooga County, Georgia, have you ever applied for a license within Chattooga County, Georgia before? \_\_\_\_\_ When? \_\_\_\_\_ If license was granted to Applicant, list name of business(es): \_\_\_\_\_.
- (6) Has Applicant ever been denied a license for the sale, pouring, or mixing of liquor, wine or malt beverage within the State of Georgia? \_\_\_\_\_. If yes, list when and government entity that denied the license:  
\_\_\_\_\_
- (7) Has Applicant ever had a license for the sale, pouring, or mixing of liquor, wine or malt beverage suspended or revoked, for any reason, in the State of Georgia? \_\_\_\_\_. If

yes, list when action occurred, type of action taken, government entity taking action, and the reasons for disciplinary action:

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List complete record of all convictions, guilty pleas and pleas of nolo contendere for violations of all laws, City, State and Federal, of Applicant:

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(8) The following must be attached to application before submission:

- (A) Application Fee
- (B) Copy of Driver's License

The undersigned applicant does hereby solemnly swear or affirm that all of the foregoing information is true and correct.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Applicant

**NOTIFICATION TO SHERIFF OF ALCOHOLIC BEVERAGE POURING PERMIT**

**TO THE SHERIFF OF CHATTOOGA COUNTY:**

You are hereby notified that the attached application for an Alcoholic Beverage Pouring Permit has been filed with the Alcoholic Beverages Control Board of Chattooga County, Georgia, and you are requested under the provisions of the Alcoholic Beverages Control Ordinance to obtain the required information as to the criminal records, character, reputation and other necessary reports about the person or persons named on said application and submit this information to the Commissioner within 30 days from the date hereof.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Martha Tucker, Clerk of Chattooga County

\_\_\_\_\_  
Applicant's Name

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

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Date of Birth

**Affidavit**

By executing this affidavit under oath, as a(n) applicant for an alcoholic beverage license, as referenced in O.C.G.A. § 50-36-1, from Chattooga County, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

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

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_