

ROCKDALE COUNTY PLANNING AND DEVELOPMENT
Alcoholic Beverage Handling Permit

Purpose:

The purpose of this activity is the to intake and process Non-Profit Registration.

Forms:

County : Applications and Fees
Customer: Affidavit Verifying Citizenship Status Form
Georgia Driver's License or Georgia ID
Non-Criminal Justice Applicant's Privacy form

Process Standards:

Only Completed Applications/Support Documents are processed into
MAGNET

Service Level:

The timeline for processing, review, inspection and issuance is typically 7-
10 days

Relationship to Other Processes:

Sheriff's Office

Applicants – Please Note:

Must obtain permit 10 calendar work days after first day of work
Must be renewed ach year by the date of issuance
Must receive RASS certification within 90 days of permit
Must renew RASS certificate every three years
Copy of RASS certificate to be on location with permit ID



ROCKDALE COUNTY PLANNING AND DEVELOPMENT

P.O. Box 289/958 Milstead Avenue, Conyers, GA 30012

Phone: 770-278-7100

Email: planning@rockdalecountyga.gov

ALCOHOLIC BEVERAGE HANDLING PERMIT APPLICATION

Full Legal Name

SS# DL # DOB

Height Weight Hair Color Eyes Race

Phone # Home & Cell

Mailing address City State Zip

Email Address

Business Information

Name of Alcohol Licensee (First) (Middle) (Last)

Business Name

E-Mail Address Work Telephone Number Cell Telephone Number

Permit Information

First Time Permit or Renewal Date of Hire

Expiration Date of Previous Permit Manager Permit or Server

RASS Class Attended Date of Class RASS No.

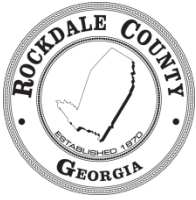
This application is to be executed under the following oath: "I solemnly swear, subject to criminal penalties for false swearing that the information in this application is true and correct and that the application is herein made to procure the granting of this permit." I certify that I have read and understand the legal restrictions related to the handling and sales of Alcoholic Beverages and the consequences that may be imposed if I do not comply with such restrictions. By filing this application I consent to the county conducting a criminal history check.

Signature: Date:

Print Name:

Notary Public Signature: Date:

Print Name:



AFFIDAVIT VERIFYING CITIZENSHIP STATUS

O.C.G.A. 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- 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.

Wait to be in front of notary to sign

Applicant signature

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

(type of document)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or 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 _____, _____, this _____ day of _____, 20_____
(city) (state) (day) (month) (year)

For notary use only

Notary Public signature

GA Registration No. and expiration date

SEAL