Print Form

COUNTY DEPARTMENT AGENDA REQUEST

Department/Division: Planning & Zoning/Community Dev.

Department Head: Peter A. Frisina

Presenter, if needed: Pete Frisina/Robyn Wilson

Preferred Meeting Date: Wednesday, July 2, 2008

Wording for the Agenda:

Consideration of staff's request that the current Alcoholic Beverage Application document and Personnel Statement document be revised.

Background/History/Details:

The P&Z Staff initiated the review of the currently used Alcoholic Beverage Application documents and the Personnel Statement documents to make them more customer-friendly and less cumbersome and confusing for applicants seeking alcohol licenses. Numerous revisions are being recommended in both documents. The revised Alcoholic Beverage Application form has questions designated for a New Location only, a Change of Ownership only, and/or both. The revised Renewal Alcoholic Beverage Application form only required minor revisions. The most cumbersome items deleted from the Personnel Statement were: Employment History for 10 years, Residential History for 10 years, and Personal References for 10 years. The recommended revised documents are similar to the applications for the City of Fayetteville and the City of Peachtree City. These documents have been reviewed by Attorney Bennett for compliance with the County Code and State Law.

What action are you seeking from the Board of Commissioners?

The Planning and Zoning staff is ultimately seeking approval of revisions to the Alcoholic Beverage Application form and the Personnel Statement form for renewal requests. If the Board desires to approve staff's recommendations, this item should be placed on the Board's next meeting agenda.

If this item requires funding, please describe:

N/A

Has this issue come before the Commissioners in the past? No

If so, when?

Do you need audio-visual for the presentation? No

Back-up Material Submitted? Yes

STAFF USE ONLY

Approved by Finance? Yes

Reviewed by Legal? Yes

Approved by Purchasing? Yes

Approved by Administrative Staff? Yes

Staff Notes

Administrator's Approval Yes

Confirmed Meeting Date Wednesday, July 2, 2008

- ○ Recognition/ Presentation
- ○ Public Hearing
- ○ Old Business
- ◉ New Business
- ○ Consent
- ○ Report
- ○ Other

Deletions indicated as ~~strikethrough~~. Additions indicated as ***bold, italics, and underline***.

ALCOHOLIC BEVERAGE LICENSE APPLICATION
FOR NEW LOCATION OR CHANGE OF OWNERSHIP
FAYETTE COUNTY, GEORGIA

FOR OFFICIAL USE ONLY:

Date Received: _____, 20 _____

TYPE OF LICENSE:
Retail _____
Pouring _____

~~Approved as to form by:~~
~~_____ Date: _____, 20_____~~

Fee Enclosed _____

State License No.: _____

Bd. of Comm. Action:
Approved _____, 20__
Denied _____, 20__

Local License No.: _____

Land Lot(s): _____ ***District(s):*** _____

Zoning of Property: _____

_____
~~Business License Admin.~~ ***Approved by***

_____
Date approved
Fayette County, Georgia

Check One: ***New Location:*** _____ ***Change of Ownership:*** _____

ORIGINAL APPLICATION FOR COUNTY LICENSE AS DEALER/OPERATOR
RETAIL IN VINOUS LIQUORS (WINE) SALES _____
RETAIL IN MALT LIQUORS (BEER) SALES _____
ON PREMISE CONSUMPTION OF MALT LIQUORS (BEER) _____
ON PREMISE CONSUMPTION OF VINOUS LIQUORS (WINE) _____
ON PREMISE CONSUMPTION OF DISTILLED SPIRITS (ALCOHOL) _____

INSTRUCTIONS: Read through entire application before answering any questions. EVERY questions and sub-question must be fully and completely answered. If a particular question does not apply to you, then answer "N/A" and if necessary explain why it is not applicable to you. Do not leave any questions blank. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When the form is completed, it must be dated, signed and verified under oath by the applicant and filed with the ~~Business License Administrator~~ ***Fayette County Planning & Zoning Department***, Fayette County, Georgia, together with all supporting papers, one complete copy, and money order or certified check for the exact fee. Personal checks will not be accepted. A copy of the relevant alcoholic beverage ordinance is available for your use.

1. (a) Full name, address & legal residence of person making application.

Name: _____

Address: _____

Resident of: City _____ County _____ State _____

Zip Code

(b) Is the above address your legal and bona fide place of domicile? _____

(c) How long have you lived at the above address? _____

(d) Please list all legal addresses and residences for the last ten (10) years, and state the length of time you resided there. (attach separate sheet if necessary)

Address	City	County	State	#years residence

2. Trade name of business for which license is requested:

_____

3. Location of business for which license is requested:

Address: _____

Telephone Number: _____

Mailing Address: _____
(if different from above)

4. Name and residence of each person, partnership and corporation having any ownership interest in the business, and the amount of such interest.

Name	Address	Residence	Interest
Name	Address	Residence	Interest
Name	Address	Residence	Interest

5. (a) Will this business be owned by the applicant as a sole proprietorship?
Yes _____ No _____

(b) If this business will be owned in whole or in part by a partnership, corporation or any other association, list the members of such organization and give their address, county and state of their legal residence, and the amount of their interest.

Name	Address	Residence	Interest
Name	Address	Residence	Interest
Name	Address	Residence	Interest

6. How much of the capital of this business is borrowed and from whom? (attach exhibits if necessary)

Amount	Lender	Address
Amount	Lender	Address

7. Does any person or organization listed in questions (1), (4), (5), or (6) have any financial interest whatsoever in any other business selling distilled spirits, wine or beer, either in this state or any other state? ***Yes*** ____ ***No*** ____ If ~~so~~ ***yes***, list the name of such person or organization, the name and location of such other business, and the amount and type of interest.

_____

_____

8. (a) Is the applicant and/or license holder the owner of the building where business is to be conducted? ***Yes*** ____ ***No*** ____

   (b) Is the applicant and/or license holder the owner of the land where business is to be conducted? ***Yes*** ____ ***No*** ____

   (c) If your answer is "No" to either question, state whether you lease, sublease, or rent the building and whether you lease, sublease, or rent the land, or both.

   _____

9. (a) State the full name and address of the owner of the building, the name and address of the owner of the land, and the name and address of all lessors and/or sublessors. Attach copies of all lease agreements as exhibits to question 9.

Building Owner	Address	Relationship to applicant or any other owners
Land Owner	Address	Relationship to applicant or any other owners

Other	Address	Relationship to applicant or any other owners

(b) Has the applicant and/or license holder entered into an agreement or contract with either the owner, lessor or sublessor for either the building or the land or both which provides for the payment of rent on a percentage or profit sharing basis? ***Yes*** ___ ***No*** ___
If "yes", please list the terms of such agreement or contract, and attach a copy of such agreement or contract if in written form. ***(State owner, lessor, or sublessor and the building, the land, or both).***

_____

_____

Question 10. to be completed for New Location Application Only:

10. What is the distance from the nearest building wall of the business, along the closest and most reasonable public access, to the nearest point of the following:

(a) School Ground _____

(b) Church Ground _____

(c) Residence _____

(d) Alcoholic Treatment Center _____

(e) Library _____

11. Excepting the front entrance, describe each entrance and exit to or from your place of business, and any passageways between your place of business and any adjacent place of business.

_____

_____

12. Name the manager of the business for which this application is filed and state how he is compensated.

_____

Name Address

Compensation:

Check one: ___Salary ___Hourly ___Commission ___Comb. of any 3

13. List all other liquor, beer or wine businesses that your general manager is interested in, employed by, or associated with, in any way whatsoever.

_____

Name Address

_____

Liquor, beer or wine business name Type of interest and amount

14. Does any non-resident of the State of Georgia have any financial interest in the operation of this business? ***Yes*** ***No***
If ~~so~~ ***yes***, list such non-resident's legal name and address and amount of interest.

_____

Name Address Interest

_____

Name Address Interest

15. List all employees of this business involved in serving, pouring, or bartending positions, or in cashier positions. List all ***owners,*** managers and/or supervisors. Note: Applies only to the particular business for which this license application is made. ***A Personnel Statement shall be required for each person listed.*** (attach exhibits if necessary)

_____

Name Position Name Position

_____

Name Position Name Position

Question 16. to be completed for Change of Ownership Application only.

16. If you acquired this business or propose to acquire it from some previous licensee, give the name of the previous licensee, the State License Number of the previous license, and the date acquired or to be acquired.

_____

17. Has any place of business engaged in the sale of distilled spirits, wine or beer with which you have been associated ever been cited or charged at any time with any violation of federal, state, county, or municipal law, or any rule, regulation or ordinance, concerning the sale of such products? ____Yes ____No

Authority issuing citation	Violation alleged	Results

Authority issuing citation	Violation alleged	Results

18. Did the applicant or any person listed in questions 4, 5(b), or 6 have any interest in any business engaged in the sale of distilled spirits during the preceding calendar year? ***Yes*** ***No***
If ~~so~~ ***yes***, state:

Name	Address	Interest

Name	Address	Interest

19. (a) List the name of the spouse of any person mentioned in questions 1, 4, or 5(b) who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Address	Interest

(b) List the name of the father, mother, brother, sister, son, or daughter, or the spouse of any such relative, of any person mentioned in questions 1, 4, or 5(b) who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Address	Interest

Name	Address	Interest

Read and **complete** the following:

20. There must be submitted with this application, as Exhibits A-1, A-2, etc., a personnel statement from the applicant and from each person listed in questions 4, 5, 12, and 15. Such personnel statements shall be deemed to be incorporated into and made a part of this application, and any false statement in this application or in any such personnel statement shall constitute cause for the revocation of any license issued pursuant to this application. Number of personnel statements attached: _____

21. As to the applicant, if an individual, and as to the managing officer or partner, if a corporation or partnership, there must be attached to this application as Exhibit B an affidavit by some person having knowledge of the facts concerning the residence of such applicant, managing officer or partner for the past ten years. Check here that such affidavit is attached. _____

22. ~~As to the applicant, if an individual, and as to the managing officer or partner, if a corporation or partnership, there must be attached to this application, as Exhibits C-1, C-2, etc., certificates from the clerks of all courts having criminal jurisdiction of State Offenses over such person's place of residence and at his places of residence for the past ten years, showing the record, if any, in such court of any convictions against him involving moral turpitude or any violations of Federal, State or local prohibition or liquor laws. Check here that such certificate(s) is (are) attached. _____~~

23. There must be attached hereto, as Exhibit D, documentation proving residence of the applicant in the State of Georgia for twelve (12) months preceding the year for which application is made. Such documentation can include copies of a county tax bill showing a homestead exemption, a lease agreement, a deed, or some identification showing an address. Check here that such documentation is attached. _____

Question 24. is for New Location Application Only.

24. There must be attached to this application as Exhibit E a certificate from a registered surveyor, as required by the Code of Ordinances of Fayette County relating to the sale and distribution of alcoholic beverages, showing the distances from this place of business to the nearest residence, school ground, church ground, alcoholic treatment center, and library. Check here that such exhibit is attached. _____

25. There must be attached, as Exhibit F, approved building/site plans ***(on file in the Fayette County Permits & Inspections Department***~~,~~ ***and plans*** showing seating and building requirements ***as approved by the Fayette County Fire Marshal***. ~~Plans will have approved stamp and approval by the Fayette County, Georgia, business license administrator.~~ Check here that such exhibit is attached. _____

26. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any questions contained in this application, or any personnel statement which is made a part of this application, such change must be reported to the ~~business license administrator~~ ***Fayette County Planning & Zoning Department*** within ten (10) days. The failure to make such report shall be cause for the revocation of any license issued pursuant to this application. Initial ~~below~~ to indicate that this is fully understood. _____

27. Please initial each following paragraph if you have read it, understand it, and agree with the information contained therein.

    (a) I agree to abide by all laws, rules and regulations of the United States, the State of Georgia and Fayette County, either now in force or hereafter promulgated or enacted, regulating and governing the sale of alcoholic beverages and liquors. _____

    (b) I understand that any license issued shall be valid from the date of issuance or the first day of January of each subsequent year, and shall expire December 31, in the year issued. I also understand that no license shall be assignable or transferable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of revocation of said license or for any other reason. _____

    (c) As applicant and/or license holder, I have read the Ordinance governing the sale of beer, wine, or other alcoholic beverages, and all amendments thereto, in Fayette County, Georgia. _____

28. Complete and initial the following statement if you have read and understand it.

    _____

I submit herewith the sum of $_____ dollars as payment in full of the investigation fee, with the understanding that if for any reason the license shall not be granted, the investigation fee will not be refunded. _____

(Initial)

NOTE: BEFORE SIGNING THIS APPLICATION, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS APPLICATION IS TO BE EXECUTED UNDER OATH, IS SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH. APPLICANT UNDERSTANDS THAT ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION IS CONDITIONED UPON THE TRUTH OF THE ANSWERS AND STATEMENTS MADE HEREIN, AND ANY FALSE OR FRAUDULENT STATEMENT OR ANSWER WITHIN THIS APPLICATION OR ATTACHMENTS THERETO SHALL CONSTITUTE CAUSE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION.

VERIFICATION

STATE OF GEORGIA, _____ COUNTY

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Fayette County license as a dealer in alcoholic beverages and/or liquors are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

_____
Applicant's Signature (Full Name in Ink)

~~I certify that _____ (the above named applicant)~~

~~is personally known to me, that he/she signed his/her name to the foregoing application after stating to me that he/she 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_____.

(AFFIX SEAL)

_____
NOTARY PUBLIC

Deletions indicated as ~~strikethrough~~. Additions indicated as ***bold, italics, and underline***.

APPLICATION FOR RENEWAL OF ALCOHOLIC BEVERAGE LICENSE
Fayette County, Georgia

APPLI CANT MUST SUBMIT THE COMPLETED ORIGINAL
~~AND ONE COPY OF THIS APPLICATION~~

FOR OFFICIAL USE ONLY:

Date Received: _____, 20____

~~Approved as to form by: _____ Date: _____, 20____~~

State License No.: _____

Local License No.: _____

TYPE OF LICENSE:
Retail: _____
Pouring: _____

Fee Enclosed: _____

Approved: _____, 20____
Denied: _____, 20____

_____
~~Business License Administrator~~
Approved by:
Date approved: _____
Fayette County, Georgia

RENEWAL APPLICATION FOR COUNTY LICENSE AS DEALER/OPERATOR

Check all that apply
RETAIL IN VINOUS LIQUOR SALES (WINE): _____
RETAIL I N MALT LIQUOR SALES (BEER): _____
ON PREMISES CONSUMPTION OF MALT LIQUORS (BEER): _____
ON PREMISES CONSUMPTION OF VINOUS LIQUORS (WINE): _____
ON PREMISES CONSUMPTION OF DISTILLED SPIRITS (ALCOHOL): _____

1. General Information of Business and Applicant

Business Making Renewal

_____
NAME ***OF BUSINESS***

_____
NAME OF APPLICANT

_____
STREET NUMBER ~~OR P.O. BOX~~

_____
PHONE NUMBER OF APPLICANT

_____
CITY, STATE ZIP CODE

_____
APPLICANT'S SOCIAL SECURITY NUMBER

_____
PHONE NUMBER OF BUSINESS

SEX: _____ F _____ M

2. Has any event occurred which would cause a change in any of the responses given on last year's ~~business~~ ***Alcoholic License*** application? ***NO*** _____ ***YES*** _____
(Said changes include a change in ownership structure, management, financing, history of violation of Federal, State, Local, or other law, residence of applicant, etc.)

If yes, explain: _____

_____

_____

3. Criminal History Consent Form

I, _____, hereby consent to a criminal background check,
APPLICANT
run by the Fayette County Sheriff's Department, to investigate my criminal history. I understand that renewal of the alcoholic beverage license for the above property is conditioned upon the results of said investigation.

4. Attached hereto are personnel statements, completed and verified, for the applicant; each person, partnership, or corporation having greater than 2.5% ownership in the business; the members of any partnership, corporation, or other association possessing greater than 2.5% ownership in the business; all managers of the business and all employees of the business involved in the serving, pouring, bartending, or cashiering of sales for alcoholic beverages.
Number of Statements are attached hereto. _____

I understand that a statement must be included for each party named above regardless of change or lack thereof from a prior year's personnel statement. Initial here _____

5. **VERIFICATION**

STATE OF GEORGIA, _____ COUNTY.

I, _____, do solemnly swear, subject to criminal penalties for
NAME OF APPLICANT

false swearing, that the statements and answers made by me to the foregoing questions in this renewal application for a Fayette County license as a dealer in alcoholic beverages and/or liquors are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

_____
APPLICANT'S SIGNATURE (FULL NAME IN INK)

~~I certify that~~ _____
~~(THE ABOVE NAMED APPLICANT)~~

~~is personally known to me, that he/she signed his/her name to the foregoing application after stating to me that he/she 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_____.

(AFFIX SEAL)

_____
NOTARY PUBLIC

My Commission Expires: _____

Deletions indicated as a ~~strikethrough~~. Additions/changes indicated in ***bold, italics, and underline***.

ATTACHMENT A-_____
FULL PERSONNEL STATEMENT

Please read each item in its entirety and respond appropriately. Unless otherwise indicated, reference to any other application or statement is inappropriate.

1. Full Name: _____

   Maiden Name, if any: _____

2. Street Address: _____

   City, State, Zip Code: _____

3. Home Telephone Number: _____

4. Social Security Number: _____

5. Name of business for which this application is made:

   _____

6. Telephone Number of business for which this application is made: _____

7. Indicate your employment position in this business (owner, co-owner, manager, or specific employee position): _____

8. Do you hold an ownership interest of 2.5% or greater in this business?

   Yes _____ No _____

   If so, state the amount and type o f that interest and the amount thereof:

   _____

9. ~~Do you have any financial interest in, or are you employed by any other business or at any other locations of the business for which this application is made where alcoholic beverages are sold or consumed? Yes _____ No _____~~

~~If so, give names and locations of such other businesses and/or locations, and specify the type and amount of interest in each.~~

_____

_____

10. Height _____ Weight _____ Sex _____ Age _____

Race _____ Color of hair _____ Color of Eyes _____

~~11. City, State, and County of Birth:~~ _____

~~Date of Birth:~~ _____

~~U.S. Citizen: _____ Yes _____ No~~

~~If you are a U.S. citizen, is it by birth _____ Yes _____ No or through naturalization: _____ Yes _____ No~~

~~12. If you are a naturalized U.S. citizen, provide the following information.~~

~~Date, Place and Court of Naturalization:~~ _____

~~Native Country:~~ _____

~~Date and Port of Entry into the U.S.:~~ _____

~~Certificate No.:~~ _____ ~~Petition No.:~~ _____

~~13. If you are not a U.S. citizen, provide the following information.~~

~~Derived Parents Certificate No.(s):~~ _____

~~Alien Registration No.:~~ _____

~~Native Country:~~ _____

~~Date and Port of Entry into the U.S.:~~ _____

~~14. How many consecutive years and months have you been a resident of Georgia?~~

~~Years~~ _____ ~~Months~~ _____

~~15. Check marital status: Single _____ Married _____ Widowed _____~~

~~Divorced _____ Separated _____~~

~~16. If married or separated, please state the Full Name of Spouse~~

_____

_____

17. Within the ten (10) years immediately preceding the date of the signing of this application, have you been convicted ***of a felony, or any violation of the laws of this state, any other state or of the United States relating to the sale of alcoholic beverages?*** ~~of, or entered a plea of nolo contendere for, any felony or crime involving moral turpitude?~~ _____ Yes _____ No

If yes, explain: _____

18. Are you an elected or appointed officer, agent or employee of Fayette County?

_____ Yes _____ No

If yes, explain: _____

~~19. Have you ever had any financial interest in an alcoholic beverage business which was denied a liquor license? _____ Yes _____ No~~

~~If so, give full details. _____~~

_____

_____

MOVE QUESTION 19 TO THE APPLICATION

~~20. Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed or have been employed, ever been cited for any violation of any state law, county ordinance, or city ordinance, relating to the sale and distribution of alcoholic beverages? _____ Yes _____ No~~

~~If so, give full details.~~ _____

_____

_____

~~21. List your employment history for the past ten (10) years (including your present employment with the business for which this personnel statement is being made). If no employment was held for any time frame exceeding six (6) months, please provide information as to your status (student, retired, homemaker, disabled, or similar) for that time frame. List this record in date order from your present employment to your employment or the status you held ten (10) years prior to the date upon which you sign this personnel statement. If you need additional space to provide this record, attach a separate sheet and indicate that such an attachment has been made.~~

~~Dates of current employment (From Month/Year to Present):~~

_____

_____

~~Employer:~~ _____

~~Business Street Address:~~ _____

~~City, State, and Zip Code:~~ _____

~~Dates (From Month/Year to Month/Year):~~ _____

~~Employer:~~ _____

~~Business Street Address:~~ _____

~~City, State, and Zip Code:~~ _____

~~Dates (From Month/Year to Month/Year):~~ _____

~~Employer:~~ _____

~~Business Street Address:~~ _____

~~City, State, and Zip Code:~~ _____

~~Dates (From Month/Year to Month/Year):~~ _____

~~Employer:~~ _____

~~Business Street Address:~~ _____

~~City, State, and Zip Code:~~ _____

~~22. Provide a ten (10) year residential history, including your present residence. List the residences in date order from your current residence to your residence ten years prior to the date upon which you sign this personnel statement. If you need additional space to provide this record, attach a separate sheet and indicate that such an attachment has been made.~~

~~Dates for current residence (From Month/Year to present):~~

_____

_____

~~Street Address:~~ _____

~~City, State, and Zip Code:~~ _____

~~Dates (From Month/Year to Month/Year):~~ _____

~~Street Address:~~ _____

~~City, State, and Zip Code:~~ _____

~~Dates (From Month/Year to Month/Year):~~ _____

~~Street Address:~~ _____

~~City, State, and Zip Code:~~ _____

~~Dates (From Month/Year to Month/Year):~~ _____

~~Street Address:~~ _____

~~City, State, and Zip Code:~~ _____

~~23. References. Provide three personal references whom have known you well for the five years preceding the date upon which you sign this personnel statement and whom are responsible, reputable adults. Do not list relatives.~~

~~1. Name:~~ _____

~~Street Address:~~ _____

~~City, State, Zip Code:~~ _____

~~Employer:~~ _____

~~Business Street Address:~~ _____

~~City, State, Zip Code:~~ _____

~~Years Known:~~ _____

~~2. Name:~~ _____

~~Street Address:~~ _____

~~City, State, Zip Code:~~ _____

~~Employer:~~ _____

~~Business Street Address:~~ _____

~~City, State, Zip Code:~~ _____

~~Years Known:~~ _____

~~3. Name: _____~~

~~Street Address: _____~~

~~City, State, Zip Code: _____~~

~~Employer: _____~~

~~Business Street Address: _____~~

~~City, State, Zip Code: _____~~

~~Years Known: _____~~

~~24. Have you ever been arrested, or held by Federal, State, or any other law enforcement authorities, for any violation of federal, state, county, or municipal law, regulation or ordinance? Yes _____ No _____ If yes, all charges, aside from minor traffic citations must be explained below even if said charges were dismissed or dropped. Should you need more space to provide the required information, please attach another page and indicate that such an attachment has been made.~~

~~Reason Charged or Held: _____~~

~~Date: _____~~

~~Place Where Charged: _____~~

~~Disposition: _____~~

25. ~~Attach a photograph that clearly depicts a frontal view of your person and was taken within the previous two (2) years. Write your name and the name of the dealer submitting the license application on the back of the photograph.~~

Attach a color copy of your valid drivers license or a photo taken by the Fayette County Marshal's Office.

Attach Photograph/Snapshot Here

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

VERIFICATION

STATE OF GEORGIA, _____COUNTY.

I, _____, do solemnly swear, subject to
Applicant's name

the penalties for false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true.

_____ _____

Date Applicant's Signature
(full name and in ink)

~~I hereby certify that _____~~
~~_____ Applicant's name~~

~~is personally known to me, and that (s)he signed (his) (her) name to the foregoing personnel statement stating to me that (s)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____.

(AFFIX SEAL)

_____
NOTARY PUBLIC

My commission expires: _____