



## Alcoholic Beverage Personnel Statement

For Official Use Only

Type of License: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Instructions: This personnel statement must be executed under oath or affirmation by every person having any ownership or profit sharing interest in, or managing any place of business applying for license from the City of Hapeville, Georgia to sell or deal in alcoholic beverages or liquors. Please type or print clearly in ink. If not legible, Statement will not be accepted. Each question must be fully answered. 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. A personnel statement, including two (2) passport-size photographs and two (2) fingerprint cards are required by Questions 35 and 36, for all owners/managers/assistant managers and must be submitted with every license application.

1. \_\_\_\_\_

Full Name of Applicant      Address of Applicant

2. Social Security Number

\_\_\_\_\_

3. Driver's License Number

\_\_\_\_\_

4. Date of Birth

Place of Birth

\_\_\_\_\_

5. U.S. Citizen

a.  By Birth

b.  Naturalized

Date, Place and Court

Petition Number

Certificate Number

Derived Parent Certificate Number(s)

Alien Registration Number

Native Country

Date of Port Entry

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How long have you been a legal resident of Georgia?      \_\_\_ Years \_\_\_ Months

7. Marital Status  Single  Married  Widowed  Divorced  Separated

8. If married, give Spouse's full name \_\_\_\_\_

9. Physical Description of Applicant \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Age \_\_\_\_\_ Hair Color \_\_\_\_\_ Eyes \_\_\_\_\_

10. Education and training specific to restaurant/alcohol field.

\_\_\_\_\_

11. Have you ever used or been known by any other name  Yes  No

12. List maiden name, names by former marriages, former names changed legally or otherwise, aliases or nicknames. For each, list the period during which you were known by this name. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Are you a registered voter in the State of Georgia  Yes  No

County registered

Number of years registered

\_\_\_\_\_

14. For the last calendar year, did you file and pay any County property tax  Yes  No  
Name of County

\_\_\_\_\_

15. For the last calendar year, did you file and pay any City property tax  Yes  No  
Name of City

\_\_\_\_\_

16. Employment record for the past ten (10) years (Give most recent experience first, if self-employed give details)

From	To	Employer	Occupation Duties	Reason for leaving
(a)	_____	_____	_____	_____
(b)	_____	_____	_____	_____
(c)	_____	_____	_____	_____
(d)	_____	_____	_____	_____
(e)	_____	_____	_____	_____
(f)	_____	_____	_____	_____
(g)	_____	_____	_____	_____
(h)	_____	_____	_____	_____

17. List, with your most recent place of residence first, all of your residences for the past ten (10) years

Date From/To	Street	City	State
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____
(d)	_____	_____	_____
(e)	_____	_____	_____

20. Military Service     Yes     No

List Serial Number \_\_\_\_\_ Branch of Service \_\_\_\_\_  
Period of Service \_\_\_\_\_ Date of Discharge \_\_\_\_\_  
Type of Discharge received \_\_\_\_\_

21. Have you ever been convicted of a felony relating to violence, illegal substances, gambling, theft or alcohol use, or of a crime opposed to decency and morality, or who has been convicted of a crime involving violation of the ordinances of the city or any other city or county relating to the use, sale, taxability or possession of malt beverages, wine or liquor, or violations of the laws of the state and federal government pertaining to the manufacture, possession, transportation or sale of

malt beverages, wine or intoxicating liquors, or the taxability thereof within five (5) years preceding this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

**22.** Full name of dealer and trade name, if any, submitting application of which this personnel statement is a part.

\_\_\_\_\_  
\_\_\_\_\_

**23.** Position of applicant in dealer's business.

\_\_\_\_\_

**24.** Does applicant have any ownership/profit sharing interest in business?  Yes  No Describe.

State annual salary of applicant or the estimated annual profit or compensation derived from this business. \$

**25.** Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the business premises?  Yes  No If Yes, explain.

\_\_\_\_\_

**26.** Do you have any financial interest or are you employed in any wholesale or retail liquor business other than the business submitting the license application of which this personnel statement is a part?  Yes  No If Yes, give names and locations and amount of interest in each.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**27.** Do you have any financial interest or are you employed in any business engaged in distilling, bottling, rectifying or selling (wholesale, retail or manufacturing) alcoholic beverages in this State or outside this State which has not otherwise been disclosed in this statement.  Yes  No If yes, explain.

\_\_\_\_\_

**28.** Have you ever had any financial interest in an Alcoholic Beverage business which was denied a liquor permit  Yes  No If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_

**29.** Has any Alcoholic Beverage business in which you hold or have held any financial interest or have been employed, ever been cited for any violation for the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of distilled spirits.  Yes (No) If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_

**30.** Have you ever been denied a bond by a commercial surety company?  Yes  No  
If yes, explain.

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**31.** Are you related by blood, marriage or adoption to any persons engaged in any business handling alcoholic beverages, whiskeys or liquors in the State of Georgia.  
 Yes  No

**32.** Personal References. Give three (3) personal references, not relatives (i.e., former employers, fellow employees or school teachers who are responsible adults, business or professional men or women) who have known you well during the past five (5) years.

Name

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Residence

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Business Address

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Telephone Number

---

Number of Years Known

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Name

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Residence

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Business Address

---

Telephone Number

---

Number of Years Known

---

Name

---

Residence

---

Business Address

---

Telephone Number

---

Number of Years Known

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**33.** Attach two (2) passport-size photographs (front view). Write name on back of photographs and also the name of dealer submitting a license application. Initial here if such photographs are attached. \_\_\_\_\_

34. There must be submitted with this personnel statement the fingerprints of applicant on two (2) fingerprint cards, which will be furnished by the City of Hapeville. Initial here that such fingerprint cards are attached. \_\_\_\_\_

**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 or affirmation and subject to the penalties of false swearing and it includes all attached sheets submitted herewith.

## Verification

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 City of Hapeville license as a dealer in alcoholic beverage and liquors are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license. I hereby submit for an Alcoholic Beverage Privilege License Personnel Statement for the City of Hapeville. I do hereby swear or affirm that the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just cause for invalidation of this statement and any related application and any action taken on this statement and any related application. I understand the City of Hapeville reserves the right to enforce any and all ordinances regardless of payment of license fees and further that it is my/our responsibility to conform to said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I can read the English language and I freely and voluntarily have completed this statement. I understand that it is a felony to make false statements or writings to the City of Hapeville pursuant to O.C.G.A. § 16-10-20.

\_\_\_\_\_  
Applicant's Signature  
(Full name in ink)

\_\_\_\_\_  
Applicant's Name  
(Print or Type)

I certify that

\_\_\_\_\_  
(the above named applicant)

is personally known to me, and that he signed his name to the foregoing statements and answers made therein, and, under oath, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal:

personnel statement.doc