



South Fulton Police Department

5539 Old National Highway · College Park, Georgia 30349
Phone: (470) 809-7300

Keith Meadows
Chief of Police

WORK PERMIT APPLICATION

South Fulton Police Department

5539 Old National Highway

College Park, GA 30349

(470) 809-7372

pdlicenses@cityofsouthfultonga.gov

Monday, Wednesday, Thursday

9:00 am – 1:00 pm

BY APPOINTMENT ONLY

FOR OFFICE USE ONLY:

APPROVED

DENIED

PERMIT # _____



South Fulton Police Department

5539 Old National Highway · College Park, Georgia 30349
Phone: (470) 809-7300

Keith Meadows
Chief of Police

PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW.

NOTE: CHECKING "NO" WHEN IT IS LATER DETERMINED THAT YOU HAVE BEEN ARRESTED (WHETHER BY RELEASING ON A COPY CITATION OR PHYSICALLY TAKEN TO JAIL) FORMS A BASIS FOR DENIAL. THE PROCESSING FEE OF \$55 WILL NOT BE REFUNDED TO YOU. IF YOU HAVE ANY QUESTIONS, PLEASE ASK BEFORE SUBMITTING YOUR APPLICATION.

INITIAL: _____

1. HAVE YOU BEEN ARRESTED AND/OR CONVICTED FOR A MISDEMEANOR WITHIN THE LAST FIVE (5) YEARS? *

YES NO

ANY APPLICANT WITH MORE THAN ONE MISDEMEANOR ALCOHOL OR DRUG RELATED CONVICTION WITHIN THE LAST FIVE YEARS WILL BE DENIED.

2. HAVE YOU BEEN ARRESTED AND/OR CONVICTED FOR A FELONY WITHIN THE LAST FIVE (5) YEARS? *

YES NO

ANY APPLICANT WITH FELONY CONVICTIONS WITHIN THE LAST FIVE YEARS WILL BE DENIED.

3. HAVE YOU BEEN CONVICTED, PLED GUILTY, OR ENTERED INTO A PLEA OF NOLO CONTENDERE TO ANY CRIME INVOLVING MORAL TURPITUDE, ILLEGAL GAMBLING, ILLEGAL POSSESSION OR SALE OF CONTROLLED SUBSTANCES, OR THE ILLEGAL SALE OR POSSESSION OF ALCOHOL, INCLUDING THE SALE OR TRANSFER OF ALCOHOLIC BEVERAGES TO MINORS IN A RELATED CRIME WITHIN THE LAST FIVE (5) YEARS? *

YES NO

ANY APPLICANT THAT HAS BEEN CONVICTED, PLED GUILTY, OR ENTERED INTO A PLEA OF NOLO CONTENDERE TO ANY CRIME DESCRIBED IN THE PRECEDING PARAGRAPH WITHIN THE LAST FIVE YEARS WILL BE DENIED. SENTENCING AS FIRST OFFENDER STATUS SHALL NOT BE CONSIDERED AS A CONVICTION, IF THE SENTENCE WAS SUCCESSFULLY COMPLETED WITHOUT ANY VIOLATION OF PROBATION AND WITH NO ADJUDICATION OF GUILT EVER BEING ENTERED.

4. ARE YOU ON ACTIVE PROBATION, PAROLE, OR LISTED ON A SEX OFFENDER REGISTRY? *

YES NO

ANY APPLICANT THAT IS ON ACTIVE PROBATION, ACTIVE PAROLE, OR ACTIVELY ON A SEX OFFENDER REGISTRY WILL BE DENIED. AN ALCOHOL WORK PERMIT SHALL NOT BE ISSUED IF THE APPLICANT HAS NOT BEEN RELEASED FROM ANY PROBATION PRIOR TO FILING OF THE APPLICATION. FOR OPEN CHARGES, YOU MAY BE ASKED TO PROVIDE A FINAL DISPOSITION. FOR CHARGES THAT HAVE NOT BEEN HEARD IN COURT, YOU MAY BE ISSUED A PROBATIONARY PERMIT UNTIL THE OUTCOME OF THE CASE HAS BEEN DETERMINED. IF YOU ARE LATER CONVICTED, YOUR PERMIT WILL BE REVOKED.

5. HAVE YOU EVER HAD A PERMIT REVOKED? *

YES NO

*ANY SOLICITATION APPLICANT THAT HAS A PREVIOUSLY REVOKED PERMIT WILL BE DENIED.

FOR OFFICE USE ONLY:

APPROVED

DENIED

PERMIT # _____



South Fulton Police Department

5539 Old National Highway · College Park, Georgia 30349
Phone: (470) 809-7300

Keith Meadows
Chief of Police

I, _____ do hereby swear (or affirm) that the answers given herein are true and correct. Georgia code section 16-10-71 provides that a person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgement of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement. I further understand that if I have made an omission or any misrepresentations that my permit will be revoked and/or a citation will be issued under the applicable city, county ordinance, or state law.

I hereby authorize South Fulton Police Department to conduct a name-based criminal history inquiry for the purpose of a work permit and receive any Georgia criminal history record information as authorized by state and federal law. (Purpose Code E)

Print Name: _____ Date: _____

Applicant's Signature: _____

FOR ALCOHOL APPLICANTS ONLY

Every applicant to whom an alcohol work permit is issued and every employee who dispenses, sells, serves, takes orders or mixes beverages, or manages these shall also complete an approved alcohol awareness training program within 30 days of being issued an alcohol work permit or being employed. Each establishment shall maintain an updated list of employees who have completed an approved alcohol awareness training program along with copies of each of the employee's completion certificate and shall produce said list and/or certificates for inspection by the city upon request. Approved alcohol awareness training courses can be located at the City of South Fulton website. Police Department, Police Services, License and Permits, Alcohol Awareness Training. Once complete, submit the form to the police department at pdlicenses@cityofsouthfultonga.gov within the 30-DAY timeframe.

INITIALS: _____

Approver: _____ Date: _____ Time: _____

FOR OFFICE USE ONLY:

APPROVED

DENIED

PERMIT # _____



South Fulton Police Department

5539 Old National Highway · College Park, Georgia 30349
Phone: (470) 809-7300

Keith Meadows
Chief of Police

SOUTH FULTON POLICE DEPARTMENT

Affidavit Verifying Status for City Public Benefit Pursuant to O.C.G.A. § 50-36-1

By executing this affidavit under oath, as an applicant for a work permit, as referenced in O.C.G.A. § 50-36-1, from South Fulton, the undersigned applicant verifies one 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 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 _____ (city) _____ (state)

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THE

____ DAY OF _____, 20 _____

NOTARY PUBLIC

My Commission Expires:

FOR OFFICE USE ONLY:

APPROVED

DENIED

PERMIT # _____



South Fulton Police Department

5440 Fulton Industrial Blvd · Atlanta, Georgia 30336
Phone: (470) 809-7300

Keith Meadows
Chief of Police

Consent Form for GCIC/NCIC Records Check

I authorize the **SOUTH FULTON POLICE DEPARTMENT** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

I, _____, confirm that I have received a copy of the Privacy Rights Act Statement for Criminal Justice Employment. I further confirm that I have read and understand the guidelines listed in the Privacy Act Statement for Non-Criminal Justice Purposes.

DATE: _____

PRINT FULL NAME: _____

MAIDEN NAME/PREVIOUS NAME/ALIAS INFO: _____

DATE OF BIRTH _____ RACE _____ SEX _____ SOCIAL SEC# _____

STREET ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

ARE YOU A U.S. CITIZEN?

YES

NO

If no, you will need to have your Green Card available. Country of Birth _____

SIGNATURE OF APPLICANT _____

CIS TECH: _____ DATE COMPLETED: _____

RECORD ATTACHED: _____ NO RECORD: _____