

City of Alpharetta Rules and Required Documentation for Permits

The permit is required to be on your person while working and must be produced upon request. The permit fees are non-refundable.

Alcohol Permits can be used at any Restaurant and Special Event within the City of Alpharetta.

If permit is lost, a replacement permit can be printed and picked up from the Records Office of the Alpharetta Department of Public Safety during business hours for a cost of \$5.00. Expiration date will remain the same.

Required Documentation for the Permitting Process:

- Federal or State issued Photo Identification

You will be DENIED the Alcohol Beverage Permit if you do not meet the City of Alpharetta Ordinance requirements below:

- (d) No license for the sale of alcoholic beverages shall be granted to any person who, within five years prior to the filing of the application for such license, has been convicted under any federal, state or local law, of any misdemeanor involving moral turpitude, or of any felony. For the purposes of this section, a plea of nolo contendere shall constitute a conviction.

After 3 business days, please call the Front Desk to check the status of your permit and verify if it is ready to be picked up by calling:

(678) 297-6306

Updated: 3/22/2021

*****READ THE PARAGRAPH BEFORE COMPLETING APPLICATION*****

ALPHARETTA POLICE DEPARTMENT PERMIT APPLICATION

The undersigned individual hereby respectfully requests the issuance of a permit to work in the City of Alpharetta as approved by the City of Alpharetta rules and regulation as well as other State and Local ordinances. It is understood that any omission or falsification of the facts below will result in the denial of this permit and a refund for the application will not be issued.

PLEASE CHECK POSITION: Management:	<input type="checkbox"/>	Server:	<input type="checkbox"/>	Bartender:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Pouring Permit \$50.00:	<input type="checkbox"/>	Precious Metal \$50.00:	<input type="checkbox"/>	Massage/Spa \$50.00:	<input type="checkbox"/>		
Door to Door Solicitation \$100.00:	<input type="checkbox"/>	Package/Liquor Store \$50.00	<input type="checkbox"/>				

PLACE OF EMPLOYMENT (Print Clearly and Legibly) _____ EMPLOYMENT ADDRESS _____

NAME OF APPLICANT: Last: _____ First: _____ MI: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

ADDRESS OF APPLICANT: _____ CITY: _____ STATE: GA ZIP: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SEX: Choose RACE: Choose

HEIGHT: _____ FEET _____ INCHES WEIGHT: _____ EYES: _____ HAIR: _____


Do you have a current or expired permit with Alpharetta? No: Yes:

Permit expiration date: _____

I have read and understand the criminal history permit disqualifiers given to me as part of this application.

Yes: _____ No: _____

I have read this application completely and understand it. I also understand that the permit fee is non-refundable.

 X _____ Date: _____
Signature Required _____
SSN: _____

(Office Use Only)

APPROVED/DENIED: _____



CITY OF ALPHARETTA GEORGIA CRIMINAL HISTORY RECORD INFORMATION REQUEST AND CONSENT FORM



1) This Request Is For: (Check Only One)

- Employment Military Licensing Personal Use Other Use Not Listed (E)
- Interna. onal Travel Firef ghters Employment Taxi Permit Precious Metals Massage Therapy Permit (E)
- Prospective Adoptive/Foster Parents (E + Note & 2 copies)
- Employment Working With The Elderly (N)
- Employment At A Child Care Facility, School, or Other Jobs Involving Children (W)
- Employment Working With The Mentally Ill (M)
- Firearms/Toting Permit (F)
- Police Ride Along Request (C) Police Department Vendor/Contractor/Visitor (C)
- Criminal Justice Employment – Non Sworn (J)
- Police Officer Pre-Employment (Z)
- Alpharetta Parks and Recreation Employment (E) Alpharetta Liquor Licensing (E)

2) A History Is Requested On The Following Person:

Name: _____
Last First Middle

Social Security Number: _____ Sex: _____

Race (check one):

Date Of Birth: _____ Phone Number: _____ - _____ - _____
Month Day Year

3) Person Requesting Criminal History (person permitted to pickup request):

Name: Alpharetta Department of Public Safety - Records Department
Last First Middle

Company (if applicable): _____

Address: 2565 Old Milton Parkway Phone: (678) 297-6306

City/State/Zip: Alpharetta, GA. 30009 eMail: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

4) In making this request, I hereby give consent for an inquiry to be made of my Georgia Criminal History. I also give permission for this history to be inquired within the next (circle one) 90 / 180 / ____ days from the date on this request. I agree that the Alpharetta Police Department, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record once it has been delivered to me. A photocopy of this request will be placed on file and is valid as an original hereof, even though the photocopy does not contain an original signature. Incomplete requests will be denied. This report is considered accurate at time of inquiry and may change at anytime. **I also understand that the required payment (if applicable) is due upon request.**

Results will be made available within five (5) business days. Unclaimed results will be destroyed in fourteen (14) days and an additional request must be resubmitted.

Service	Fee
General Criminal History Request	\$15

Photo copy of a legal government ID must accompany this request.



Signature of person whom criminal history is being inquired Date

Official Use Only

Results: _____

GCIC Tech: _____ ARN: _____

Date Submitted _____ / _____ / _____

Inquiry Date _____ / _____ / _____