



City of Dallas Server I.D. Card Application

\$25.00 Non-Refundable Permit Fee

I, the undersigned, hereby authorize the City of Dallas Marshal's Bureau, Dallas, Ga. to receive or obtain any criminal and/or driver's history information about me from the rules of any criminal justice agency.

I, the undersigned, hereby swear or confirm that I have not pled guilty, nolo contendere to, nor have I been convicted of any felony in the past three (3) years. I also swear or confirm that I have not had a conviction, or pled nolo contendere to any crime of furnishing alcoholic beverages to underage persons, or a record of other conduct prohibited by city ordinance.

I, the undersigned, understand that I am to comply with the City of Dallas Alcohol Ordinance (Chapter 4) that can be obtained from my employer or at www.dallasga.gov

To be completed by applicant: (print legibly) SECTION 1 of 3

Name: _____
Last First Middle (Maiden name if it applies)
DOB: _____ Race: _____ Sex: _____ Wgt: _____ Hgt: _____ Eyes: _____ Hair: _____
SSN: _____ Driver's License #: _____ Exp. Date: _____
Address: _____
Street City State Zip
Home Phone: _____ Place of Birth: _____
City State
Applicant's Signature: _____ Date: _____
Employer/Restaurant: _____ Phone #: _____

FOR OFFICE USE ONLY

Date: _____ (NO record) _____ (Record: Eligible) _____ (Record: NOT eligible) _____
Receipt #: _____ Approved/Denied by: _____



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TO BE COMPLETED BY APPLICANT SECTION 2 OF 3

I, _____ (Applicant's Name), do hereby authorize a review of and full disclosure of all records concerning myself to any duty authorized agent of the City of Dallas, whether the said records are of public, private, or confidential nature, including any criminal and/or driving history record information pertaining to me which may be in the files of any federal, state, or local agency (under purpose code E). Authorization is also given the City of Dallas to recheck and review the records at the City's discretion.

I, _____ (Applicant's Name), understand that any information obtained by a personal history background, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for eligibility for a City of Dallas Server ID card. A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I, _____ (Applicant's Name), give consent to perform periodical criminal history checks for the duration of the validity of the City of Dallas Alcohol Server ID, which shall not exceed three years from the date of authorization, and/or for the duration of employment with (restaurant) _____

Applicant's Signature _____ DOB _____ Date _____

Address: _____

Phone: _____ SS# _____

To be completed by Notary/City of Dallas Marshal Personnel

Notary _____

Date _____

This confirms that a criminal history was run on the above subject:

_____ *(Signature of City of Dallas Marshal Bureau Personnel)*



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TO BE COMPLETED BY APPLICANT SECTION 3 OF 3 Affidavit Verifying Status for City of Dallas Public Benefit Application

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a alcoholic beverage employee permit/id card (Server ID), as referenced in O.C.G.A. § 50-36-1, from the City of Dallas, the undersigned applicant verifies **one** of 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 (must provide permanent resident card)

- 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 THIS THE _____ DAY OF _____, 20_____

NOTARY PUBLIC