



**CITY OF HOLLY SPRINGS**  
P.O. Box 990, Holly Springs, GA 30142  
Phone: 770-345-5536  
knorred@hollyspringsga.us

## Alcohol License Change Form

### BUSINESS INFORMATION

License Number: \_\_\_\_\_

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

D/B/A: \_\_\_\_\_

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

### CHANGES

New D/B/A: \_\_\_\_\_

New Business Mailing Address: \_\_\_\_\_

New Business Phone Number: \_\_\_\_\_

New Store Manager's Name: \_\_\_\_\_

New Store Manager's Information:

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

City/State/Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

**In accordance with Chapter 6, Article II, Section 6-69 of the City of Holly Springs Code, managers are required to hold a manager's permit. Application for a manager's permit must be made with the police department.**

**If ownership has changed, a new license application is required.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# ***City of Holly Springs Affidavit Verifying Status for City Public Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Holly Springs, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Holly Springs, Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

\_\_\_\_\_. (Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

1) \_\_\_\_\_ I am a United States citizen.

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older and I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. \*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Alien Registration number for non-citizens: \_\_\_\_\_

\* \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_

\*Note: O.C.G.A. §50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of “alien”, legal permanent residents must also prove their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_

**Name-Based Criminal History Record Information consent / Inquiry Form**

I hereby authorize City of Holly Springs to conduct an inquiry for the purpose listed below and receive any Georgia Driving or National Criminal History record information authorized by state and federal law.

FULL NAME (Print)		
FULL ADDRESS		
GENDER	RACE	SOCIAL SECURITY NUMBER
DRIVERS' LICENCE #	DRIVERS' LICENSE STATE	DRIVERS' LICENSE EXPIRATION DATE

\*\*\*\*\***CHOOSE ONLY ONE BOX BELOW FOR AUDITING PURPOSES**\*\*\*\*\*

This authorization is valid for \_\_\_\_\_ days from date of signature. (Ex30-60-90 day)

I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Individual (Pur E and U only)

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
Date

\*\*\*\*\***DO NOT WRITE BELOW THIS LINE**\*\*\*\*\*

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

	<b>NON-CRIMINAL JUSTICE PURPOSES</b>
X	E- Employment *Alcohol License
	M- Working with Mentally Disabled
	N- Working with Elderly
	W- Working with Children
	P-Public Records (no consent required)
	<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>
	U- Personal Copy
	<b>CRIMINAL JUSTICE EMPLOYMENT</b>
	J- Civilian Criminal Justice Employment (State & III Info Received)
	Z- Sworn Criminal Justice Employment (State & III Info Received)
	KQ- Georgia Driving History

**The inquiry resulted in the following: (Check all that apply)**

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached / Released)
<input type="checkbox"/>	No NCIC / GCIC Warrant
<input type="checkbox"/>	Possible NCIC / GCIC Warrant (List Wanted Agency Below)

\_\_\_\_\_  
Wanted Agency Name:

\_\_\_\_\_  
Wanting Agency Telephone:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Notary Seal: