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Building Plan Reviewer &
Building Inspector

Christopher Sears
Code Enforcement Officer

BUTTS COUNTY BOARD OF COMMISSIONERS OFFICE
PLANNING & DEVELOPMENT DEPARTMENT
625 West Third Street, Suite 3 - Jackson, Georgia 30233
Office 770-775-8200 - Fax 770-775-8225
www.buttscounty.com

BADGE# _____ ISSUE DATE _____ INITIALS _____
(Office Use Only)

Employee/Servers Alcoholic Beverage Permit Application

An Alcohol Permit is required by all employees including the owner and manger of alcohol establishments in order to dispense, sell, serve, take orders, mix alcoholic beverages, or in any way handle alcoholic beverages in a licensed establishment.

This application must be completed in full, signed, notarized, and accompanied by all necessary supporting documentation, as well as the application fee, ***before*** it will be processed or considered by the Butts County Board of Commissioners. EVERY question must be fully and correctly answered. Failure to provide complete and correct information will result in a delay for consideration and may result in the denial of the permit and possibly the revocation of the vendor's liquor license.

First _____ Middle _____ Last _____

Race: _____ Sex: _____ DOB ____/____/____ Age _____

SSN# _____ Driver's License# _____

Name of Employer

Employer's Address City State Zip Code

Home Tel. # Alternate Tel. #

Job Title Length of Employment

Are you a United States citizen? __Yes __No

If yes, are you a citizen by birth or a naturalized citizen? __Yes __No

If no, please state your native country, date and port of entry. If applicable, also state the date, place, and court of your naturalization:

Required Fees: \$10 per individual application.

Fees must be paid by Cash, Check or Money Order ONLY.

Funds are to be made payable to the "Butts County Board of Commissioners".

O.C.G.A §16-10-20 AFFIDAVIT

Under Georgia criminal code section 16-10-20, any person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, makes a **false, fictitious, or fraudulent statement** or representation, shall upon conviction, therefore, be punished by a **fine of not more than \$1,000** or by **imprisonment for not less than one (1) year nor more than five (5) years, or both.**

I have read and understand that any **falsehood or half-truth** submitted in this application is a **felony** and will render me ineligible to serve alcoholic beverages in this county. I also understand that any falsehood or half-truth discovered by investigators during the term of this permit (one (1) year from the date of this application) is grounds for its revocation and my subsequent prosecution.

I agree to submit any documentation to the Butts County Community Services Department, needed to accurately complete the background investigation of this application, i.e. birth certificate, social security card, naturalization certificate, court records, alien registration cards, etc.

Executed on the _____ date of _____, 20 ____.

Signature of Applicant

Date

*Subscribed and sworn before me on
the _____ day of _____, 20 ____.*

Notary Public
Butts County, Georgia
My Commission Expires: _____
(Seal)