

☐ New Applicant

☐ Renewal for Year _____

Business: _____

Phone: _____

Date: _____

**CRIMINAL HISTORY
AFFIDAVIT
FOR
ALCOHOL HANDLING PERMIT**

**State of Georgia
County of Madison**

I, _____, am at least 18 years of age (except where the license holder
(Applicant's Full Name)
or applicant is a supermarket, convenience store, brewery, or drug store) having been born on

_____. My Gender is __ Male __ Female. I live at _____
(Date of Birth – Month/Day/Year)

(Street) (City) (State) (Zip Code)

My social security number is ____ - ____ - _____. My driver's license number is _____
[copy of license required] issued by the State of _____ and I hereby authorize the Danielsville
Police Department to run a criminal history on me through either the U.S. Department of Justice or any
state or county agency anywhere in the United States. I have read or had read to me the entire
Danielsville Beer & Wine Ordinance. I have had the opportunity to ask any questions concerning that
ordinance. I understand that I cannot sell beer or wine to anyone Under 21 years of age, to any person
who appears intoxicated or drunk, or any person who is mentally ill. I further swear and affirm that I
have not in the past three years been convicted of any violation of alcoholic beverage laws or regulation
pending against me now.

Applicant's Signature

Sworn to and subscribed before me this

____ day of _____, 20____.

Notary Public _____

[SEAL]

Danielsville Police Department

☐ Qualified ☐ Disqualified

Reason for Disqualification

Approved by: _____