



# ALCOHOL LICENSE: SERVER ID

NAME: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ID EXPIRATION: \_\_\_\_\_  
ID #: \_\_\_\_\_

## SECTION 1: TO BE COMPLETED BY APPLICANT (Write legibly in print):

NAME (Last, First, Middle, Other): \_\_\_\_\_

ADDRESS (Street, City, State, Zip): \_\_\_\_\_

DOB: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ SS#: \_\_\_\_\_

WGT: \_\_\_\_\_ HGT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ALT. PHONE #: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

*I, the undersigned, hereby authorize the Hiram Police Department in Paulding County, GA to receive or obtain any criminal history about me. Additionally, I, the undersigned, hereby swear or confirm that I have not plead guilty or nolo contendere to, nor have I been convicted of any felony in the past ten (10) years. I swear that I have not had a conviction of the alcohol misdemeanor- furnishing to persons below the legal age- or any related conduct that is prohibited by the City of Hiram Alcohol Ordinance (08-72).*

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### REQUIREMENTS:

- \$25.00 for each server ID, **money order or cash only** (exact change). Non-refundable. Transferable.
- Copy of driver's license.
- Application must be notarized.
- Must provide/submit an alcohol awareness class certificate within 30 days of receiving ID. Please note on the certificate the Employer's Name.

## SECTION 2: OFFICE USE ONLY

CRIMINAL HISTORY ARN: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

APPROVED: FULL SERVER ID TO EXPIRE WITHIN ONE YEAR. DOE: \_\_\_\_\_

APPROVED: TEMPORARY ID TO EXPIRE IN 30 DAYS. DOE: \_\_\_\_\_

DENIED: IN VIOLATION OF ALCOHOL ORDINANCE- DETAILS BELOW:

OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_ SERVER ID#: \_\_\_\_\_

PAYMENT TYPE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ INITIALS: \_\_\_\_\_

ID RECEIVED BY: \_\_\_\_\_ INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_



**NOTARIZED**  
**AUTHORIZATION FOR RELEASE OF**  
**PERSONAL INFORMATION**

*THIS DOCUMENT MUST BE NOTARIZED BEFORE TURNING IN THE ALCOHOL SERVER ID APPLICATION.*

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 Hiram, 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 to the City of Hiram 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 the City of Hiram Alcohol 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 this City of Hiram Alcohol Server ID, which shall not exceed one year from the date of authorization, and/or for the duration of employment with (Business Name). ***Do NOT sign this until in front of the notary!***

_____ Applicant's Signature	_____ DOB	_____ Date
_____ Address	_____ Phone	_____ SS #

**NOTARY ONLY:**

\_\_\_\_\_  
Notary Name

\_\_\_\_\_  
Date