

CITY OF HELEN
25 Alpenrosen Strasse
P.O. Box 280
Helen, GA 30545
(706) 878-2733

APPLICATION FOR PHOTO IDENTIFICATION ALCOHOL SERVICE EMPLOYEE LICENSE

Legal, valid photo identification must be presented with this application.

Date: _____ Date of Birth: _____ Age: _____

Name: _____

Home Address: _____

City, State, Zip Code: _____

Phone Number(s): Home _____ Cell _____

Name of employer and address where you will be serving alcohol:

(1) _____

(2) _____

(3) _____

*******READ THE SECTION BELOW BEFORE SIGNING*******

My signature indicates that I am aware that Chapter 6, Article II Section 6-30 Subsection (4) and (5) of the Helen City Code states, "No licensee under this chapter shall allow any employee required to hold a serving license on the licensed premises unless the licensee has on file, on the premises, a copy of the current, valid license permit of such employee in accordance with this chapter. **The employee's photo identification serving license must clearly be displayed and visible on their person at all times when the employee is working.** If any permit holder leaves the employ of a licensed establishment, the licensee and permit holder shall **immediately notify the City of Helen** of this change in employment, and upon obtaining further employment in the City of Helen for a position as stated above, the permit holder shall notify the City of Helen by completion of a transfer of employment form of his or her new place of employment." The form is available at City Hall or on our website (www.cityofhelen.org).

My signature indicates that I am aware that notification of change in employment must be submitted in writing and include the permit holders name, permit number and signature.

Furthermore, my signature indicates that I understand that Ordinance 17-7-01 requires new applicants for serving license to watch an informational video before being issued an Alcohol Service Employee License.

Applicant's Signature (My signature indicates I have read and understand the above.)

*******This portion is to be completed by the City of Helen*******

Permit Number	Date Issued	Expiration Date	Training Date	Training Time	Trainer

The City of Helen is an equal opportunity provider and employer.

This affidavit must be presented with verifiable identification. Federal law mandates that verifiable identification must be presented in person or via e-mail and cannot be accepted if sent by regular mail.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a photo identification alcohol service employee license as referenced in O.C.G.A. § 50-36-1, from the City of Helen, **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.
- 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

My Commission Expires: