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#216

SMYRNA POLICE DEPARTMENT

2646 ATLANTA RD SE SMYRNA, GA 30080 • PH: 770-434-9481

POURING/SERVING PERMIT

PLEASE PRINT CLEARLY

NAME:

Taylor	Boyer	Randall
(LAST)	(FIRST)	(MIDDLE)

	(770) 710-1174
(OTHER NAMES USED)	(PHONE #)

ADDRESS:

2116 Ithaca dr		
(STREET)	(APT. #)	
Marietta	GA	30067
(CITY)	(STATE)	(ZIP)

PERSONAL INFORMATION:

White	M	6,1	146
(RACE)	(SEX)	(HEIGHT)	(WEIGHT)
Bro	Bro		GA
(HAIR COLOR)	(EYE COLOR)	(DRIVERS LICENSE/ID #)	(STATE)
	Marietta		
(DATE OF BIRTH)	(PLACE OF BIRTH - CITY/STATE)	(SOCIAL SECURITY #)	

EMPLOYMENT INFORMATION:

Varner's	Andrea
(NAME OF BUSINESS/WHERE YOU WILL BE EMPLOYED)	(SUPERVISORS NAME)
725 Concord Rd SE	(678) 388-1733
(ADDRESS)	(PHONE #)
Server	
(JOB TITLE)	

HAVE YOU BEEN ARRESTED OR CONVICTED OF A CRIME WITHIN THE LAST 5 YRS ?

PLEASE INCLUDE TRAFFIC VIOLATIONS. (YES) / (NO)

	DATE:	CHARGE:	AGENCY:	DISPOSITION:
1.	02/24/17	Toll violation		
2.	02/27/17	speeding		
3.	01/31/17	no tag light, no brake light, two possession, possession of alcohol by minor		

HAVE YOU EVER BEEN DISCHARGED FROM ANY BRANCH OF THE MILITARY UNDER LESS THAN HONORABLE CONDITIONS? YES NO /

CERTIFIED SECTION: I HEREBY CERTIFY THAT THE INFORMATION I AM FILLING OUT TO BE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THERE ARE NO INTENTIONAL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS THAT WOULD BE SUBJECT TO PROSECUTION UNDER THE OFFICIAL CODE OF GEORGIA, § 16-10-20, ENTITLED FALSE STATEMENTS, A FELONY PUNISHABLE BY A FINE OF NOT MORE THAN \$1,000.00 OR BY IMPRISONMENT FOR NOT LESS THAN 1 YEAR AND NO MORE THAN 5 YEARS, OR BOTH.

I HEREBY AUTHORIZE SMYRNA POLICE DEPARTMENT TO RECEIVE AND DISCLOSE TO MY EMPLOYER AND THE CITY CLERK OF SMYRNA ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA OR ELSEWHERE. I UNDERSTAND THAT SHOULD THIS APPLICATION BE DENIED, THE APPLICATION FEE WILL BE FORFEITED AND I WILL NOT BE ENTITLED TO A REFUND.

John Taylor, ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE EMPLOYEES ALCOHOL PERMIT HANDBOOK AND AGREE TO ABIDE BY THE RULES SET FORTH HEREIN.

SIGNATURE OF APPLICANT: John Taylor

PRINTED NAME OF APPLICANT: John Taylor

DATE: 03/28/17

FOR OFFICE USE ONLY

PERMIT CLERK NOTES:
