



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

BACKGROUND/FINGERRINT APPLICATION

INSTRUCTIONS TO SHERIFF'S DEPT.:	REFERENCE # _____
Background Check: <input type="checkbox"/>	Alcohol - Applicant <input type="checkbox"/>
Applicant Fingerprint Cards (only): <input type="checkbox"/>	Alcohol - Manager <input type="checkbox"/>
Submit Fingerprints to State: <input type="checkbox"/>	Alcohol - Server <input type="checkbox"/>

NAME (full): _____

MAIDEN NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

BEST PHONE #: _____ D.O.B: _____ S. S. #: _____

NAME OF BUSINESS TO USE PERMIT: _____

LIST ALL PRIOR ARRESTS (if any): _____

FOR ALCOHOL ONLY:

I UNDERSTAND THE PROVISIONS OF THE CITY OF RINGGOLD'S ALCOHOLIC BEVERAGES ORDINANCE #2016-0411-02.

DATE ____/____/20____ SIGNATURE: _____

TO BE FILED AT RINGGOLD CITY HALL, 150 TENNESSEE STREET, ALONG WITH A PAYMENT OF \$87.00 PROCESSING FEE.

\$87.00 Fee paid on _____, 20____ Cash Ck # _____ Credit Card

FOR OFFICE USE ONLY:
Approved: _____ Denied: _____
\$87.00 Processing Fee includes \$42.00 State, \$25.00 Sheriff & \$20.00 City

**Affidavit Verifying Status
For City of Ringgold Public Benefit Application
(Pouring Permit)**

By executing this affidavit under oath, as an applicant for a City of Ringgold, Georgia Pouring Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Ringgold, Georgia Pouring Permit for:

Name of Applicant: _____

- 1) _____ I am a United States citizen, or
- 2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

* _____
Alien Registration number for non-citizens

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20____

Notary Public: _____

My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____
to receive any Georgia criminal history record information pertaining to me which may be in the
files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code „M“)
- Employment with elder care (Purpose code „N“)
- Employment with children (Purpose code „W“)

One of the following must be checked:

- This authorization is valid for 90/180/ _____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.