

City of Kingston

Pouring/Serving Application

30 West Main St.
Kingston, GA 30145
770-336-5905 Fax 770-336-5904
Cityofkingstonga.org



The City of Kingston has established the following application to allow for the lawful pouring of alcohol in accordance with the City of Kingston's Alcoholic Beverages, Chapter 6 as it pertains to Pouring Permits.

A Pouring Permit is required for any employee holding a managerial or supervisor position and any employees of an off premises alcohol beverage caterer who engage in the handling, selling or serving of alcohol beverages. This excludes employees whose duties are limited solely to those of busboys, cooks, and dishwashers.

In order to sell, offer for sale, or otherwise dispense any alcoholic beverages within the City, the establishment must first obtain a license from the City of Kingston. For questions regarding an Alcohol Beverage License, please contact City of Kingston City Hall at 770-336-5905. No licensee shall employ any person required to have a Pouring Permit until such person has obtained such permit.

Pouring Permits are issued to individual applicants. Only one pouring permit per individual will be issued for employment at any and all establishments within the City. The permit will expire December 31st of each year and shall be renewed on or before its expiration. Individuals applying for the permit shall make themselves available for photographing, fingerprinting and such other investigation as may be required by the police department.

As part of the application process, the Chief of Police or his designee shall have a complete and extensive search made to determine if there is a police record of such person. If there is a record of conduct prohibited by City of Kingston Alcoholic Beverages, Chapter 6 or evidence that the person's employment would adversely affect the public health, safety, or welfare, issuance of a permit shall be denied.

A new search may be conducted on any person issued an employee Pouring Permit if the Chief of Police receives information which warrants such a new search. If the new search reveals evidence that warrants revocation of the card, the card may be revoked following notice and a hearing.

"No convicted felonies within a five (5) year period and no more than two (2) misdemeanors on the background check"

The fee for a Pouring Permit through the City of Kingston Police Department is \$40.00. **We accept cash, credit card or check. Please make checks payable to the City of Kingston. ***NON-REFUNDABLE*** Permits are only accepted Monday 8:00 a.m. – 12:00 p.m., Tuesday and Friday 8:00 a.m. – 4:00 p.m. ***NO EXCEPTIONS.*****

Please submit the following Pouring Permit Application and required supplemental materials (detailed in the following checklist) to the Kingston City Clerk, located at **30 West Main Street, Kingston, GA 30145**. If you have questions, please do not hesitate to contact the City Clerk at 770-336-5905.

*****There must be a manager or supervisor with a pouring permit on site during business operating hours*****

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Pouring/Serving Permit Checklist

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Application Requirements:

- Pouring Permit Application Information
- Applicant's Certification (Notarized-Notary is available at the permit window at no cost)
- Signed Authorization for Criminal Background Check
- Background Check and Permit Processing by the City of Kingston Police Department
only Monday 8:00 a.m. – 12:00 p.m., Tuesday and Friday 8:00 a.m. – 4:00 p.m.
- Photographing by the City of Kingston Police Department/City Clerk **only Monday 8:00 a.m. – 12:00 p.m., Tuesday and Friday 8:00 a.m. – 4:00 p.m.**
- Copy of Valid Georgia Driver's License
- Payment in full

The following items may be required, if applicable:

- Arrest and Conviction information, including:
 - date(s) of conviction or arrest
 - charge(s)
 - location(s)
 - dates served in jail
 - dates served on probation or parole

Pouring Permit Fees

- Permit fee \$40.00 *****NON-REFUNDABLE*****

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Applicant Information

Last Name: _____ First Name: _____ Middle Name: _____

Aliases/Stage Names: _____ Social Security #: _____

Sex: Male Female Height: _____ Weight: _____ Race: _____ Hair Color: _____ Eye Color: _____

Date of Birth: _____ Birth City: _____ Birth State: _____

Driver's License #: _____ State Issued: _____

Contact Information

Home address: _____

Home phone: _____ Mobile/Cell Phone: _____

Please list any additional addresses for the past five (5) years:

(1): _____

(2): _____

(3): _____

(4): _____

Emergency Contact: _____ Emergency Contact Phone: _____

References

Name/Address/Phone/E-mail

(1): _____

(2): _____

(3): _____

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Employment Information

Business of Employment: _____ Job Title: _____
Street Address: _____ Supervisor: _____
Phone: _____ Length of Employment: _____

Consent Form

I hereby authorize the Kingston Police Department to request and receive any criminal history record information pertaining to me which may be in the files of any federal, state, or local law enforcement agency. I further hold blameless the City of Kingston from any harm resulting from the receipt of such information.

Signature

Date