

Application for Change in Manager / Assistant Manager



— DEPARTMENT OF —
REVENUE
—
STATE OF MISSISSIPPI

return to

Alcoholic Beverage Control Division

Permit Department

P.O. Box 540

Madison, MS 39130-0540

Application Instructions

Please read these instructions prior to completing this application for a change in officers of your private club permit.

- The owner, partner, officer, LLC managing member, or an ABC approved general manager must complete, sign and have page two (2) of this form notarized. The owner of the business must complete the section designating you as a manager.
- A money order or cashier's check in the amount of \$32.00, made payable to "ABC-FF", must be submitted with this application. Do not send cash or personal checks.
- Each manager applicant must submit two (2) fingerprint cards with this application. The applicant must be fingerprinted by a law enforcement officer on ABC "Applicant" fingerprint cards. The cards must be complete, legible, and capable of being classified by the Federal Bureau of Investigation. Some law enforcement agencies have ABC fingerprint cards on hand. If you need fingerprint cards, contact the Permit Department or visit your local Department of Revenue District office.
- Your Mississippi Income Tax filing status, if applicable, will be verified for the past three (3) years. If records indicate that you are delinquent in filing these returns (or you are indebted to the State of Mississippi for any other taxes or fees), you will be notified and must obtain clearance from your local DOR District Office before we can continue processing your application.
- You must complete the Waiver and Authorization to release section. This form must be signed, dated and witnessed by two (2) people.
- If you need assistance, call the ABC Permit Department at (601)-856-1330.
- Mail your completed application to:
 - Alcoholic Beverage Control
 - Permit Department
 - P.O. Box 540
 - Madison, MS 39130-0540

Manager / Assistant Manager

I, _____, the sole owner, partner, officer, LLC managing member or general manager, request the Alcoholic Beverage Control to change and/or add the name of the manager and/or assistant manager as follows:

From: Previous manager or assistant manager's name: _____

Name of ABC permitted business: _____

Address: _____

To: New manager or assistant manager's name: _____

Home address: _____

Social Security Number: _____

Signature of owner

Date

Notary

State of _____

County of _____

This day personally came and appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named _____, who, after being by me first duly sworn, states on oath that the matters and things contained and set forth in the foregoing application are true and correct as stated therein.

Sworn to and subscribed before me, this the _____ day of _____, _____

Notary Public

My commission expires: _____

ABC permit number _____

6. List your employment or occupational history for the past five (5) years.

<i>From</i>	<i>To</i>	<i>Employer</i>	<i>City, State</i>
<i>Mo/Yr</i>	<i>Mo/Yr</i>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Have you filed and paid (if applicable) your Mississippi Income Tax for the past three (3) years?

Yes

No

If no, explain:

8. Have you ever been convicted of any of the following: (answer each question)

a. A felony in any state, federal or military court? Yes No

b. A violation of the local option ABC laws, rules and regulations, or the prohibition laws in any state or local jurisdiction? Yes No

c. A violation of any law relating to alcoholic beverages or beer? (for example: dui, sales of alcohol to a minor, public intoxication, or sale of alcohol to a visibility intoxicated person, etc.) Yes No

d. A violation of any controlled substance related law? Yes No

If you answered "yes" to 8a, 8b, 8c, or 8d, complete the following:

<i>Date</i>	<i>Offense</i>	<i>Jurisdiction (City, State)</i>	<i>Disposition</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



By signing this form, I agree that making a material misrepresentation on this application shall be evidence of a lack of trustworthiness as contemplated by Mississippi Code Ann. Section 67-1-57 and provides a basis for denial on this application.

Applicant's Signature

Date

Notary

State of _____

County of _____

This day personally came and appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named _____, who, after being by me first duly sworn, states on oath that the matters contained and set forth in the foregoing application are true and correct as stated therein.

Sworn to and subscribed before me, this the _____ day of _____, _____

Notary Public

My commission expires: _____

Waiver and Authorization to Release Information

To whom it may concern:

I authorize you to furnish the Alcoholic Beverage Control Division, Department of Revenue, with any and all information that you may have concerning me, my work record, my reputation, and my military service records. You may allow inspection of records and copies of these records may be provided to an authorized representative of the Alcoholic Beverage Control Division. Information of a confidential or privileged nature may be included. Your reply will be used by the Department in determining my fitness and eligibility to be granted an Alcoholic Beverage Control Permit.

A reproduction of this request by Xerox or similar process shall be for all intents and purposes as valid as the original.

I hereby release you, your organization and others from liability or damages which may result from furnishing the information requested.

Applicant's Signature

Date

Witnesses' Signatures
