

Application for Change in Manager / Assistant Manager



— DEPARTMENT OF —
REVENUE
—
STATE OF MISSISSIPPI

return to
Alcoholic Beverage Control Division
Permit Department
P.O. Box 22828
Jackson, MS 39225

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.

- 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)-923-7690.

- Mail your completed application to:
Alcoholic Beverage Control
Permit Department
P.O. Box 22828 Jackson, MS 39225

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 _____

Personal Record

Manager / Assistant Manager

1. Name _____
(last) (first) (middle)

General Manager Manager Assistant Manager

2. Name of business _____

3.

Date of birth _____	Height _____
Social Security No.* _____	Weight _____
Driver's License No. _____	Hair color _____
Age _____	Eye color _____
Sex _____	Race _____

4. Telephone no. (home) _____ (business) _____

**This information is used for identification and in the administration of state tax laws. The Department is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(c)(i). Additionally, Mississippi law requires all applicants under Miss. Code Ann. §67-1-1 et seq. to provide Social Security Numbers. (Miss. Code Ann. §67-1-53). Any applicant who refuses to provide the required information will be denied the permit.*



5. List your residences for the past five (5) years, starting with current address.

From	To	Address	City, State, Zip Code
<small>Mo/Yr</small>	<small>Mo/Yr</small>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

