BACKGROUND INVESTIGATION CONSENT FORM

With regard to my application for alcoholic beverage license or permit, I hereby authorize the City of Stonecrest Business & Alcohol License Office to receive any criminal history record information pertaining to me, ***which may be in the files of any state or local criminal justice agency in Georgia.***

Last Name First Name Middle Name

Maiden Name/Previous Name/Alias Info

Street Address City State Zip

Business Name

Business Address City State Zip

_____ _____ _____/_____/_____ _____-____-_____

Sex Race Date of Birth Social Security Number

Are you a US Citizen? Yes / No _____ ____ /_____/_____

IF no, you will need to have your Green Card available Country of Birth Telephone Number

_____ _____

Applicant Signature Date

(Not Valid after more than 90 days)

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For Staff Use Only:

_____ Only Background Check & Fingerprints (No Permit Required)

_____ Only Background Check (No Permit Required) _____ Return Results to Finance Department

_____ Pouring Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Expire 1 year)

_____ Record Attached _____ No Record _____ Date _____Employee Completing