

Business Name:

Consent to Search Criminal Records.

The undersigned does hereby consent and authorize the City of Powder Springs Police Department, or any other Federal, state or Local agency, to conduct an investigation on the criminal history record of criminal history pertaining to the undersigned; which may be found in the files of an Federal, State or Local Criminal Justice Agency as maintained by the Georgia Bureau of Investigation's Georgia Crime Information Center or similar agency.

Business Name	Business Address
Applicant's Name	Applicant's Address
Applicant's DOB	Applicant's SSN
Applicant's Race	Applicant's Gender
Driver's License Number	Drivers License State
Are you a U.S. Citizen?	Alien Registration Number
Country of Birth	State of Birth
Applicant's Title or Job Position	Phone Number

List all arrests including pending offense and any offense for which you have been convicted, pleaded guilty, pleaded nolo contendere, or been on probation, parole, or fined. Additionally, specify any citations involving drugs or alcohol related offenses.

Offense Type	City and State	Date	Disposition

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.

I have read and understand that any falsehood or half-truths submitted in this application for an alcohol beverage license is a felony and will render me ineligible to serve alcohol beverages in the city. I also understand that any falsehood or half-truths discovered by investigators during the term one (1) year from the date of this application is grounds for revocation of license, and subsequent prosecution of licensee.

I agree to submit any documentation to the City of Powder Springs Police Department needed to complete the background investigation of this application, i.e. birth certificate, social security card, naturalization card, court records, etc.

Executed in _____ (City), _____ (State).

Signature of Applicant	Printed Name	Date
Subscribed and sworn before me this _____ day of _____ month, 20 ____.		
Signature of Notary Public	Name of Notary Public	My Commission Expires

NOTARY STAMP