

City of Cumming



CRIMINAL HISTORY CONSENT FORM FOR ALCOHOL WORK PERMIT

I, _____
LAST NAME (PRINT) FIRST NAME MIDDLE NAME

hereby authorize the City of Cumming Department of Planning & Zoning 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.

(CURRENT HOME ADDRESS)

SEX RACE DATE OF BIRTH SOCIAL SECURITY NUMBER

SIGNATURE DATE

NAME OF BUSINESS/RESTAURANT

YOUR PHONE NUMBER () _____
(BEST # TO CONTACT YOU WHEN PERMIT IS READY TO BE PICKED UP)

OFFICIAL USE ONLY

GCIC OPERATOR _____ PURPOSE CODE E APPROVED DENIED REC'D BY _____
(INITIAL)

FILL OUT FRONT AND BACK

PERMIT QUESTIONNAIRE

As part of the background investigation being conducted by the City of Cumming Department of Planning & Zoning in connection with your application for a Permit, you are requested to answer the following questions. If you answer "YES" to any of the questions, complete the information required. *A false statement may result in the denial of your application and may subject you to prosecution under OCGA 16-10-203, False Statements and Writings, punishable for up to five years in prison.* Please sign and date the form in the presence of a witness.

1. Are you currently on Probation or Parole? NO YES

2. Have you ever been arrested? NO YES

List all arrests by date, charge and location. Use a separate page for additional arrests.

APX. DATE _____	CHARGE _____	LOCATION _____
APX. DATE _____	CHARGE _____	LOCATION _____
APX. DATE _____	CHARGE _____	LOCATION _____
APX. DATE _____	CHARGE _____	LOCATION _____
APX. DATE _____	CHARGE _____	LOCATION _____
APX. DATE _____	CHARGE _____	LOCATION _____

3. OTHER THAN NOTED ABOVE, HAVE YOU EVER BEEN THE SUBJECT OF A CRIMINAL INVESTIGATION, COMPLAINT OR INDICTMENT, OR BEEN CONVICTED OF OR PLED GUILTY TO A CRIME? NO YES (EXPLAIN BELOW)

SIGNATURE OF APPLICANT

DATE

WITNESSED BY: _____
(INITIAL)

FILL OUT FRONT AND BACK