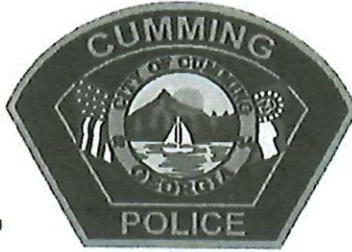


# Cumming Police Department

301 Veterans Memorial Boulevard  
Cumming, GA 30040



Telephone: 770-781-2000  
Fax: 770-781-3481

I (Requestor) hereby give consent to the City of Cumming Police Department to conduct an inquiry into, and to receive the results thereof, any Criminal History Record Information which may be contained in the files of any state or local criminal justice agency in Georgia. **PLEASE PROVIDE A COPY OF YOUR VALID STATE/GOVERNMENT PHOTO ID.**

Full Name (Print)			
Current Address (Street)			
City	State	Zip	
Phone:		E-mail:	
Sex	Race	DOB / /	SSN

\_\_\_\_\_/\_\_\_\_\_/202\_\_\_\_ am / pm  
*Signature* *Date of Inquiry* *Time of Inquiry*

**\*OFFICIAL USE ONLY BELOW THIS POINT\***

**Purpose Code Used (Circle)**

<b>E</b>	Employment/Licensing (General) – Provides <i>Georgia</i> Criminal History Record Information.
<b>M</b>	Employment w/Mentally Disabled - Provides <i>Georgia</i> Criminal History Record Information.
<b>N</b>	Employment w/ Elder Care - Provides <i>Georgia</i> Criminal History Record Information.
<b>W</b>	Employment w/ Children - Provides <i>Georgia</i> Criminal History Record Information.
<b>P</b>	Public Records – Provides <i>Georgia felony convictions only</i> .
<b>U</b>	Personal Records – Provided only to Person of Record or their attorney. <i>Includes restricted records.</i>

**The inquiry resulted in the following:**

<input type="checkbox"/>	NO Georgia Criminal History Record Information found.
<input type="checkbox"/>	Georgia Criminal History Record Information released to Requestor.

<input type="checkbox"/>	NO GCIC/NCIC warrant results available.
<input type="checkbox"/>	Possible GCIC/NCIC warrant. Contact agency listed below.
Agency Name:	Agency Phone:

\_\_\_\_\_  
*Operator Signature*

\_\_\_\_\_  
*Title/Badge No.*

# PERMIT QUESTIONNAIRE

As part of the background investigation being conducted by the City of Cumming and the Cumming Police Department 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 (Police Department staff will be acceptable as the 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)