DAWSON COUNTY, GEORGIA

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

BACKGROUND CHECK CONSENT FORM

All applicants for an Alcoholic Beverage License must complete this form.

Return the completed form to the Planning & Development Office, 25 Justice Way, Suite 2322, Dawsonville, GA 30534. (Phone 706.344.3500 x 42335)

Administrative/Investigative Fee Received with Application for Alcoholic Beverage License: _____

Amount *Date* *By:*

I hereby request the Dawson County Sheriff's Office to receive any Criminal History Record information that may pertain to myself (or the person named below), and may be found in any Federal, State, or Local criminal justice agency in Georgia.

Records obtained from the Dawson County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. If any information is used to deny employment or license, that action shall not reflect on the liability of this office but on the agency or entity who makes that decision and to allow the person/applicant a chance to dispute any information which may be in error. Any dissemination of this information must be with the permission of the person/applicant. Dawson County shall not be held responsible for information obtained by another agency, State or Federal, which provides such information and whose files reflect records which may contain errors or omissions. TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED. This request is in accordance to State law as it applies to:

Agency Requesting History: **Dawson County Sheriff's Office 706.344.3535**

(PRINT) Full Name:_____

Address:_____

Street **City/State** **Zip Code**

Home Phone Number: _____ **SS#** _____

Sex: _____ **Race:** _____ **Date of Birth:** _____ **Height:** _____ **Weight:** _____

Hair: _____ **Eye:**_____ **City & State of Birth:** _____

_____ _____

Signature of Applicant **Signature of Requesting Person (if not applicant)**

Notary:_____