

EAST POINT POLICE DEPARTMENT

APPLICATION FOR LICENSE /PERMIT

ALL APPLICABLE INFORMATION MUST BE FILLED OUT TO BE CONSIDERED FOR LICENSE/PERMIT

BUSINESS OPERATING/TRADE NAME			TELEPHONE ()		
BUSINESS ADDRESS		CITY EAST POINT	STATE GEORGIA	ZIP CODE 30344	
APPLICANT'S FULL NAME (LAST, MAIDEN, FIRST, MIDDLE)			TELEPHONE ()		
ADDRESS		CITY	STATE	ZIP CODE	
SEX	RACE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HEIGHT	WEIGHT

**PROVIDE THE FOLLOWING INFORMATION ON EACH VEHICLE USED IN THE OPERATION OF YOUR BUSINESS:
(VEHICLES FOR HIRE ONLY) CONTINUE ON BACK FOR ADDITIONAL VEHICLES.**

YEAR	MAKE	MODEL	COLOR	VEHICLE ID #	LICENSE #

HAVE YOU BEEN ARRESTED WITHIN THE LAST TEN (10) YEARS?

If "YES," provide the following
(continue on back for additional arrests).

YES NO

CHARGE	DATE	LOCATION (CITY & STATE)	DISPOSITION

ARE YOU CURRENTLY ON PROBATION OR PAROLE? IF CHECKED, FOR WHAT?

I CERTIFY THAT I HAVE READ AND UNDERSTOOD ALL QUESTIONS AND INSTRUCTIONS IN THIS APPLICATION. MY ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY BELIEF. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, OMISSION OR MISSTATEMENT OF MATERIAL FACTS WILL RESULT IN SUSPENSION OF MY APPLICATION AND/OR REVOCATION OF MY LICENSE/PERMIT.

I HEREBY AUTHORIZE THE EAST POINT POLICE DEPARTMENT AND/OR POLICE DEPARTMENT DESIGNEE (MAYOR, COUNCIL AND THE ALCOHOL REVIEW BOARD) TO RECEIVE ANY CRIMINAL INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY FEDERAL, STATE, OR LOCAL CRIMINAL JUSTICE AGENCY IN THE UNITED STATES OF AMERICA, INCLUDING THE STATE OF GEORGIA. I UNDERSTAND THAT IT IS MY RIGHT TO BE NOTIFIED IF AN UNFAVORABLE DECISION IS MADE AS A RESULT OF THIS CRIMINAL INFORMATION. I FURTHER UNDERSTAND THE RESULTS MAY BE VIEWED IN A WORK SESSION OR CLOSED MEETING FOR CONSIDERATION OF APPROVAL OR DENIAL OF MY LICENSE/PERMIT.

THE APPLICATION FEE PAID IS A PROCESSING FEE AND IS NON-REFUNDABLE.

APPLICANT SIGNATURE	DATE
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ALL APPLICANTS MUST PRESENT A VALID STATE DRIVER'S LICENSE OR OTHER STATE/FEDERAL-ISSUED PHOTO IDENTIFICATION

BONDING PERMIT	BONDING COMPANY LICENSE	NON-EMERGENCY TRANS	NEW
BEVERAGE PERMIT	PEDDLER/SOLICITOR	TAXI PERMIT	RENEWAL
MAIN ALCOHOL LICENSE	PAWN PERMIT		
PAYMENT TYPE:	CASH	COMPANY CHECK	
CHARGE	CASHIERS CHECK	MONEY ORDER	
APPROVED	RECEIPT#:	PROCESSED BY:	DATE:
REJECTED	PERMIT#:	1 YEAR	_____ DAY(S)

DEPARTMENT USE ONLY



City of East Point Georgia



2727 East Point St.
East Point, GA. 30344

Police Department

Tommy Gardner
Chief of Police

Consent Form

I hereby authorize the East Point, Georgia Police Department to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Phone Number

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid for 90/180/ 10 (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

****VALID US GOVERNMENT- ISSUED PHOTO IDENTIFICATION REQUIRED****

OFFICE USE ONLY

ID#: _____

Processed by: _____

Receipt #: _____