

ABC PERMITS

Effective December 28, 2012,
Application for ABC permits will be
accepted at any time.

The person requesting the permit will complete the Application and the Affidavit Verifying Citizenship. Have the affidavit Verifying Citizenship, notarized, then return the completed Application and notarized Affidavit to Desk Services and pay \$20.00 for the background check. (The \$20.00 covers the cost for the background check service). There will be **NO REFUND** if the results of the background check disqualifies the applicant for an ABC permit.

The completed application, background check and affidavit will be placed in a file folder to be picked up by Vice/Narcotics.

A Representative of Vice/Narcotics will contact the person within (30) thirty days to schedule an appointment to complete the process.

Questions concerning the permit, application and /or affidavit should be directed to (706) 225-4055

Cpt. K. Blackmon

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Columbus Police Department to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- ☐ This authorization is valid for _____ days from date of signature.
- ☐ I, _____, give consent to the above-named
entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____

Date _____

Attorney for Individual (Pur E and U Only) _____

Bar Number _____

Date _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title



COLUMBUS POLICE DEPARTMENT
EMPLOYEE IDENTIFICATION CARD APPLICATION
FOR ADULT ORIENTED ALCOHOL ESTABLISHMENTS,
AND ADULT ENTERTAINMENT ESTABLISHMENT EMPLOYEE PERMIT

(PLEASE PRINT IN INK)

NAME LAST _____ FIRST _____ M.I. _____

MAIDEN NAME _____ STAGE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

DATE OF BIRTH (M) _____ (D) _____ (Y) _____ PLACE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

SEX (M) _____ (F) _____ RACE _____

EYE COLOR _____ HAIR COLOR _____ WEIGHT _____ HEIGHT _____

PLACE OF ABC EMPLOYMENT _____

OCCUPATION (DANCER, WAITRESS, DOORMAN, (ETC.)) _____

IS THIS A RENEWAL PERMIT YES _____ NO _____

(IF YES PLEASE PUT PERMIT NUMBER) _____

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE TO ANY FEDERAL OR STATE FELONY WITHIN THE PAST TEN (10) YEARS? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE TO ANY FEDERAL OR STATE MISDEMEANOR INVOLVING MORAL TURPITUDE OR ALCOHOL OR DRUGS WITHIN THE PAST FIVE (5) YEARS? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE TO OR FORFEITED BOND ON ANY ORDINANCE VIOLATION INVOLVING DRUGS OR PROSTITUTION OR PIMPING OR SODOMY OR OTHER SEXUAL MATTER WITHIN THE PAST TWO (2) YEARS?
YES _____ NO _____

I HEREBY AUTHORIZE THE COLUMBUS POLICE DEPARTMENT TO RECEIVE CRIMINAL RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

PRINT NAME

SIGN NAME

OFFICIAL USE ONLY

BACKGROUND CHECK BY: _____

PERMIT APPROVED BY: _____ DISAPPROVED: _____

NON-REFUNDABLE

My Commission Expires: _____