### **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

CPI. K. Blackmon

#### Name-Based Criminal History Record Information Consent/Inquiry Form

| I hereby authorize              | Columbus Police  |  | to conduct an inquiry for  |  |
|---------------------------------|--|--|--|--|
|                                 | Agency/Comp  |  | l biotom, up and information   |  |
|                                 | elow and receive any Georgia                               | a and/or national crimina  | i history record information   |  |
| as authorized by stat           | e and lederal law.   |  |  |  |
| C. II Nome (mint)               |  | Washing to the second of the s |  |  |
| Full Name (print)               |  | W. W   |  |  |
| Address                         |  | D-1  | Carial Consuits Name   |  |
| Sex                             | Race   | Date of Birth  | Social Security Number   |  |
|                                 |  |  | A MANUAL DESIGNATION OF THE PARTY OF THE PAR |  |
| и                               |  |  |  |  |
| This authorization is valid for |  | days from date of signature.   |  |  |
| П.                              | •  | givo.  | consent to the above-named   |  |
| l,                              | riodic criminal history backg                              | round chacks for the dur   | consent to the above-named   |  |
| entity to perform pe            | nodic criminal history backg                               | Tourid Checks for the dura   | stion of my employment.  |  |
|                                 |  |  |  |  |
| Signature                       |  |  | Date   |  |
|                                 | 1/2 - 5 111 0 - 1-1  | Bar Number   | Date   |  |
| Attorney for individu           | ial (Pur E and U Only)                                     | Bar Number   | Date   |  |
|                                 |  |  |  |  |
| Date of Inquiry:                | Time of Inquiry:_  | Operato  | r's Initials:  |  |
|                                 |  |  |  |  |
| Purpose Code Used:              |  |  | ALL AND INVESTIGATION OF THE PROPERTY OF THE P |  |
|                                 | NON-CRIMINA  | ALJUSTICE PURPOSES   |  |  |
| E - Employme                    |  |  |  |  |
|                                 | with Mentally Disabled                                     |  |  |  |
| N - Working v                   |  |  |  |  |
|                                 | with Children  |  |  |  |
|                                 | ords (no consent required)                                 |  |  |  |
| F – Probate C                   | ourt / Weapons Carry Licens                                |  | opyry  |  |
| 1                               | PERSONAL REQUEST (IN                                       | DIVIDUAL OR THEIR ATT  | URNEY)   |  |
| U - Personal (                  |  | CTICE ENABLOYMENT  |  |  |
| 1.6:3:-6:                       |  | STICE EMPLOYMENT   |  |  |
|                                 | minal Justice Employment (S<br>minal Justice Employment (S |  | 1.000  |  |
| Z - SWOTH CIT                   | minal Justice Employment (3                                | tate & III IIIIo Neceived)   |  |  |
| The inquiry resulted            | in the following: (check all t                             | hat apply)   |  |  |
|                                 | Record Available   | nat appryy   |  |  |
|                                 | ord (Attached/Released)                                    |  | *  |  |
| No NCIC/GCI                     |  |  |  |  |
|                                 | C/GCIC Warrant (List Wanting                               | g Agency Below)  |  |  |
|                                 |  | ,  |  |  |
| Wanting Age                     | ncy Name:  |  |  |  |
| Wanting Age                     | ncy Telephone:   |  |  |  |
|                                 |  |  |  |  |
|                                 |  |  |  |  |
| Agency Designee Sig             | nature and Title   |  |  |  |



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

|  | BACKGROUND                              | CHECK BI:           |                   |           |
|--|---|---------------------|-------------------|-----------|
| OFFICAL USE ONLY   | P. AVADOUM                              | CUECK DV.           |                   |           |
| PRINT NAME   |   | SIGN NAME           |                   |           |
| HEREBY AUTHORIZE THE COLUMN THE COLUMN TO MECHANIST TO MECHANINAL JUSTICE AGENCY IN G  | E, WHICH MAY BE IN                      |                     |                   |           |
| AVE YOU EVER BEEN CONVICTED ON ANY ORDINANCE VIOLATION INTERPRESENTATION TO THE SEXUAL MATTER WITHIN THE COLUMN TO THE SEXUAL MATTER WITHIN THE COLUMN TO THE SEXUAL MATTER THE SEXUAL M | NVOLVING DRUGS OR<br>THE PAST TWO (2) Y | PROSTITUTI<br>EARS? | ON OR PIMPING OR  | SODOMY OR |
| AVE YOU EVER BEEN CONVICTED TATE MISDEMEANOR INVOLVING TIVE (5) YEARS? YES   | MORAL TURPITUDE O                       | R ALCOHOL O         | R DRUGS WITHIN TH | HE PAST   |
| AVE YOU EVER BEEN CONVICTED<br>TATE FELONY WITHIN THE PAST   |   |                     |                   | DERAL OR  |
| IF YES PLEASE PUT PERMIT NU  | IMBER)                                  |                     |                   |           |
| CCUPATION (DANCER, WAITRESS<br>S THIS A RENEWAL PERMIT YES   |   |                     |                   |           |
| LACE OF ABC EMPLOYMENT   |   |                     |                   |           |
| YE COLOR HAIR CO   | DLORWE                                  | IGHT                | HEIGHT            |           |
| EX (M) (F) RACE  | <u> </u>                                |                     |                   |           |
| OCIAL SECURITY NUMBER  |   |                     |                   |           |
| DATE OF BIRTH (M) (D)  | (Y)                                     | PLACE OF B          | IRTH              |           |
| PHONE ()   |   |                     |                   |           |
| CITY   | STATE                                   | ZI                  | Ρ                 |           |
| DDRESS   |   |                     |                   |           |
| IAIDEN NAME  | STAGE NAM                               | E                   |                   | ~         |
|  | FIRST                                   |                     |                   | _         |

NON-REFUNDABLE

## AFFIDAVIT VERIFYING CITIZENSHIP STATUS FOR COLUMBUS, GEORGIA PUBLIC BENEFIT APPLICATION (ALCOHOL BEVERAGE CARD)

By executing this affidavit under oath, as an applicant for a Columbus, Georgia Alcohol Beverage Card as referenced in O.C.G.A. 50-36-1, I am stating the following with respect to my application for a Columbus, Georgia Alcohol Beverage Card for:

Full name of natural person applying on behalf of individual, business, corporation, partnership or other private entity: Full Name (Print)\_ LAST **FIRST** MIDDLE 1)\_\_\_\_\_ I am a United States Citizen Or I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. O.C.G.A. Section 50-36-1(e)(2) requires that aliens under the Federal Immigration And Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal Permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number. Alien Registration Number for Non-Citizens Other Identifying Number In making the above representation under oath, I understand that any person, who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia. Signature of Applicant Date SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF \_\_\_\_\_\_, 20\_\_\_\_ NOTARY PUBLIC \_\_\_\_\_ My Commission Expires: \_\_\_\_\_