



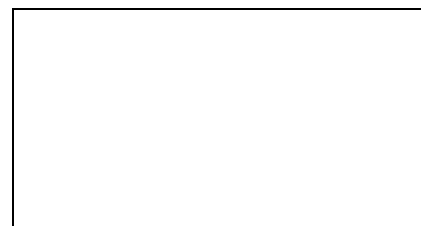
COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government

0101-099-1999-4869

FINANCE DEPARTMENT

REVENUE DIVISION - Occupation Tax Section
100 Tenth Street, P.O. Box 1397 Columbus, Georgia 31902-1397
706-653-4100, Fax 706-653-4091



Amount To Be Validated: \$20.00

WAIVER FOR POLICE RECORDS CHECK

I understand that in order for the Finance Department to approve my application for an **alcoholic beverage license**, the Columbus Police Department will have to perform a criminal record check on myself. I hereby authorize the Columbus Police Department to conduct such a criminal record check locally and statewide, and release the information to the Finance Department, or it's authorized agent.

Full Name: _____

Maiden Name: (if applicable) _____

Any Aliases Used: (if applicable) _____

Social Security Number: _____

Date of Birth: _____ Gender: _____ Race: _____

Signature of Applicant/Principal

Sworn and subscribed before me this _____ day of _____, _____.

Notary Public My Commission Expires: _____

(For Office Use Only)
Subject does / does not have felonies on his or her record
Subject does / does not have misdemeanors relating to moral turpitude, drugs, or alcohol.
Subject does / does not have ordinance violations relating to moral turpitude, drugs, or alcohol.
_____ Columbus Police Department
(Please attach applicable records.)