CITY OF BLAIRSVILLE ALCOHOL LICENSING

BACKGROUND CHECK CONSENT FORM

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

Agency Requesting History: **City of Blairsville and Union County Sheriff's Office**

Name of Applicant: _____
(Individual, association, company, enterprise, firm, franchise, general partnership, joint-stock company, agency, syndicate, trust, receiver, joint venture, limited liability company, limited liability partnership, partnership, society, sole proprietorship, trust or any type of incorporated or unincorporated organization applying for the Alcoholic Beverage License)

(Print) Full Name of person making application: _____
(include any former names, maiden name, aliases, or nicknames, of the applicant; or, if applicant is not a natural person, the principal officer, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in the Applicant Business who is the subject of this background investigation Report)

Address: _____
Street **City/State** **Zip Code**

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

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

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

Relationship to Applicant for Alcoholic Beverage License:

Sole Proprietor ___ **Managing Agent** ___

A person holding a five percent (5%) interest or more in the applicant business ____

Other Explain: _____

The undersigned does hereby authorize the Union County Sheriff's Office to fingerprint the undersigned, conduct a background investigation, including criminal history record, pertaining to the undersigned which may be in the files of any state, federal or local criminal agency in the United States and report the findings to the City of Blairsville.

_____ Or _____
Signature of Applicant Signature of Requesting Person

Signed in the presence of:

_____ _____
Notary Public Date
My Commission Expires:

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