CITY OF BLAIRSVILLE ALCOHOL LICENSING
EMPLOYEE APPLICATION FOR ALCOHOLIC BEVERAGE PERMIT

BACKGROUND CHECK CONSENT FORM

An investigative fee of $39.75 payable to City of Blairsville and fingerprinting fee of $10.00 payable to Union Co. Sheriff's Department in the form of **cash, money order or certified check** must accompany this form. Each employee must be available for fingerprinting, photographing and such other investigation as may be required. Applicants must bring a valid government issued photo I.D. City of Blairsville will issue the Alcohol Beverage Permit for a fee of $10.00 payable to City of Blairsville also in the form of **cash, money order or certified check.**

THIS FORM SHALL BE DELIVERED TO THE UNION COUNTY SHERIFF'S OFFICE

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

(Print) Full Name:_____

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

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

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

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

Employer:_____ **Phone No. w/Area Code:**_____

Address of Employer:_____

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.

_____ _____
Signature of Applicant Date

Signed in the presence of:

_____
Notary Public

_____
Notary Seal

My Commission Expires: _____

Fee Received: ___Cash ____Certified Check **$**_____
___Money Order Amount Rec. Date By