CITY OF MABLETON

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize **City of Mableton** to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by the state and federal law. City Ordinance pertaining to licensing requirements.

Full Name (print)

Address

Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for **365** days from date of signature.

(Applicant Signature) _____ (Date) _____

Criminal History Information

Have you ever been arrested, charged and/or convicted of a crime in this Country or any other Country for any offense in the last five (5) years?

Yes ☐ No ☐

If yes, please list:

Note: *Please list all arrests within the last five years regardless of the disposition of the case*

Offense/Charge	Arresting Agency	Date	Disposition

Are you currently on probation or parole for a drug or alcohol offense?

Yes ☐ No ☐

I have received and read a copy of the Mableton Ordinance pertaining to licensing requirements.

Yes ☐ No ☐

I hereby certify that all information given by me on this application is complete and true to the best of my knowledge. I further understand that **any falsification or intentional omission of requested information will result in denial of my application for a license.**

(Signature of Applicant) _____

For Department Use Only:

Purpose Code Used: (check one)

- ☐ A- Alcohol License
- ☐ B- Business License
- ☐ S- Solicitation Permit
- ☐ E- Adult Entertainment
- ☐ M- Massage Therapy
- ☐ P- Pawn & Precious Metal

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

- ☐ No Criminal Record Available
- ☐ Criminal Record (Attached/Released)
- ☐ No NCIC/GCIC Warrant
- ☐ Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name:

_____

Wanting Agency Telephone:

_____

GCIC Operator #:

_____

_____
Reviewed by Chief of Police or designee

_____
Reviewed by Business License Manager or designee

Approved ☐

Denied ☐