



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

Privilege License Application City of Ringgold, GA YEAR 20_____

DATE OF APPLICATION _____

_____ New Application

_____ Renewal – Prior License No. _____

INSTRUCTIONS: EACH AND EVERY question must be fully answered (typewritten or printed in ink). If the question does not pertain, so indicate. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed with the License Department, together with all supporting papers and a certified check or money order for the exact fee.

Amusement Devices \$250 per machine

Juke Box \$50 per machine

Name of applicant: _____

Address: _____

SS Number: _____ Date and Place of Birth: _____

Drivers License #: _____

Prior Convictions of Applicant: _____

Name of Business where Machine or Device is to be displayed or operated:

Type of Business: _____

Address: _____

Description of Machine to be covered by the license:

Mechanical Feature: _____

Name of Manufacture: _____

Serial Number: _____

State License #: _____

No license shall be issued to any applicant unless they are over twenty-one (21) years of age and a citizen of the United States, and of good moral character.

Oath

I do solemnly swear that the above information furnished by me is true and correct to the best of my knowledge.

3752 True 18 State License # String False NULL NULL False True False

RELEASE

The undersigned hereby authorize and request the City of Ringgold, Georgia Police Department to obtain records check on me from the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC). I have been advised that this information will be used by the City of Ringgold for the purpose of determining whether to issue a privilege license and the City of Ringgold Police Department is hereby authorized to release this information to the City Manager or his designee.

This _____ Day of _____, 20 ____.

Signature of Witness

Applicant Signature

Certification

City of Ringgold Police Department

This is to certify that according to the records in the City of Ringgold Police Department, NCIC, and GCIC,

(Full Name – No Initials)

(Address)

(Date of Birth)

(SS #)

_____(Driver's License #) **has / has not** been convicted of a felony involving moral turpitude within the five (5) years and (has the following record) or (has no criminal record).

Chief of Police

Date

Affidavit Verifying Status For City of Ringgold Public Benefit Application

Please complete, notarize and return this Affidavit with your application/renewal.

By executing this affidavit under oath, as an applicant for an Alcohol License, Malt Beverage and/or Wine License, Pouring Permit, Occupational Tax Certificate, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for _____ with the City of Ringgold, Georgia.

Name of Business _____

- 1) _____ I am a United States citizen
or
2) _____ 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.*

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.

Executed this _____ day of _____, 20__ in _____ (city), _____ (state)

Signature of Applicant:

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

Notary Public: _____

My Commission Expires: _____

*Note: O.C.G.A. § 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 below:

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____
to receive any Georgia criminal history record information pertaining to me which may be in the
files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose code 'M')
- ☐ Employment with elder care (Purpose code 'N')
- ☐ Employment with children (Purpose code 'W')

One of the following must be checked:

- ☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.
- ☐ I, _____ give consent to the above
named to perform periodic criminal history background checks for the duration of my
employment with this company.