

**CRIMINAL HISTORY INFORMATION
CONSENT FORM**

ALCOHOL-BEVERAGE-CONTROL (ABC) CARD APPLICATION

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

Business Name: _____

Address: _____

Full Name Printed: _____

Address: _____

Sex: _____ Race: _____ Date of Birth: _____

Social Security Number: _____

Date of Hire: _____

Persons with any felony convictions or any other crimes involving moral turpitude on his or her record will be denied an ABC/ID card.

APPLICANT SIGNATURE:

DATE:

FOR OFFICE USE ONLY

No Record: _____

Record Attached: _____

CAMILLA POLICE DEPARTMENT DESIGNEE: _____

Title: _____

Date: _____