



**ATLANTA POLICE DEPARTMENT
PERSONAL HISTORY RECORD**

PERMIT TYPE: _____ DATE: _____

Name in FULL (Please Print) _____

Address: _____ Telephone: _____

Place of Birth _____ Date of Birth: _____ Age: _____
(City, State) (Day, Month, Year)

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Social Security Number: _____ Driver's License # _____

Have you been convicted of any law? Federal: _____ Foreign Country: _____ State Law: _____
City Ordinance: _____ if so, explain: _____

List names and addresses of employers for the past three (3) years: _____

Marital Status: _____ Spouse's Name: _____

Finger printed by: _____ Applicant Signature: _____

Date: _____

CRIMINAL HISTORY CONSENT

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? () Yes () No

Date of Occurrence: _____ City: _____ State: _____

Disposition: _____ Explain: _____

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF

CITY ORDINANCE 106-90. (SIGNATURE)

SAVE Affidavit



CITY OF ATLANTA AFFIDAVIT
VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFIT
SUBMITTED TO DEPARTMENT OF POLICE/LICENSE AND PERMITS

By executing this affidavit under oath, as an applicant for a City of Atlanta Contract, Business License or Georgia Occupation Tax Certificate, Alcohol License, Taxi Permit, Insurance Company License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: _____.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

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.* **All non-citizens must provide their Alien Registration Number below.**

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.

Signature of Applicant:

Date:

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

* _____
Alien Registration number for non-citizens

*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:



**CITY OF ATLANTA
DEPARTMENT OF POLICE
3493 Donald Lee Hollowell Parkway N. W.
Atlanta, Georgia 30331**

UNDERGROUND ATLANTA EVENT REQUEST

All applications must be typed or legibly printed in **black** ink. Each question must be answered completely and correctly. Applications must be signed, dated notarized and filed in the License and Permits Office. This department is located at 3493 Donald Lee Hollowell Pkwy. The application must be submitted at least fourteen (14) days prior to the date of the event. The permits issued are only valid for the dates, times and location specified in this application.

1. Is applicant: () Sole Proprietorship () Partnership () Corporation

2. Legal name of business: _____

3. Operating / Trade name of business: _____

4. Location of Business: _____
City _____ State _____

5. Full name of licensee / agent:

Residence address:

City County State

Telephone number: Home _____ Business _____

6. Licensee/Agent business Occupation(s), Business Interest(s), and/or Employer(s) for the past ten (10) years:

Company	Address (City & State)	Position	Interest
---------	------------------------	----------	----------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. List any other individual(s) or firm(s) owing any interest in receiving any funds from the operation of the event:

8. List property owner where event is to be held:

If property rented, amount and manner in which rent is determined:

Location where event is to be held:

9. Describe nature and character of business. (Be specific)

10. Day(s) and time(s) of event:

11. State alcoholic beverages which would be sold:

12. Does Licensee/Agent, Manger or any partner(s) or any corporation officer or board member or any principal shareholder or trustee have, within the past five (5) years, any conviction for the violation of any federal, state, or local law(s), ordinance(s), or regulation(s), or does said person(s) have current proceedings pending for any violation of any federal, state, or law ordinance or regulation?

(For the purpose of this question, the term "conviction" shall include an adjudication of guilty, a plea or nolo contendere, or forfeiture of a bond).

Yes () or No ()

Person Charged	Date	Offense	Location (City, State)	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. State exactly what you are requesting and how this activity will be managed.

14. Who will be responsible for overseeing and/or the contact person for this activity?

I, _____ being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement is made herein that such answers were made in order to procure the granting of such license.

Signature of Licensee/Agent

Sworn to and subscribed before me this _____ day of _____
20 _____.

Notary Public

Command Review

I approve/disapprove this event.

I approve/disapprove this event.

Commander, License and Permits Unit

Commander, Special Enforcement Section

Comments: _____

Comments: _____

I approve/disapprove this event.

Deputy Chief, Criminal Investigation Division

Date

Comments: _____

I approve/disapprove this event.

Assistant Chief

Date

Comments: _____

I approve/disapprove this event.

Chief of Police

Date

Comments: _____

