

Alcohol License Agent Consent Form

Georgia Bureau of Investigation  
Georgia Crime Information Center

Consent Form

I hereby authorize CITY OF ATLANTA  
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

\_\_\_\_\_  
XXX-XX-

\_\_\_\_\_  
Social Security Number

By signing below I, \_\_\_\_\_ give consent to the above  
named to perform periodic criminal history background checks for the duration of my  
tenure as agent, independent contractor, or member of this establishment.

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Signature of Agent \_\_\_\_\_

Email Address \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

FOR OFFICE USE ONLY:

\_\_\_\_\_  
Receiving Authorized Recipient

\_\_\_\_\_  
License Year 2020