

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 of Licensee/Agent (print)

Address

Sex

Race

Date of Birth

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.**

Account License Account Number _____

Business Name _____

Business Address _____

Signature of Agent

Email Address

Date:

Phone:

FOR OFFICE USE ONLY:

Receiving Authorized Recipient

License Year 2025