



# Alcohol Server Permit Consent Form

I hereby authorize **Lt. Chris Dusik** to receive any 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 PRINTED**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**ZIP**

(cell) \_\_\_\_\_ (home) \_\_\_\_\_

\_\_\_\_\_  
**PHONE NUMBERS**

\_\_\_\_\_  
**DL/ID #**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**SEX**

\_\_\_\_\_  
**RACE**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**SOCIAL SECURITY #**

Are you a citizen?  YES  NO If no, immigration number: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**BUSINESS NAME**

\_\_\_\_\_  
**BUSINESS ADDRESS**

----- **DO NOT WRITE BELOW THIS LINE.** -----  
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Permit issued:  YES  NO

Background Check Stamp Below:

Issued by: \_\_\_\_\_

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