



Renewal? Yes or No
Permit No. 20-

## Consent Form For Pouring License

I hereby authorize the City of Kennesaw Police Department 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, for the purpose of obtaining a Pouring License (City Ordinance 6-70).

### PLEASE PRINT THE FOLLOWING INFORMATION:

(First Name)	(Middle Name)	(Last Name)	(Maiden Name)
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Date of Birth (month/day/year)
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Social Security No.
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<u>Local</u> Address (street/city/state/zip code)
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Are you a U.S. Citizen? Yes or No
If no, you must provide your valid Work Permit.

Telephone Number
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Driver's License No/State
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Name & Address of Business where this permit will be used
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Signature of Applicant
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Date
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Notary Signature & Seal
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Date
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HAVE YOU EVER BEEN ARRESTED IN THE LAST FIVE (5) YEARS? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

Note: Please list all arrests within the last five years regardless of the disposition of the case

Offense/Charge	Location of Arrest	Date	Disposition

Are you currently on probation or parole for a drug or alcohol offense? Yes \_\_\_\_\_ No \_\_\_\_\_

I have read the Kennesaw Ordinance pertaining to obtaining an alcohol serving permit. Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that all information given by me on this application is complete and true to the best of my knowledge. I further understand that any falsification or omission of requested information **will result in denial of my application for a pouring license.**

Signature of Applicant

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For Department Use Only:

GCIC Operator #:

Reviewed by Chief of Police or designee

Approved \_\_\_\_\_ Denied \_\_\_\_\_