BACKGROUND INVESTIGATION CONSENT FORM

With regard to my application for alcoholic beverage license, I hereby authorize the DeKalb County Business & Alcohol License Office to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal agency in Georgia.

_____

Last Name First Name Middle Name

_____

Home Address

_____ _____ ___/___/_____ _____-___-_____

Sex Race Date of Birth Social Security Number

_____ _____

Signature Date

(Not valid after more than 90 days)

Estb. 03-10-06