

Have you, the applicant, or any other person having interest in business for which this application has been made, ever been arrested, indicted, or convicted for any offenses (excluding minor traffic violations) by any City, County, State, Federal or Foreign officer or any other governmental authority with in the last twelve (12) months? _____

If yes give full details (failure) to make full disclosure in response to this question will result in a denial of the application or revocation of the licenses, if information should have been given, but was not for any reason whatsoever, is forthcoming subsequent to the granting of the license. _____

I, _____, APPLICANT, DO SOLEMENLY SWEAR/AFFIRM SUBJECT TO CRIMINAL PENALTIES FOR FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME TO THE FORGOING QUESTIONS IN THIS APPLICATION FOR MCINTOSH COUNTY LICENSE ARE TRUE AND NO FALSE OR FRAUDULENT STATEMENT OR ANSWER AND NO FALSE OR FRAUDULENT STATEMENT OR ANSWER IS MADE HERETO TO PROCURE THE GRANTING OF SUCH LICENSE

THIS ____ DAY OF _____, 20____ APPLICANT'S SIGNATURE (FULL NAME) _____

CONSENT FORM

I hereby authorize the McIntosh County Board of Commissioners to receive any criminal history record information pertaining to me, which may be on file of any State and /or Local Criminal Agency in Georgia

FULL NAME (PRINT): _____

ADDRESS: _____

SEX: ____ RACE: _____ HEIGHT: ____ WEIGHT: ____ DATE OF BIRTH

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY # ____ - ____ - ____

EMPLOYER: _____

ADDRESS OF BUSINESS: _____

******DISCLOSURE OF CRIMINAL HISTORY CHECK******

IF THE CONTENTS OF THIS RECORD HAVE AN ADVERSE EFFECT ON A DECISION TO GRANT AN ALCOHOL LICENSE TO APPLICANT, THEN THE CONTENTS OF THIS RECORD AND THE EFFECT IT HAD UPON THE DECISION MUST BE DISCLOSED.

APPLICANTS SIGNATURE _____

DATE _____

TO BE COMPLETED BY SHERIFF'S OFFICE PERSONNEL

YES/NO (PLEASE CIRCLE) RECORD AS OF _____ Comments: _____

SIGNATURE _____

TO BE COMPLETED BY OFFICE PERSONNEL

PLANNING AND ZONING (Circle one)

ADMINISTRATION OFFICE (Circle One)

Address Correct Yes No

Inspection Required Yes No

Restaurant Permit Secured Yes No

Zoned Correctly Yes No

Inspection completed Yes No

Approved Yes No

SIGNATURE BUILDING INSPECTOR/Date _____

SIGNATURE COUNTY MANAGER/Date _____

Sworn and subscribed before me this
_____ day of _____, 20____

Notary Public

My Commission Expires: _____