

**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.

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Full Name of Licensee/Agent (print)

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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 \_\_\_\_\_

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**License Year 2024**