CITY OF LAWRENCEVILLE, GA POLICE DEPARTMENT
POURING PERMIT APPLICATION
(COMPLETE IN FULL)

REQUIRED TO DISPENSE, SELL, SERVE, TAKE ORDERS OR MIX ALCOHOLIC BEVERAGES

_____ _____
APPLICANT'S FULL NAME **SS #** **PHONE #**

_____ _____ _____ _____
ADDRESS **CITY** **STATE** **ZIP**

_____ _____ _____
DATE OF BIRTH **DRIVER'S LICENSE #** **DL STATE**

_____ _____ _____ _____
RACE **SEX** **HEIGHT** **EYE COLOR**

ARE YOU A U.S. CITIZEN? ☐ **YES** ☐ **NO** **NON U.S. CITIZEN – LIST IMMIGRATION #** _____

******As part of the process resulting from my application for a background investigation for a permit, I hereby authorize personnel of the City of Lawrenceville Police Department to receive, verify and disseminate any criminal history information which may be in the files of any local, state or federal criminal justice agency for investigative purposes, denials or appeals.******

_____ **DATE:** _____
Signature

******************************POLICE DEPARTMENT USE ONLY******************************

COMMENTS_____

_____

_____

_____

NO RECORD ☐ **RECORD** ☐ **APPROVED** ☐ **DENIED** ☐

Date notified: _____ **By:** _____

Fee ($25.00) _____ **Establishment Name** _____