

Upson County Board of Commissioners

Non-Criminal History Consent Form and Report

- This authorization form will expire thirty (30) days from the date of the signature

Business Name for Alcohol License Application

First Middle Last Maiden Former Names/Aliases

Business Owner

Employee

The undersigned does hereby authorize a GAPS Agency to fingerprints of the undersigned, conduct a background investigation, including criminal history record, pertaining to the undersigned which may be in the files of any State, Federal or Local criminal agency in the United States and report the findings to the Upson County Board of Commissioners Office in connection with the application for an alcoholic beverage license in Upson County. The undersigned acknowledges the receipt of Non-Criminal Justice Privacy Rights and Privacy Act Statement.

Signature

Date