

**WHITE COUNTY, GEORGIA  
BACKGROUND INVESTIGATION AND CRIMINAL HISTORY  
CONSENT FORM AND REPORT**

**Note: Unless all blanks on this form are completed, no information will be released.  
Changes, strikethroughs, or white outs are not permissible.**

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

**This authorization form must be presented to the Sheriff's Office with a receipt issued by  
the White County Business Tax Office for \$50.00 payment for each investigation.**

**The report issued by the Sheriff's Office with the results of the investigation must be  
delivered by the Sheriff's Office to the White County Business Tax Office, otherwise, this  
report is null and void.**

**CONSENT**

**Re: Application for Alcoholic Beverage License to be filed by:**

\_\_\_\_\_  
**Name of Applicant (Association, company, enterprise, firm, franchise, general partnership,  
joint-stock company, agency, syndicate, trust, receiver, joint venture, limited liability  
company, limited liability partnership, partnership, society, sole proprietorship, trust or  
any type of incorporated or unincorporated organization applying for the Alcoholic  
Beverage License)**

**Print or type full name (including any former names, maiden name, aliases, or nicknames),  
of the applicant; or, if applicant is not a natural person, the principal officer, managing  
agent, registered agent, or anyone holding a five percent (5%) interest or more in the  
Applicant Business who is the subject of this Background Investigation Report:**

\_\_\_\_\_  
**First                      Middle                      Last                      Maiden                      Former Names or Aliases**

**Relationship to Applicant for Alcoholic Beverage License:**

**Sole Proprietor                       Managing Agent                       Registered Agent**

**A person holding a five percent (5%) interest or more in the applicant business**

**Employee**

**Other Explain: \_\_\_\_\_**

Re: \_\_\_\_\_ (Name)  
(Continued)

Home address (physical address):

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

Race: \_\_\_\_\_

The undersigned does hereby authorize the White County Sheriff's Office to fingerprint 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 White County Board of Commissioners Business Tax Office and the White County Alcoholic Beverage Commission in connection with the application for an alcoholic beverage license in White County.

Signed in the presence of:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature

My Commission Expires:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Seal

**WHITE COUNTY SHERIFF'S OFFICE**

**BACKGROUND INVESTIGATION AND CRIMINAL HISTORY REPORT**

This is to certify that we have conducted a background investigation and criminal history pertaining to: \_\_\_\_\_ which may be (Name) in the files of any state, federal or local criminal agency in the United States. As a result of such investigation, we find:

That the above-named individual HAS NOT been convicted under any federal, state or local law of any felony or a misdemeanor involving moral turpitude, nor has the individual been convicted under any federal, state or local law of any felony not involving moral turpitude within ten (10) years immediately preceding this date, nor has the individual been convicted under any federal, state or local law of a misdemeanor, particularly, but not limited to, those involving alcoholic beverages, gambling or tax law violations.

That the above-named individual HAS convictions as set out above within the ten (10) years immediately preceding this date.

The subject person has the following arrest record:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Officer

\_\_\_\_\_  
Signature of Officer  
Title: \_\_\_\_\_

Note: This form, when completed, must be delivered by the Sheriff's Office directly to the White County Business Tax Office, otherwise the report is null and void.