

CLAYTON COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

121 S. McDONOUGH STREET, ANNEX 2  
TELEPHONE: 770-477-3569

JONESBORO, GA 30236  
(FAX) 770-473-5467

**CONSENT FORM**

**NOTE: Must be completely filled out in order to be accepted for processing.**

I hereby authorize the Clayton County Police Department and the Clayton County Business License Department to receive any criminal history record pertaining to me which may be in the files of any state or local criminal justice agency in Georgia

Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_

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

POLICE CHECK FOR: \_\_\_\_\_

Name in Full \_\_\_\_\_

(Last)

(First)

(Middle)

(Maiden)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ (Attach A Copy)

Color of: Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Within the past ten (10) years in regard to any violation of the law, have you entered a plea of guilty, been found guilty by a court, had accepted a plea of *nolo contendere* or been given first offender treatment by a court? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If yes, list below the offense(s) and date(s)

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

**NOTE:** a "Yes" above may not necessarily be a bar to a license: however, failure to disclose such information may be grounds for disqualification. Applicants should be careful to disclose **ALL** information concerning violations in the space above.

I do hereby swear that the above is true and correct under the penalty of Georgia State Law, 16-10-71 for false swearing and 16-10-20 for false statements.

\_\_\_\_\_  
**Signature**

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, Year \_\_\_\_\_

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