

CITY OF FLEMINGTON,
GEORGIA

AUTHORIZATION OF RELEASE INFORMATION

This is to certify that I, _____, as an applicant for a City of Flemington alcoholic beverage license, do hereby authorize the release of criminal history records to the City of Flemington from whomever it is deemed necessary. I also release all persons from any liability which may result from furnishing said information to the City of Flemington. Further, I authorize the City of Flemington to copy or otherwise reproduce this original document, and to let such copied or otherwise reproduced copy act as the original instrument. The original document or a copy thereof is to be attached to my alcoholic beverage license application.

Full Name Printed _____ Signature _____

Street Address of Residence _____

(To include City, State & Zip) _____

For Identification Purposes Only:

Social Security # _____ Date of Birth _____

Sworn to and subscribed before me this _____ day of _____, 20_____

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC SEAL