

ALL BOLD AREAS MUST BE FILLED IN BY THE APPLICANT OR THE CHECK WILL NOT BE RUN.



Rome Police Department
Suite 300
Rome, Georgia
706 / 238-5179
ALCOHOL SALES PERMIT



ID# _____ (TO BE COMPLETED BY ID OFFICER)

I (Print Full Name)

FIRST _____ MIDDLE _____ LAST _____

Hereby authorize the Rome Police Department to conduct an investigation of my background for the application of an alcohol pouring and taxi license. Picture identification must be presented upon return of application.

DATE OF BIRTH

SEX

RACE

HEIGHT

WEIGHT

EYES

HAIR

PLACE OF BIRTH(County and State)

SOCIAL SECURITY #

DRIVER'S LICENSE #

CURRENT ADDRESS

PRINTED _____

CONTACT PHONE NUMBER (_____) _____

Have you ever been arrested for any felony? Yes No

If yes, when _____, Reason _____

Location _____

I hereby certify that the information on this application is true and correct.

SIGNATURE OF

ABOVE APPLICANT _____ DATE _____

NAME OF BUSINESS _____

OWNER or MANAGER SIGNATURE _____

(Notary must sign only when form is presented by someone other than applicant)

Notary Public _____ DATE _____

My Commission expires _____ Seal _____

A NON-REFUNDABLE \$25 FEE (CASH ONLY) IS DUE UPON RETURN OF FORM

(webform) APPLICATIONS REMAIN ON FILE FOR 30 DAYS

Received By _____

Revised 07/31/2015

Approved _____ Disapproved _____ Date Issued _____