

City of Cleveland
85 South Main Street
Cleveland, GA 30528

City of Cleveland – Package Store License Application

Authorization for release of Personal Information and
Criminal history Record Information

Business applying for: _____

I, _____, do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of Cleveland, whether the said records are of a public, private or confidential record.

_____ I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part upon this release authorization, will be considered in assessing my suitability for a City of Cleveland license permit or appointment. I also certify any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

_____ I hereby authorize the City of Cleveland Police Department to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency.

_____ A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

_____ The applicant has read and understands the legal restrictions of alcohol handling and sales and the potential penalties that apply, according to the Ordinance of the City of Cleveland, which your employer has provided to you.

_____ I have been provided a copy of the Non-Criminal Justice Applicant's Privacy rights.

Race: _____ Sex: _____ Date of birth: _____ SSN# _____

Driver's License #: _____

Address: _____
Street City/State/Zip

Telephone #: _____

Applicant's Signature: _____

Office Use Only

Sworn and subscribed in my presence, this _____ day of _____, 20 ____.

Notary Signature

My Commission ends

(SEAL)