



For Office Use Only

Account # _____ Computer Receipt _____
Fee \$ _____ Notification _____
Category _____

OCCUPATIONAL TAX APPLICATION FOR UNINCORPORATED HOUSTON COUNTY

I hereby register my business with Houston County at the address below. In doing so, I certify that the information provided below is true and accurate to the best of my knowledge. I understand that this application shall be reviewed by the appropriate county officials and, if complete, shall be processed within three (3) business days. All monies are due and payable once the application is approved.

1. Name of Business _____
2. Mailing Address of Business _____
City _____ State _____ Zip Code _____
3. Exact Location of Business (if different from above) _____

City _____ State _____ Zip Code _____
4. Phone Number () _____ Home () _____ Mobile _____
5. Email Address _____
6. Full Name of Owner/Manager _____
Address _____
City _____ State _____ Zip Code _____
Phone Number () _____ Home () _____ Work _____
SSN# _____ Tax ID# _____ Date of Birth _____
7. Please Describe the Dominant Line of Business _____

Note: Any person engaged in a profession or business required to be licensed by the State under Title 43, must provide copy of such license with this application.

8. Is this business to be operated out of your home? _____ Yes _____ No
Note: If the business is a home occupation, please sign the attached Home Occupation section of this form, indicating your business will abide by the Special Requirements for Home Occupations. If the business is not a home occupation, then the commercial structure must be inspected by the building inspections department (542-2018), the fire department (542-2040) and environmental health (218-2020) before a license will be issued. The applicant is responsible for coordinating these inspections.
9. Number of Full-time Employees _____ (include the Owner/Manager)
Number of Part-time Employees _____

10. Are you the owner of the real estate where business is to be located? Yes No
Note: If no, please provide written and notarized authorization from the owner of the real estate.

11. If business is a Partnership, please list partner:

12. Full Name of Partner _____

Address _____

City _____ State _____ Zip Code _____

Phone Number () _____ Home () _____ Work _____

SSN# _____ Tax ID# _____ Date of Birth _____

The applicant hereby certifies that he/she is familiar with the business regulations of Houston County, Georgia as herein defined, and that the granting of an Occupational Tax Certificate (business license) constitutes a privilege that may be revoked as provided in the Code of Ordinances of Houston County, Georgia. The applicant further certifies that he/she understands that the Occupational Tax Certificate for which application is made is for the current year only and that no false or fraudulent statement is made herein to procure the granting of such certificate.

The applicant understands that: (1) all fees are due and payable by February 28 of each year; (2) a tax certificate shall not be issued or a current tax certificate shall be revoked if the business fails to pay personal property taxes to Houston County. Payment of said taxes shall allow said tax certificate to be issued or reinstated; (3) the Occupational Tax Certificate must be clearly posted in the business; and (4) the applicant **MUST** notify the Commissioner's Office in writing if the business closes or moves its operation to a new address. If you have not responded to (1), (2), or (4) within the time aloud a summons will be issued to appear in Magistrate Court.

Name of Owner/Applicant (Please Print)

Signature of Owner/Applicant Date

Office Use Only
Commissioner's Office Recommends: Approval ___ Denial ___ Sign/Date: _____
Comments: _____



Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Houston County, Georgia Business Occupational Tax Certificate, Alcohol License or other public benefits as referenced in O.C.G.A. Section 50-36-1, I am stating that I, _____, applying on behalf of [(circle one) myself, a business, a corporation, a partnership or other private entity]

- 1) _____ I am a United States citizen (*please attach document verifying your identify to include: drivers license, US Passport, Military ID or other secure and verifiable document under OCGA 50-36-2*)

OR

- 2) _____ I am a legal permanent resident of 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20__

Notary Public
My Commission Expires:

*Alien Registration Number for
Non-Citizens

*** Copy of Documentation and
Identification must be provided**

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



E-VERIFY Affidavit of Exemption

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm or corporation employs ten or fewer employees, or is not currently required to register with and / or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, __, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS ____ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires _____

Houston County Occupational Tax Application Procedure

Notice: The Houston County Code of Ordinance requires all businesses to annually register and pay an occupation tax for the privilege of operating a business in Houston County. Failure to register and pay the annual occupation tax will result in legal action and fines.

1.	All business locations must have a Zoning Compliance issued by the Houston County Planning and Zoning Commission. Please attach the zoning compliance to the application. Planning and Zoning is located at: <table style="margin-left: auto; margin-right: auto;"><tr><td style="text-align: center;">200 Carl Vinson Parkway (478) 542-2018</td><td style="text-align: center;">Monday through Friday 8:00 a.m. until 5:00 p.m.</td></tr></table>	200 Carl Vinson Parkway (478) 542-2018	Monday through Friday 8:00 a.m. until 5:00 p.m.		
200 Carl Vinson Parkway (478) 542-2018	Monday through Friday 8:00 a.m. until 5:00 p.m.				
2.	All business locations must have a Building Inspection . Home Occupations are the exception to this rule unless there will be customers and/or employees coming into the home. Appointments with Inspectors may be arranged by calling: <table style="margin-left: auto; margin-right: auto;"><tr><td style="text-align: center;">200 Carl Vinson Parkway (478) 542-2018</td><td style="text-align: center;">Monday through Friday 8:00 a.m. until 5:00 p.m.</td></tr></table> <p>An inspection of the business location has been performed and the structure appears to be in a reasonably suitable condition for occupancy.</p> Inspector's Printed Name: _____ Inspector's Signature: _____ Date of Inspection: _____	200 Carl Vinson Parkway (478) 542-2018	Monday through Friday 8:00 a.m. until 5:00 p.m.		
200 Carl Vinson Parkway (478) 542-2018	Monday through Friday 8:00 a.m. until 5:00 p.m.				
3.	All business locations must have a Fire Inspection . Home Occupations are the exception to this rule unless there will be customers and/or employees coming into the home. The Houston County Fire Department may be reached by calling: <table style="margin-left: auto; margin-right: auto;"><tr><td style="text-align: center;">Houston County Fire Department Headquarters 200 Carl Vinson Parkway (478) 542-2040</td><td style="text-align: center;">Monday through Friday 8:00 a.m. until 5:00 p.m.</td></tr></table> <p>The Houston County Fire Department has inspected the business location and hereby approves the structure to be in reasonably suitable condition for occupancy.</p> Inspector's Printed Name: _____ Inspector's Signature: _____ Date of Inspection: _____	Houston County Fire Department Headquarters 200 Carl Vinson Parkway (478) 542-2040	Monday through Friday 8:00 a.m. until 5:00 p.m.		
Houston County Fire Department Headquarters 200 Carl Vinson Parkway (478) 542-2040	Monday through Friday 8:00 a.m. until 5:00 p.m.				
4.	Some business locations may be required to have an Environmental Health Inspection . Home Occupations are the exception to this rule unless there will be customers and /or employees coming into the home. The Environmental Health Department may be reached by calling: <table style="margin-left: auto; margin-right: auto;"><tr><td style="text-align: center;">98 Cohen Walker Drive (478) 218-2020</td><td style="text-align: center;">Monday through Friday 8:00 a.m. until 4:30 p.m.</td></tr></table> <p>The Houston County Environmental Health Department has inspected the business location and hereby approves the structure to be in reasonably suitable condition for occupancy.</p> Inspector's Printed Name: _____ Inspector's Signature: _____ Date of Inspection: _____	98 Cohen Walker Drive (478) 218-2020	Monday through Friday 8:00 a.m. until 4:30 p.m.		
98 Cohen Walker Drive (478) 218-2020	Monday through Friday 8:00 a.m. until 4:30 p.m.				
5.	After completion of steps 1, 2, 3 and 4 return this form, copy of Zoning Compliance, completed Occupation Tax Application and payment to: <table style="margin-left: auto; margin-right: auto;"><tr><td style="text-align: center;">Business License Office : 200 Carl Vinson Parkway</td><td style="text-align: center;">Mailing Address: 200 Carl Vinson Parkway Warner Robins, Ga. 31088</td></tr><tr><td colspan="2" style="text-align: center;">Monday through Friday 8:00 a.m. through 5:00 p.m.</td></tr></table>	Business License Office : 200 Carl Vinson Parkway	Mailing Address: 200 Carl Vinson Parkway Warner Robins, Ga. 31088	Monday through Friday 8:00 a.m. through 5:00 p.m.	
Business License Office : 200 Carl Vinson Parkway	Mailing Address: 200 Carl Vinson Parkway Warner Robins, Ga. 31088				
Monday through Friday 8:00 a.m. through 5:00 p.m.					

I hereby certify the above information to be true and correct. I have read and understand the application procedure. I also understand that I will not open until my business has been registered and occupation tax paid for this location.

Name of Business and Address: _____ _____	Exact Business Location: _____ Type of Business: _____
Phone Number: _____	Signature of Applicant: _____

The following businesses will require a State, Federal, or Professional License as a prerequisite for applying for an occupational tax to operate a business in Houston County:

Agency - Real Estate Development/Sales/Rentals
Agency -Travel
Auctioneer
Auto Dealer - New/Used/Rental
Barber/Beauty Shop
*Beer – Retail on and Off Premises Consumption
Cemetery, Burial Vaults, Etc
Electrical Contractor
General Contractor
Heating and Air Conditioning Contractor
Daycare – children
Deer Processing
Firearms Sales/Repair
Funeral Home
Hospital (Animal)/Kennel
Junk Dealer/Salvage All Types
Kennel
*Liquors – Mixed Drinks Sales/Retail
Manicurist
Massage Therapy
Mobile Home Setup
Nursery /Greenhouse
Nursing Homes
Package Store
Pest Control
Poultry Processing
Waste Disposal Companies
Wine Retail – On/Off Premises Consumption

This may not be a complete list of businesses that require a State, Federal, or Professional License.

*Beer and Liquor Sales also require the Commissioners approval.



Houston County Sheriff's Office Communications Division

200 Carl Vinson Pkwy
Warner Robins, Ga 31088
(478)542-9911
Fax: 478-542-9917



Business Emergency Contact Information

Providing this information to the Houston County E-911 Center allows us to better assist you in the event of an after-hours emergency (burglary, fire, open door, etc.) If you have any questions, please contact 478-542-9911.

Business Name: _____ Business Phone Number: _____

Business Address: _____ City: _____ Zip: _____

Hours of operation: _____ Owner/Manager email: _____

In case of an after-hours emergency, Houston County 911 can contact the following:
(Please include first and last name of the contact person)

Name: _____ Home#: _____ Mobile #: _____

Name: _____ Home#: _____ Mobile #: _____

Name: _____ Home#: _____ Mobile #: _____

Name: _____ Home#: _____ Mobile #: _____

Additional Information:

(Any information or special instructions to better assist the Police Department, Fire Department or Emergency Medical Services in the event that there is an emergency at your business.)

If at any time during the year you need to make changes to this information, please contact Sheena Cannon at 478-542-9911 or email scannon@houstoncountyga.org. You may also access this form on our website www.houstoncounty911.com under the "Contact Us" tab.

Print Name

Signature

Date



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Account # _____ Computer Receipt _____
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**UNINCORPORATED AREA OF HOUSTON COUNTY
ALCOHOL LICENSE APPLICATION**

1. Name of Business: _____

2. Business Location: _____

(city)

(state)

(zip code)

3. Mailing Address _____

4. State Tax Payer Identifier: _____

5. Name of Licensee: _____

Address: _____

(city)

(state)

(zip code)

Telephone: _____

Date of birth: _____ Social Security number: _____

6. If business is a partnership, give name(s), address, birthdate, and social security number of each partner:

7. If a corporation, (for correspondence and compliance with local ordinance), give the following information:

Name _____

Tax I.D. number: _____ Date Incorporated: _____

Local Address: _____

Telephone: _____

8. If applicant is applying on behalf of a non-profit organization, as recognized by the Internal Revenue Service, state the following:

Name of organization _____

Location and date of charter: _____

Applicant's title and duties in organization: _____

Federal I.D. number: _____

Has a federal tax form #990 been filed for said organization for previous years? _____

9. Type of license: (check all that apply)

Retail Consumption Wholesaler Other (specify) _____

Alcohol sold: (check all that apply)

Beer Wine Liquor

Type of business: (check one)

Package Club Non-profit Tavern Restaurant

Grocery Service Station/Convenience Store Other _____

10. Give the distance of the location at which the proposed license would be used (measured in a straight line from the nearest point in the property line of the business location to the nearest property line of the institutions indicated).

a. Nearest school/college: _____

b. Nearest church: _____

c. Nearest public library: _____

d. Nearest private residence: _____

e. Nearest business holding alcoholic beverage license: _____

11. List all licenses currently in effect at this location:

License Type

License Number

Trade Name

12. Have you, the licensee, or any other person having any interest in the business for which this application has been made, ever been detained, arrested, indicted, or convicted for any offense by any state, county, city, federal or foreign officer, or any other governmental authority? Yes No

If yes, give full details. *Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license. If necessary, attach additional sheets to respond completely.*

13. Has a County Occupational License ever been issued at this location?
 Yes No Unknown

If yes, complete the following for the previous license:

Business Name _____

Business Address: _____

SSN: _____ Tax ID number _____

State Alcohol License number and year: _____

Date discontinued: _____ Sales Tax number: _____

14. Do you own the property in which this business will be operated?
 Yes No

If yes, attach proof of ownership of property. If no, list below the name and address of the property owner and/or building owner. Attach a copy of the lease agreement.

Name _____ SSN _____

Address _____
(city) (state) (zip code) (county)

15. Has any individual, firm, partnership, or corporation previously applied for a Houston County license in alcoholic beverages and liquor at the address where the business is to be conducted:

Yes No Unknown

If yes, complete the following:

Name _____

Date of application: _____ Disposition _____

16. Name of person(s) to be manager(s) of or with any control over daily affairs of business.

Name _____

SSN _____ DOB _____

Address _____

(city) (state) (zip code) (county)

Telephone () _____ daytime () _____ evening

Describe position held and detailed amount of control: _____

Owner/Applicant

Notary

Date

Expiration Date/Seal

FOR OFFICE USE ONLY

Zoning Office Recommends:

____ Approval ____ Denial Sign/Date _____

Property Zoned _____ Comments: _____

Sheriff's Office Recommends:

____ Approval ____ Denial Sign/Date _____

Comments: _____

Commissioner's Office Recommends:

____ Approval ____ Denial
Sign/Date _____

Comments: _____

Fire Department Recommendations:

____ Approval ____ Denial Sign/Date _____

Comments: _____

AFFIDAVIT

I, _____, swear or affirm before the undersigned notary public that I shall make application for a State of Georgia alcohol license for the Sale/serving of ___BEER ___WINE ___LIQUOR ___ON PREMISES or ___OFF PREMISES. This affidavit will be relied upon by Houston County personnel in conjunction with the filing of a Houston County Alcoholic Beverage Application.

Sworn to and subscribed

Before me this ____ day of

_____, 20____.

Notary Public

Applicant

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction or updating an FBI identification record is set forth in Title 28 Code of Federal Regulations 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 – 16.33 or go to the FBI website at <http://fbi.gov/about-us/cjis/background-checks>.

Signature	Print Name	Date
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Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).



GCIC Mission: To protect the citizens of Georgia by providing accurate and timely criminal justice information and related services. GCIC does this through employee, customer and stakeholder involvement, teamwork, planning and technology.

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).



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Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



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Attachment C

28 CFR 16.30 through 16.34

§ 16.30 Purpose and Scope

This subpart contains the regulations of the Federal Bureau of Investigation (FBI) concerning procedures to be followed when the subject of an identification record requests production of that record to review it or to obtain a change, correction, or updating of that record.

§ 16.31 — Definition of identification record

An FBI identification record, often referred to as a “rap sheet,” is a listing of certain information taken from fingerprint submissions retained by the FBI in connection with arrests and, in some instances, includes information taken from fingerprints submitted in connection with federal employment, naturalization, or military service. The identification record includes the name of the agency or institution that submitted the fingerprints to the FBI. If the fingerprints concern a criminal offense, the identification record includes the date of arrest or the date the individual was received by the agency submitting the fingerprints, the arrest charge, and the disposition of the arrest if known to the FBI. All arrest data included in an identification record are obtained from fingerprint submissions, disposition reports, and other reports submitted by agencies having criminal justice responsibilities. Therefore, the FBI Criminal Justice Information Services Division is not the source of the arrest data reflected on an identification record.

§ 16.32 — Procedure to obtain an identification record

The subject of an identification record may obtain a copy thereof by submitting a written request via the U.S. mails directly to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. Such request must be accompanied by satisfactory proof of identity, which shall consist of name, date and place of birth and a set of rolled-inked fingerprint impressions placed upon fingerprint cards or forms commonly utilized for applicant or law enforcement purposes by law enforcement agencies.

§ 16.33 — Fee for production of identification record

Each written request for production of an identification record must be accompanied by a fee of \$18 in the form of a certified check or money order, payable to the Treasury of the United States. This fee is established pursuant to the provisions of 31 U.S.C. 9701 and is based upon the clerical time beyond the first quarter hour to be spent in searching for, identifying, and reproducing each identification record requested as specified in § 16.10. Any request for waiver of the fee shall accompany the original request for the identification record and shall include a claim and proof of indigency. Subject to applicable laws, regulations, and directions of the Attorney General of the United States, the Director of the FBI may from time to time determine and establish a revised fee amount to be assessed under this authority. Notice relating to revised fee amounts shall be published in the *Federal Register*.

§ 16.34 — Procedure to obtain change, correction or updating of identification records



If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.



GCIC Mission: To protect the citizens of Georgia by providing accurate and timely criminal justice information and related services. GCIC does this through employee, customer and stakeholder involvement, teamwork, planning and technology.



Consent Form

Please complete "Consent Form" along with \$65.00 in cash/correct change. (You will pay the Board of Commissioners office \$45.00 cash-criminal history and the Sheriff's office "Warrant Division" \$20.00 cash-finger print.) These fees cover the cost of a GCIC/NCIC criminal history. There is no guarantee by paying the \$65.00 you will be issued a Business License. A review of the Criminal History determines the issue of the License.

I hereby authorize Houston County Sheriff's Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

PRINT ONLY

Full Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Sex _____ Race _____

Social Security Number _____ Date of Birth _____

_____ Alcohol Business License

_____ Solicitors, Peddlers or Taxi Cab (CIRCLE ONE)

Print Name

Signature

Date