



CITY OF LYONS ALCOHOL BEVERAGE LICENSE APPLICATION

DATE OF APPLICATION _____

Please type or print legibly. Answer each question completely. The statements and answers contained within this application are furnished to the City of Lyons under oath and subject to the penalties of false swearing.

| | | | | | |
|---------------------|--|----------------|--|-----------|--|
| Occupational Tax #: | | Licensee Name: | | | |
| Full Business Name: | | | | | |
| Street Address: | | | | Lyons, GA | |
| Email Address: | | Phone #: | | Cell #: | |

NEW APPLICATION

MALT/BEER BEVERAGE

ON PREMISES CONSUMPTION

OFF PREMISES CONSUMPTION

LIQUOR

WINE

SUNDAY SALES

RENEWAL (Only provide appropriate supporting documents that have changed since your original application.)

MANAGEMENT STATUS CHANGE-\$25.00

NAME CHANGE-\$25.00

TYPE OF BUSINESS IN CITY OF LYONS: (check all that apply)

- Package/Liquor Store
- Eating Establishment (Restaurant)
- Hotel/Motel

- Convenience Store
- Super Market/Grocery
- Other (Explain):

BUSINESS PREMISES:

Has alcohol been sold at this location previously? Yes No Do Not Know

If yes, name of prior business:

WILL ESTABLISHMENT PROVIDE LIVE ENTERTAINMENT YES NO

WILL ESTABLISHMENT HAVE PATIO SALES YES NO

A consumption licensee may sell, serve, or otherwise dispense alcoholic beverages in a patio type environment if approved by the City. Visit CHAPTER 6, ARTICLE I, SEC 6.19 for additional information regarding zoning, patio structure, and lighting. To be approved for patio sales the patio/open area shall be directly adjacent and contiguous to the licensed premises and must meet the following requirements. Patios shall be enclosed by some structure the height of which shall be a minimum of three and one-half (3.5) feet above ground level. Patrons shall enter and exit licensed patio through the licensed establishment’s main premises. Patios shall have an approved fire exit for emergency use only, equipped with an audible alarm triggered by unauthorized use of such fire exit.

FOOD: *(For consumption on premises only)*

Does the establishment have a full-service kitchen? Yes No

If Restaurant, will food sales be at least 50% of total sales? Yes No

| Days of the week: | Hours food served: |
|-------------------|--------------------|
| Monday | |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |
| Saturday | |
| Sunday | |

****Attach copy of food and alcohol menu, include pricing with the application****

TYPE OF OWNERSHIP

Make additional copies of this form as needed to accommodate all owners/managers/stockholders (with more than 10% interest) of the business.

Sole Owner Partnership Other (explain)

Owner Information: Please complete for each owner of the business.

| | | | |
|-----------------|--|-------------------|--|
| Owner Name (1): | | Driver License #: | |
| Street Address: | | | |
| City: | | State: | |
| | | Zip Code: | |
| Cell Phone: | | Email Address: | |

| | | | |
|-----------------|--|-------------------|--|
| Owner Name (2): | | Driver License #: | |
| Street Address: | | | |
| City: | | State: | |
| | | Zip Code: | |
| Cell Phone: | | Email Address: | |

Manager Information: Please complete for each manager of the business.

| | | | |
|-------------------|--|-------------------|--|
| Manager Name (1): | | Driver License #: | |
| Street Address: | | | |
| City: | | State: | |
| | | Zip Code: | |
| Cell Phone: | | Email Address: | |

| | | | |
|-------------------|--|-------------------|--|
| Manager Name (2): | | Driver License #: | |
| Street Address: | | | |
| City: | | State: | |
| | | Zip Code: | |
| Cell Phone: | | Email Address: | |

| | | | |
|-------------------|--|-------------------|--|
| Manager Name (3): | | Driver License #: | |
| Street Address: | | | |
| City: | | State: | |
| | | Zip Code: | |
| Cell Phone: | | Email Address: | |

TAX ADVICE ACCOUNTING AND FINANCIAL ADVISORY

| | | | | | | | |
|-----------------------------------|--|---------------|--|-------------|--|--|--|
| Name of CPA or Financial Advisor: | | | | | | | |
| Street Address: | | | | | | | |
| City: | | State: | | Zip: | | | |
| Email: | | Phone Number: | | Fax Number: | | | |
| Mailing Address: (if different) | | | | | | | |
| City: | | State: | | Zip: | | | |

For Partnership Only: (if applicable)

| | |
|--------------------------|--|
| Date Partnership Formed: | |
|--------------------------|--|

For Corporation Only: (if applicable)

| | | | | | | | | |
|---------------------------------|---------------|-------------------------|-------------|--------|--|------|--|--|
| Name of Corporation: | | | FIN #: | | | | | |
| Street Address: | | City: | | State: | | Zip: | | |
| Email: | Phone Number: | | Fax Number: | | | | | |
| Mailing Address: (if different) | | City: | | State: | | Zip: | | |
| Date of Incorporation: | | Place of Incorporation: | | | | | | |

AUTHORIZATION FOR RELEASE OF PERSONAL AND CRIMINAL HISTORY RECORD

Instructions: Each owner and manager are required to complete an Authorization for Release of Personal and Criminal History and Personal History Statement (make copies as needed).

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

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 Lyons license or permit. I also certify that 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 Lyons City Clerk or a designee, or the Lyons 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.

| | | | | | |
|------------------------------------|--|-------------|-----------------|----------------|--|
| Full Business Name: | | | | | |
| Name: <i>(Last, First, Middle)</i> | | | | | |
| Home Address: | | | | | |
| City: | | State: | | Zip: | |
| Cell Phone: | | Email: | | | |
| Race: | | Hair Color: | | Eye Color: | |
| Weight: | | Gender: | | Date of Birth: | |
| Social Security #: | | | Place of Birth: | | |

Have you ever been arrested or held by federal, state, or other law-enforcement authorities for violation of any federal law, state law, county or municipal law, regulation or ordinance? (Do not include traffic violations. All other charges must be included even if they were dismissed.)

If yes, give reason charged or held, date, place where charged and disposition. (If no arrest, please write "no arrest." After last arrest is listed, please write "no other arrest.")

Applicant Signature

Sworn to and Subscribed Before Me,

This _____ Day of _____, 20_____.

Notary Public's Signature

My Commission Expires

ALCOHOL LICENSE PERSONAL HISTORY STATEMENT

Instructions: Each owner and manager are required to complete an Authorization for Release of Personal and Criminal History and Personal History Statement.

Relationship with This Business (check all that apply):

| | |
|----------------------------------|---|
| Name: | |
| <input type="checkbox"/> Owner | Percentage Ownership? |
| <input type="checkbox"/> Manager | |
| <input type="checkbox"/> Partner | What type of partner are you? General <input type="checkbox"/> Limited <input type="checkbox"/> Silent <input type="checkbox"/> |

A copy of verifiable identification must be provided at the time of application such as a copy of your driver's license or state photo identification card.

If Married or Separated, Complete the Following:

| | |
|---|---------------------|
| Full Name of Spouse: | Driver's License #: |
| Maiden Name: | Date of Birth: |
| Other names used by applicant (maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc.) Specify names and dates used: | |
| | |

Employment Record for the Past Three (3) Years: (List the most recent experience first)

| From (Mo/Yr) | To (Mo/Yr) | Employer | Title | Reason for Leaving |
|-----------------|---------------|----------|-------|--------------------|
| | | | | |
| | | | | |
| | | | | |

Do you have any financial interest, or are you employed in any other manufacture, wholesale, or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages? Yes No

| | |
|--|--|
| If yes, list names and locations: | |
|--|--|

Have you ever had a financial interest in an alcohol beverage business that was denied a license?

Yes No If yes explain:

Has any alcoholic beverage business in which you have been related to in any way (had financial interest in or been employed by, either currently or in the past) ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages?

Yes

REGISTERED AGENT

All licensed establishments must have and continuously maintain a "Registered Agent." This is an individual who upon any process, notice or demand required or permitted by law or under the City of Lyons Alcohol Beverage Code can be served upon for the licensee or owner. This person must be a Toombs County resident and agree to act in this capacity for the business.

| | | | | | | | | | |
|---------------|--|-------|--|----------------|--|--------|--|------|--|
| Name: | | | | | | | | | |
| Home Address: | | | | City: | | State: | | Zip: | |
| Phone Number: | | | | Email: | | | | | |
| Gender: | | Race: | | Date of Birth: | | | | | |

I hereby certify that I am a resident of the Toombs County, and agree to serve as "registered agent"

on behalf of _____ (business name), a business

located at _____, Lyons, Georgia.

As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Code of the City of Lyons, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

Signature of Registered Agent

Date

Sworn To and Subscribed Before Me

This _____ Day of _____, 20____.

Notary Public Signature

My Commission Expires

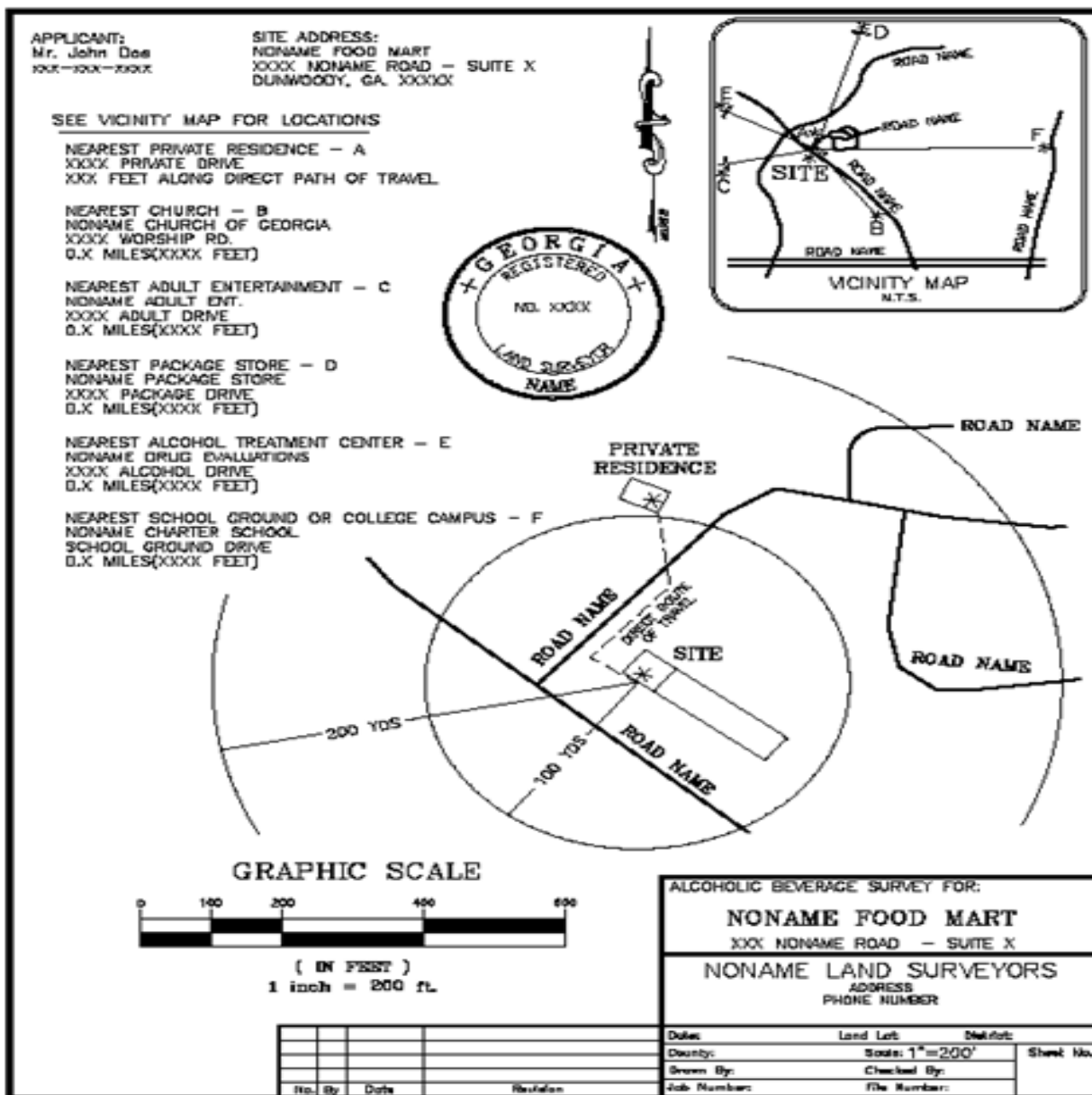
NOTE: Attach a copy of driver's license and proof of residency, i.e.; phone or utility bill that reflects the current address listed by the Registered Agent.

Description of an Acceptable Legal Land Survey

A certified scale drawing showing the location and distance to closest school buildings, licensed daycare centers, educational buildings, school grounds, colleges, and/or any houses of worship must be provided. A valid legal land survey must meet the distance requirements set forth by the City of Lyons Alcoholic Beverage Ordinance. Visit link provided [CHAPTER 6, ARTICLE I SECTION 6.23](#), [CHAPTER 6, ARTICLE II, SEC 6-57](#), AND [CHAPTER 6, ARTICLE IV, SEC 6.96](#)

All legal land surveys must be certified by a registered surveyor

An example of an acceptable legal land survey is below:



**Surveyor's Affidavit
City of Lyons
Alcohol Beverage License Application
Only for Package Sales**

I, _____, a Georgia registered land

surveyor, # _____ Do hereby certify that I am familiar with the

premises: _____ a business
(Business Name)

located at _____, Lyons, Georgia. This business is in compliance with City of Lyons Code Section set out below. (Check the following)

____ Retail Sales (Chapter 6, Article II, Sec 6-57) ____ Package Store (Chapter 6, article III, Sec 6-73)
____ Sale for consumption on premises (chapter 6, Article IV, Sec 6-96)

Distance – all measurements, to determine distances as required by this chapter relating to the issuance of alcoholic beverage licenses, shall be measured by the most direct route of travel on the ground and shall be measured in the following manner:

- (1) From the front door of the structure in which alcoholic beverages are sold or offered for sale;
- (2) In a straight line to the nearest public sidewalk, walkway, street, road or highway;
- (3) Along such public sidewalk, walkway, street, road or highway by the nearest route;
- (4) To the front door of the building (in the case of churches or alcoholic treatment centers which are owned and operated by the state or any county or municipal government), or to the nearest portion of the grounds (in the case of schools), whichever is more appropriate under the applicable section.

Signature and Seal of Surveyor

Date

Registration Number

Date of Expiration

Sworn To and Subscribed Before Me

This _____ Day of _____, 20_____.

Notary Public Signature

My Commission Expires

LIST OF EMPLOYEES FOR ALCOHOL-LICENSED BUSINESS (NON-MANAGERS)

| | | | |
|----------------|--|--------------------|--|
| Business Name: | | Alcohol License #: | |
|----------------|--|--------------------|--|

| | | | | | | | | |
|-------------------------------|-----|--|--------|--------|--------------------------------|--|------|--|
| Employee Name: | | | | Title: | | | | |
| Residence Address: | | | City: | | State: | | Zip: | |
| Date of Birth: | | | Phone: | | | | | |
| Current Lyons Alcohol Permit: | Yes | | No | | If yes, what is your permit #: | | | |

| | | | | | | | | |
|-------------------------------|-----|--|--------|--------|--------------------------------|--|------|--|
| Employee Name: | | | | Title: | | | | |
| Residence Address: | | | City: | | State: | | Zip: | |
| Date of Birth: | | | Phone: | | | | | |
| Current Lyons Alcohol Permit: | Yes | | No | | If yes, what is your permit #: | | | |

| | | | | | | | | |
|-------------------------------|-----|--|--------|--------|--------------------------------|--|------|--|
| Employee Name: | | | | Title: | | | | |
| Residence Address: | | | City: | | State: | | Zip: | |
| Date of Birth: | | | Phone: | | | | | |
| Current Lyons Alcohol Permit: | Yes | | No | | If yes, what is your permit #: | | | |

| | | | | | | | | |
|-------------------------------|-----|--|--------|--------|--------------------------------|--|------|--|
| Employee Name: | | | | Title: | | | | |
| Residence Address: | | | City: | | State: | | Zip: | |
| Date of Birth: | | | Phone: | | | | | |
| Current Lyons Alcohol Permit: | Yes | | No | | If yes, what is your permit #: | | | |

| | | | | | | | | |
|-------------------------------|-----|--|--------|--------|--------------------------------|--|------|--|
| Employee Name: | | | | Title: | | | | |
| Residence Address: | | | City: | | State: | | Zip: | |
| Date of Birth: | | | Phone: | | | | | |
| Current Lyons Alcohol Permit: | Yes | | No | | If yes, what is your permit #: | | | |

| | | | | | | | | |
|-------------------------------|-----|--|--------|--------|--------------------------------|--|------|--|
| Employee Name: | | | | Title: | | | | |
| Residence Address: | | | City: | | State: | | Zip: | |
| Date of Birth: | | | Phone: | | | | | |
| Current Lyons Alcohol Permit: | Yes | | No | | If yes, what is your permit #: | | | |

ALCOHOL BEVERAGE LICENSE CHECKLIST

____ SURVEYOR'S CERTIFICATE AND SURVEYORS AFFIDAVIT ATTACHED
(initials)

____ BACKGROUND AND HISTORY INFORMATION ATTACHED
(initials)

____ COPY OF DRIVER'S LICENSE STATE PHOTO IDENTIFICATION FOR ALL INDIVIDUALS SUBMITTING A PERSONAL
(initials) HISTORY STATEMENT.

____ PROOF OF US CITIZENSHIP
(initials)

____ REGISTERED AGENT AFFIDAVIT
(initials)

____ TAX ADVISE ACCOUNTING AND FINANCIAL ADVISORY AFFIDAVIT
(initials)

____ LIST OF EMPLOYEES
(initials)

____ FOOD AND DRINK MENU (IF APPLICABLE)
(initials)

____ CURRENT COMMERCIAL GENERAL LIABILITY INSURANCE
(initials)

Applicant please initial each section stating that you have provided the needed information.

Application Affidavit

I _____ DO SOLEMNLY SWEAR, SUBJECT TO CRIMINAL PENALTIES FOR FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE TO THE FOREGOING QUESTIONS IN THIS APPLICATION ARE TRUE AND COMPLETE, AND NO FALSE OR FRAUDULENT STATEMENT OR ANSWER IS MADE HERIN TO PROCURE GRANTING OF A LICENSE, THAT ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION CONDITIONED UPON A FRAUDULENT STATEMENT OR ANSWER HEREIN SHALL CONSTITUTE CAUSE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION. SHOULD ANY CHANGE OCCUR DURING THE YEAR FOR WHICH A LICENSE IS ISSUED PURSUANT TO THIS APPLICATION WHICH SHOULD REQUIRE A DIFFERENT ANSWER TO ANY QUESTION CONTAINED IN THIS APPLICATION, SUCH CHANGE MUST BE REPORTED AS A WRITTEN AMENDMENT TO THIS APPLICATION WITHIN FIVE (5) DAYS OF THE CHANGE. THE FAILURE TO MAKE SUCH AMENDMENT SHALL BE CAUSED FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED. I HAVE RECEIVED A COPY OF THE CITY OF LYONS MALT BEVERAGE AND WINE ORDINANCE AS AMENDED AND SWEAR AFFIRM THAT I WILL ABIDE BY AND COMPLY WITH ALL OF THE TERMS OF THE ORDINANCE. FURTHERMORE, I SWEAR AND AFFIRM THE FOLLOWING:

(initials)_____ I am a citizen of the United States, a resident of Toombs County, Georgia, or have assigned a registered agent who is a resident of Toombs County, Georgia, and am 21 years of age or older

(initials)_____ I have never been convicted under any federal, state or local law of a felony involving moral turpitude, and have not been convicted under any federal, state or local law of any felony within ten (10) years preceding the filing of this application.

(initials)_____ I have not had revoked, for cause, within three (3) years preceding the filing of this application, any license issued to me by any municipality in the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

(initials)_____ I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested.

(initials)_____ The license for which this application is made is for the use of said owner. I, as applicant for said license, am **(Circle one: resident officer, partner, associate owning substantial interest in the business, principal resident managing officer)** and shall be active in and responsible for the management and operation of the business for which the license is requested.

APPLICANT’S PRINTED NAME

APPLICANT’S SIGNATURE

I hereby certify that _____ signed his/her name to the foregoing application and has sworn that said all statements and answers are true and correct.

THIS DAY _____ OF _____, 20_____.

Notary Public Signature

My Commission Expires

**if partnership each partner must file an individual affidavit.*

ALCOHOL BEVERAGE-PROHIBITED HOURS

| Prohibited Sale Hours Retail | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|-----|----|----|----|----|----|----|----|----|----|-----|-----|-----|----|----|----|----|----|----|----|----|----|-----|-----|---|
| | 12a | 1a | 2a | 3a | 4a | 5a | 6a | 7a | 8a | 9a | 10a | 11a | 12p | 1p | 2p | 3p | 4p | 5p | 6p | 7p | 8p | 9p | 10p | 11p | |
| mon | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | | | | | |
| tue | | | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | | | | | |
| wed | | | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | | | | | |
| thrus | | | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | | | | | |
| fri | | | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | | | | | |
| sat | | | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | | | | | |
| sun | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | ■ |

| Prohibited Sale Hours by the Drink | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|-----|----|----|----|----|----|----|----|----|----|-----|-----|-----|----|----|----|----|----|----|----|----|----|-----|-----|---|
| | 12a | 1a | 2a | 3a | 4a | 5a | 6a | 7a | 8a | 9a | 10a | 11a | 12p | 1p | 2p | 3p | 4p | 5p | 6p | 7p | 8p | 9p | 10p | 11p | |
| mon | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | |
| tue | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | |
| wed | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | |
| thrus | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | |
| fri | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | |
| sat | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | |
| sun | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | ■ |

Retail:

| Sales Hours | | |
|-----------------------------------|--------------------------------------|--------------------|
| <u>Days</u> | <u>Hours</u> | <u>No Sales</u> |
| Monday | 7:00am – 11:59pm | 12:00 am – 6:59am |
| Tuesday – Saturday | 7:00am – 12:00am 12:00am – 1:59am | 2:00am – 6:59am |
| Sunday | | 12:00am – 12:00pm |
| Sunday Sales Supplemental License | 12:30am – 11:29 pm | 12:00am – 12:29 pm |

By the Drink:

| Sales Hours | | |
|-----------------------------------|---------------------------------------|--------------------|
| <u>Days</u> | <u>Hours</u> | <u>No Sales</u> |
| Monday | 10:00am – 12:00pm | 12:00 am – 9:59am |
| Tuesday – Saturday | 10:00am – 12:00pm 12:00am – 1:59am | 2:00am – 9:59am |
| Sunday | | 12:00am – 12:00pm |
| Sunday Sales Supplemental License | 11:30am – 11:59 pm | 12:00am – 11:59 pm |

ALCOHOL LICENSES FEES

| | | |
|-------------------------------------|----------|----------|
| ADMINISTRATION FEE (NON-REFUNDABLE) | \$200.00 | \$ _____ |
| MANAGEMENT STATUS CHANGE | \$25.00 | \$ _____ |
| NAME CHANGE | \$25.00 | \$ _____ |

FOR WHOLESALE DEALERS:

| | | |
|-----------------------------------|----------|----------|
| WHOLESALE: BEER OR MALT BEVERAGES | \$100.00 | \$ _____ |
| WHOLESALE: WINE | \$100.00 | \$ _____ |
| WHOLESALE: DISTILLED SPIRITS | \$100.00 | \$ _____ |

FOR RETAIL DEALERS:

| | | |
|--|-----------|----------|
| BY THE DRINK FOR CONSUMPTION ON THE PREMISES: BEER, MALT BEVERAGES OR WINE | \$600.00 | \$ _____ |
| BY THE DRINK FOR CONSUMPTION ON THE PREMISES: DISTILLED SPIRITS | \$650.00 | \$ _____ |
| BY THE DRINK FOR CONSUMPTION ON THE PREMISES (SUNDAY): BEER, MALT OR WINE | \$100.00 | \$ _____ |
| BY THE DRINK FOR CONSUMPTION ON THE PREMISES (SUNDAY): DISTILLED SPIRITS | \$350.00 | \$ _____ |
| RETAIL PACKAGE: BEER, MALT AND WINE BEVERAGES | \$300.00 | \$ _____ |
| RETAIL PACKAGE: DISTILLED SPIRITS | \$3000.00 | \$ _____ |

Total \$ _____

****OFFICIAL USE ONLY****

APPLICATION PROCESS CHECKLIST

_____ SURVEYOR'S CERTIFICATE RECEIVED
(initials)

_____ PROOF OF CITIZENSHIP FOR APPLICANT, PARTNERS AND MANAGER
(initials)

_____ COPY OF DRIVER'S LICENSE FOR APPLICANT, PARTNERS AND MANAGER
(initials)

_____ PROPERTY TAXES CURRENT
(initials)

_____ FEES PAID
(initials)

CRIMINAL HISTORY

A CRIMINAL HISTORY RECORD CHECK WAS PERFORMED ON ALL SUBJECTS INDICATED ON THIS FORM. **PLEASE INITIAL EACH LINE WHERE APPLICABLE:**

After a review of the criminal history records by a GCIC authorized agent of the City, the subjects **DO / DO NOT** meet the Cities Requirements outline in Chapter 6, Article I, Section 6-5 and 6-6

SIGNATURE OF PERSON PERFORMING THE CHECK

TITLE SIGNATURE DATE

CITY MANAGER REVIEW

The Application has been reviewed by the appropriate staff and all information required for submittal to the City Council is provided.

() APPROVED FOR SUBMISSION TO CITY COUNCIL

SIGNATURE

DATE

Updated 10/15/2020