



BACKGROUND INVESTIGATION CONSENT FORM

To: Business License Division
Department of Planning & Sustainability
330 W. Ponce De Leon Avenue, 2nd Floor
Decatur, GA, 30030

With regards to my application for (Body Craft and Tattoo) Business License, I hereby authorize the DeKalb County Business & Alcohol License Office to receive any criminal history record information pertaining to me, which may be in the files of any State or Local Criminal Agency in Georgia.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Sex</i>	<i>Race</i>	<i>Date of Birth</i>	
<i>Signature</i>	<i>Social Security Number</i>	<i>Date*</i>	

**(Not valid after more than 90 days)*