

MARIETTA POLICE PERMIT APPLICATION

TYPE OF PERMIT: PEDICAB _____ ALCOHOL MANAGER _____ OTHER _____

DATE OF APPLICATION _____ WORK PHONE # _____

RENEWAL OR NEW APPLICATION _____ HOME PHONE # _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

NAME OF APPLICANT _____

HOME ADDRESS _____

CITY, STATE, ZIP CODE _____

DATE OF BIRTH _____ AGE _____

RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ STATE _____

OWNER OF ABOVE BUSINESS _____

YOUR POSITION AT THE BUSINESS _____

LIST DATES & PLACES OF EMPLOYMENT FOR THE PAST FIVE YEARS _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY? _____ IF YES, LIST DATES, POLICE AGENCY, CHARGES AND DISPOSITION OF CHARGES _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A MISDEMEANOR? _____
IF YES, LIST DATES, POLICE AGENCY, CHARGES AND DISPOSITION OF
CHARGES _____

HAVE YOU EVER BEEN FINGERPRINTED? _____ IF YES, LIST WHEN, WHERE & WHY _____

HAVE YOU PREVIOUSLY BEEN ISSUED A PERMIT BY THE CITY OF MARIETTA? _____
IF YES, LIST TYPE AND DATE _____

HAVE YOU PREVIOUSLY BEEN ISSUED A PERMIT BY ANY OTHER JURISDICTION FOR THIS
PURPOSE? _____ IF YES, LIST DATES AND PLACES _____

PLACE OF BIRTH (STATE) _____ (COUNTRY) _____

ARE YOU A U.S. CITIZEN? _____ ALIEN REGISTRATION # _____

NATURALIZED DATE _____ CERTIFICATE # _____

LIST ANY AND ALL ALIASES, NICKNAMES, MAIDEN NAMES,
ETC. _____

PEDICAB APPLICANTS ONLY

- 8-12-30-040 PEDICAB DRIVER'S PERMIT
- PHYSICIAN'S CERTIFICATE REQUIRED. CERTIFICATE SHALL BE UPDATED EVERY TWO YEARS.
- APPLICANT MUST NOT BE LESS THAN 16 YEARS OF AGE. NO PERMIT SHALL BE ISSUED TO ANY PERSON WHO HAS BEEN CONVICTED OF OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF INTOXICATING BEVERAGES OR DRUGS WITHIN ONE YEAR PRIOR TO THE DATE OF THE APPLICATION FOR SUCH PERMIT, OR WHO HAS BEEN CONVICTED OF THE OFFENSE THREE OR MORE TIMES WITHIN FIVE YEARS PRIOR TO THE DATE OF THE APPLICATION FOR THE PERMIT.
- CURRENT STATE DRIVER'S LICENSE REQUIRED.

UNDER GEORGIA CRIMINAL CODE SECTION 16-10-20, ANY PERSON WHO KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME OR DEVICE, MAKES A FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR REPRESENTATION, SHALL UPON CONVICTION, BE PUNISHED BY A FINE OF NOT MORE THAN \$1,000.00 OR BY IMPRISONMENT FOR NOT LESS THAN ONE YEAR NOR MORE THAN FIVE YEARS, OR BOTH.

I HAVE READ AND UNDERSTAND THAT ANY FALSEHOOD OR HALF-TRUTH SUBMITTED IN THE APPLICATION IS A FELONY AND WILL RENDER ME INELIGIBLE FOR A CITY OF MARIETTA WORK PERMIT. I ALSO UNDERSTAND THAT ANY FALSEHOOD OR HALF-TRUTH DISCOVERED BY INVESTIGATORS DURING THE TERM OF THIS PERMIT WILL BE GROUNDS FOR ITS REVOCATION AND MY SUBSEQUENT PROSECUTION.

I SWEAR THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO BE THE TRUTH AND THAT IT CONTAINS NO FALSIFICATIONS OR MISREPRESENTATIONS OF THE FACTS. I UNDERSTAND THAT THIS INFORMATION MAY BE USED AGAINST ME DURING THE COURSE OF THIS INVESTIGATION.

THIS APPLICATION DOES NOT CONSTITUTE A TEMPORARY PERMIT. YOU MAY NOT BEGIN WORK UNTIL THE INVESTIGATION IS COMPLETE.

APPLICANTS SIGNATURE

DATE



MARIETTA POLICE DEPARTMENT

240 Lemon Street, Marietta, Georgia 30060 Telephone 770-794-5300 Fax 770-794-5301

Marty Ferrell, Chief of Police

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the **Marietta Police Department** to conduct an inquiry for the purpose listed below and receive any Georgia criminal history record information as authorized by state law and/or for codes J, Z and C, any national criminal history record information as authorized by federal law.

Full Name (print)			
Address			
Sex	Race - (A-Asian, B-Black, I-Native American, W-White)	Date of Birth	Social Security Number

List any convictions and/or plea of nolo contendere that has been entered on your record for any felony or misdemeanor charge in any Superior, State, and/or Municipal Court of any state of the United States:

Signature

Date

DO NOT WRITE BELOW...POLICE USE ONLY

Date of Request: _____ Time of Request: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E – Permit Application
<input type="checkbox"/>	E- Business License Application
<input type="checkbox"/>	E- Other

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name/Phone: _____ / _____

Agency Designee Signature and Title

Date