



MARIETTA POLICE DEPARTMENT

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

David Beam, Chief of Police



Privileged License Application

Full Name of Applicant:

Employer's name and address:

Race:

Hair Color:

Gender:

Dates License Needed:

Height:

Date of Birth:

Place of Birth (State or, if not born in the U.S., Country):

Home Address (Not P.O. Box):

Phone Number #1:

Phone Number #2:

Federal or State-Issued Photo ID Number:

Type of Identification:

Click on boxes below to upload at least two (2) photos of Driver's License, Social Security Card or Other Valid ID

Driver's License (Front)

Social Security Card

s;dlfk;

Other

Other



MARIETTA POLICE DEPARTMENT

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

David Beam, Chief of Police



Email Address:

Have you ever been arrested?

If yes, please list all arrests and approximate dates:

Have you completed the criminal history request form on the back page of this application? This application will not be processed until this application and the criminal history consent form and fees are received by the Marietta Police Department.

I, _____ do hereby swear or affirm that the answers given herein are true and correct to the best of my knowledge. I understand that my criminal history for the State of Georgia will be checked using the Georgia Crime Information Center (GCIC) database. I understand that the application fee is nonrefundable.

GA Code Section 16-10-71 provides that a person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgement of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement. I further understand that if I have made omission or misrepresentations that my permit will be revoked and/or a citation issued under the applicable city ordinance.

Electronic signature of applicant:

Date:

After completion of these forms, please email them to MariettaPolicePermits@mariettaga.gov and make an appointment for fingerprinting and permit processing at <https://calendly.com/mariettapermits>.



MARIETTA POLICE DEPARTMENT

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

David Beam, 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			
Home Address			
Sex	Race - (Asian, Black, Native American, 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	
☐	E – Permit Application
☐	E – Business License Application
☐	E - Other

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

☐	No Criminal Record Available
☐	Criminal Record (Attached/Released)
☐	No NCIC/GCIC Warrant
☐	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name/Phone: _____ / _____

Agency Designee Signature and Title:

Date: