## CITY OF CALHOUN ALCOHOL LICENSE REQUEST FOR MANAGER CHANGE

## **CHECK LIST**

Application
Before the manager change application is submitted to City Hall the criminal history must be completed. The record request form (Exhibit A), along with an original social security card and photo id, must be taken to the Calhoun Police Department; 200 North Wall Street. Appointment must be made in advance by calling 706-629-1234. A \$71.25 fee is required for the background check and fingerprint cards payable at City Hall.
One document to prove the managers residential address – Must be Gordon County or adjacent county resident
\$25.00 fee

## CITY OF CALHOUN, GEORGIA ALCOHOL - BEER, WINE, LIQUOR MANAGER CHANGE APPLICATION

Business Name of Current License	e Holder	Store address		
Type of License				
Prior Manager				
Name of Proposed Manager				
Manager's Date of Birth	State and County of Birth	Date of Obtaining Manager Position		
	County or adjacent county at the tir	County of Residence ne of this application and remain a resident of Gordon of alcoholic beverages in the City of Calhoun.)		
Business Phone Number	Manager's Home Phone Number	Length of Employment with Licensee		
Name and Address of Nearest Rel	ative			
	the above facts are true to the management of the ope	the best of my knowledge and that I ameration."		
Witness	Si	gnature		
Notary Public				
(City Use Only)	(Annroyed)	Denied)		

## CONSENT FORM "EXHIBIT A"

I hereby authorize the City of Calhoun Police Department to receive any criminal history record information pertaining to me that may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed  Address							
			Signature				
Signed be	fore me this						
day of							
Notary Pu	ablic						

Please email results to Judy Craig at City Hall (jcraig@calnet-ga.net)