

A-3

CITY OF BRUNSWICK POLICE DEPARTMENT BUSINESS LICENSE APPLICATION

TYPE OF BUSINESS APPLIED FOR:			
NAME OF BUSINESS:			
BUSINESS ADDRESS:			
APPLICANT'S NAME: FIRST:		MIDDLE:	LAST:
SOCIAL SECURITY#:		D.O.B.	P.O.B.
CURRENT ADDRESS:			
PREVIOUS ADDRESS:			
HOME PHONE:		BUSINESS PHONE:	
PARTNER/MANAGER NAME: FIRST		MIDDLE	LAST
CURRENT ADDRESS:		HOME PHONE#:	
SOCIAL SECURITY #:		D.O.B.	P.O.B.
PERSONAL REFERENCE: NAME:			
ADDRESS:			
PHONE:			
PERSONAL REFERENCE: NAME:			
ADDRESS:			
PHONE:			
PERSONAL REFERENCE: NAME:			
ADDRESS:			
PHONE:			
LIST ALL PRIOR ARRESTS, EXCLUDING MINOR TRAFFIC VIOLATIONS			
OFFENSE	OFFENSE DATE	CITY	STATE
I CERTIFY THAT ALL STATEMENTS IN THE ABOVE APPLICATION ARE TRUE AND ACCURATE.			
APPLICANT'S PRINTED NAME:			
APPLICANT'S SIGNATURE:			DATE:
WITNESS:			DATE:

GAPS Information List

Print your answers

Last Name:	Address
First Name:	City:
Middle Name:	State:
Suffix: (Jr,Sr.)	ZIP:
Date of Birth:	Phone:
Place of Birth:	Reason For Prints:
Sex:	Payment: Credit Card or Money Order
Race:	
Eye Color:	
Hair Color:	
Height:	
Weight:	
Country of Citizenship:	
Drivers License Number:	
State of Drivers License:	



COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: _____

Date: _____

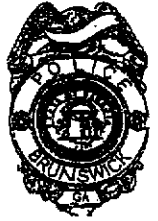
A-4



Edna H. Johnson
Chief of Police

Brunswick Police Department

206 Mansfield Street
Brunswick, Georgia 31520
Phone (912) 267-5559 – Fax (912) 267-5526
www.brunswickpolice.org



Administrative Division

REQUEST FOR CRIMINAL HISTORY

TO: TAC Operator

PUR Code: E

FROM: Administrative Division

APPLICANT: Police: _____

Fire: _____

Other: _____

LAST NAMES:		FIRST NAMES:		MIDDLE NAMES:	
ALIAS(ES):					
ADDRESS:					
SEX: <input type="checkbox"/> MALE:		RACE:	EYES:	HGT:	WGT:
<input type="checkbox"/> FEMALE:					
SOCIAL SECURITY NO:				DATE OF BIRTH:	
LIST BELOW ANY STATES THAT YOU HAVE RESIDED IN OR HAVE A DRIVERS LICENSE FROM:					
OTHER INFORMATION (INCLUDE ANY IDENTIFICATION NUMBERS, ARREST DATA OR CIRCUMSTANCES WHICH MIGHT ASSIST IN IDENTIFYING SUBJECT.)					
SID #:		FBI#:		MUN#:	

THIS BLOCK IS FOR DEPARTMENT USE ONLY	
I certify that the information applied for is necessary in the interest of the due administration of the laws, and not for the purpose of assisting a private citizen in carrying on his personal interests or in maliciously or uselessly harassing, degrading or humiliating any person.	
Signature of Officer or Other Person Requesting Information	Date
Signature of Applicant	Date

