DAWSON PUBLIC SAFETY DEPARTMENT

432 Crawford Street NE, Dawson, Georgia 39842 (229) 995-4414

SPECIAL ACTIVITY PERMIT

Date Submitted: present during the event and I will be response.		am the sponsor the event shown below. I will be esent during this event.
PERSON RESPONSIBLE INFORMATION		
HOME ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOME PHONE NO:	CELLPHONE NO:	
(PRINT NAME)		(SIGNATURE)
EVENT/VENUE INFORMATION		
TYPE OF EVENT:		
LOCATION OF EVENT:		
DATE OF EVENT:(FROM)		(TO)
TIME OF EVENT:(FROM)		(TO)
ESTIMATED NUMBER OF PARTICIPANTS AND/O	PR GUESTS:	
Alcohol Present: ☐ Yes ☐ No If alcohol is Department and will consist of two (2) swo		rity will be provided by the Dawson Public Safety r hour per officer.
Note: If "Alcohol Present" is marked "NO", event. If it is found that alcohol is present, t		fety Department may inspect the venue during the venue will be closed.
If this request is for use of the "Old Library" or the exchange of money for entry or parti		beverages, charge/donation for entry, donations taken, TO SECURITY PERSONNEL
Recommended for Approval: ☐ Yes ☐ No	o Recom	mended for Approval:
Police Chief		on City Manager

NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM

I hereby authorize			to	conduct a	an inquiry for the	
purpose(s) listed below and recieve any Georgia and/or	r national cr	iminal history recor	d informat	tion as au	thorized by state and	
federal law.						
Full Name:						
 (First Name)		(Last Name)			(M.I.)	
(First Name)		(Last Ivallie)			(101.1.)	
Address:						
City:	State: _				_ Zip Code:	
Cove Posses		Data of Birth	,	,		
Sex: Race: SSN:		_ Date of Birth:	_/	_/	_	
_						
This authorization is valid for		days from date	of signatu	ıre.		
П.						
I,			onsent to	the above	e-named entity to perform	
periodic criminal history background checks for the dai	acion of my	employment.				
					/	
Signature			Date			
/ Attorney for Individual (Purpose E and U Only)		Bar Number		Date		
		• •	•	•		
			_			
Date of Inquiry: Time of Inc	ղuiry:		Operat	or's Initia	ls:	
Purpose Code Used: (Check all that apply)						
☐ E - Employment		☐ P - P	ublic Recor	ds		
J - Civilian Criminal Justice Employment (State & III Info Received		U - Personal Copy				
		<u> </u>				
☐ M - Working with Mentally Disabled		∐ W-\	Working wit	th Children		
— Working with Mentally Disabled			Z - Sworn	Criminal Ju	ustice Employment	
□ N - Working with Elderly	IV	(State	e & III Info F	Received)		
The Inquiry resulted in the following: (Check all that ap	piy)					
☐ No Criminal Record Available		□ No N	ICIC/GCIC V	Varrant		

Possible NCIC/GCIC Warrant					
(List Wanting Agency Below) Wanting Agency Name:					
/	_/				
	(List Wanting Agency Below) Wanting Agency Name				

REVISED FEBRUARY 2020