

# DAWSON PUBLIC SAFETY DEPARTMENT

432 Crawford Street NE, Dawson, Georgia 39842

(229) 995-4414

## SPECIAL ACTIVITY PERMIT

Date Submitted: \_\_\_\_\_

My signature is verification that I am the sponsor the event shown below. I will be present during the event and I will be responsible for the conduct of those present 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/OR GUESTS: \_\_\_\_\_

Alcohol Present: ☐ Yes ☐ No If alcohol is present, security is required. Security will be provided by the Dawson Public Safety Department and will consist of two (2) sworn personnel at a rate of \$25.00 per hour per officer.

**Note:** If "Alcohol Present" is marked "NO", personnel of the Dawson Public Safety Department may inspect the venue during the event. If it is found that alcohol is present, the event will be stopped and the venue will be closed.

If this request is for use of the "Old Library", there can be no sale of alcoholic beverages, charge/donation for entry, donations taken, or the exchange of money for entry or participation. ENTRY CAN'T BE DENIED TO SECURITY PERSONNEL

Recommended for Approval: ☐ Yes ☐ No

Recommended for Approval: ☐ Yes ☐ No

\_\_\_\_\_  
George T. Poupard  
Public Safety Director

\_\_\_\_\_  
James Woods  
Dawson City Manager

# NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM

I hereby authorize \_\_\_\_\_ to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name: \_\_\_\_\_  
(First Name) (Last Name) (M.I.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

☐ This authorization is valid for \_\_\_\_\_ days from date of signature.

☐ I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Attorney for Individual (Purpose E and U Only) Bar Number Date \_\_\_\_/\_\_\_\_/\_\_\_\_

.....  
Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

## Purpose Code Used: (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> E - Employment   | <input type="checkbox"/> P - Public Records  |
| <input type="checkbox"/> <b>J - Civilian Criminal Justice Employment</b><br>(State & Ill Info Received) | <input type="checkbox"/> U - Personal Copy   |
| <input type="checkbox"/> M - Working with Mentally Disabled   | <input type="checkbox"/> W - Working with Children   |
| <input type="checkbox"/> N - Working with Elderly   | <input type="checkbox"/> <b>Z - Sworn Criminal Justice Employment</b><br>(State & Ill Info Received) |

## The Inquiry resulted in the following: (Check all that apply)

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

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature and Title Date \_\_\_\_/\_\_\_\_/\_\_\_\_