

Waycross Police Department

512 Oak Street – P.O. Box 176 Waycross, GA 31502-0176 Phone (912) 287-2921 – Fax (912) 287-2926

ALCOHOLIC BEVERAGE SERVERS PERMIT APPLICATION

NAME:				
ALIAS (NICH	(NAME) or PREVIOUS N	IAMES USED:		
SOCIAL SEC	URITY NUMBER:			
DRIVERS LIC	CENSE NUMBER:			
DATE OF BI	RTH:			
SEX:	RACE:	HEIGH	fT:	WEIGHT:
HAIR:		EYES:		
MAILING AL	ODRESS:			
CITY:		STATE:	ZIP CODE:	
HOME PHO	NE NUMBER:			
BUSINESS Y	OU WILL SERVE FOR:			
I give the Cit	ty of Waycross Police D	epartment the authority to	o conduct a Criminal H	listory Check.
Applicant's	Signature			Date
Police Depart Waycross Po	rtment with a \$10.00 a plice Department upon	noto ID should be attached pplication fee. The applicar approval or disapproval. If a time to appear at the pol	nt will be contacted by approved, a represer	y a representative of the
WPD Approx	ved:	WPD	Disapproved:	



