



\_\_\_\_\_  
(Date)

To: Marissa Moon  
Municipal Court Clerk  
City of Dublin, GA

For the purpose of obtaining an alcohol beverage license in the City of Dublin, please conduct a record search on:

NAME \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

SOCIAL SECURITY NBR: \_\_\_\_\_

\_\_\_\_\_  
Signature

**\*\*\* This letter must be signed, sealed, and dated by the Municipal Court Clerk**