

## **Alcohol Beverage Wholesaler, Broker or Importer License Application**

The City of Dunwoody has established the following application to allow for the lawful wholesaling, brokering or importing of alcohol in accordance with the City of Dunwoody's Alcohol Beverages, Chapter 4 as it pertains to Alcohol Beverage Privilege Licenses.

Any wholesale dealer, broker or importer in alcoholic beverages who is licensed by the state and who has a place of business in the city shall procure a license under the same provisions applicable to retail licensees. Alcohol brokers are exempt from 4-99(c) of the Dunwoody Code of Ordinance. Alcohol Beverage Privilege Licenses are issued to individual establishments at the specific address. The License is not transferable to a new owner or new address. The Alcohol Beverage Wholesaler, Broker or Importer License will expire each year on December 31<sup>st</sup>. It is the establishment's responsibility to renew the license each following year. The City Manager reserves the right to revoke any license that is not in compliance with the law at any time without refund. Should he choose to do so there will be written notification sent to the licensee.

Please submit the following Alcohol Beverage Wholesaler, Broker or Importer License application and required supplemental materials in person (detailed in the following checklist) to the Finance Department located at 4800 Ashford Dunwoody RD, Dunwoody, GA 30338. If you have questions, please do not hesitate to contact the Finance Department at 678.382.6705 or at [Businesstax@dunwoodyga.gov](mailto:Businesstax@dunwoodyga.gov).

## Alcohol Beverage Wholesaler, Broker or Importer License Checklist

### Applicant Requirements:

- Applicant/Licensee Information
- Background Consent form
- SAVE Affidavit signed & notarized
- Alcohol Excise Tax Acknowledgment
- Occupational Tax Registration
- Copy of the lease to the premises, proof of ownership or Authorization of use of the premises.
- Copy of the Menu
- Payment in Full for the Alcohol Application, via cash, Cashier's check, Credit card ( Visa or Master card) or Money Order ONLY
- Payment in Full for the Background consent form \$50.00

### Registered Agent Requirements:

- Registered Agent Information
- 1 (2x2) passport Photo
- Background Consent form
- SAVE Affidavit form sign and notarized
- Payment in Full for the Background consent form \$50.00

### Personnel Statement Requirements:

- Personnel statements for all applicant/licensee and all officers of the company
- 1 (2x2) passport photo for each applicant/licensee
- Background Consent form for each applicant/licensee
- SAVE Affidavit form sign and notarized for each applicant/licensee
- Payment in Full for the Background consent form \$50.00

**Forms of payments Cash, Check, Credit card (Visa or Master card) or Money Order ONLY**

### Restaurant Requirements Only

#### Community Development

<input type="checkbox"/> Legal Land Survey review by Zoning
<input type="checkbox"/> Floor Plan Drawing
<input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/> Fire Department Approval
<input type="checkbox"/> Patio Permit: Consumption on premises. \$50.00
<input type="checkbox"/> Pouring Permit: Required for Manager/Supervisors

#### DeKalb County Dept.

<input type="checkbox"/> Agriculture Approval
<input type="checkbox"/> Food Permit Approval
<input type="checkbox"/> FOG Approval (fats, oils, grease)
<input type="checkbox"/> Health Permit Approval
<input type="checkbox"/> Other:

### **Staff Use Only**

Alcohol License #:	Permit Fees: \$125.00 ( ) Paid
OTC Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:
<b>Business License #</b>	<b>State License on File: Yes/ No</b>

## Alcohol Beverage Wholesaler, Broker or Importer License Application

Business Information	Business Name:		Business Address:		City/State/Zip:		
	Business Telephone:		Mailing Address:		City/State/Zip:		
	<b>Check One:</b> ( ) New Location ( ) New Licensee ( ) New Ownership <b>Non-Residents Circle One:</b> Beer Only      Wine Only      Beer & Wine      Beer, Wine & Liquor						
	<b>Type of Business/License:</b> <input type="checkbox"/> Resident Wholesaler (Located within Dunwoody city limits) <input type="checkbox"/> Non-Resident Wholesaler (Located outside of Dunwoody city limits) <input type="checkbox"/> Resident Importer (Located within Dunwoody city limits) <input type="checkbox"/> Non-Resident Importer (Located outside of Dunwoody city limits) <input type="checkbox"/> Broker						
			<b>Monthly Fees</b>		<b># of Months</b>		<b>License Fee Due</b>
	<input type="checkbox"/>	Admin: Beer and/or Wine	\$100.00			=	
	<input type="checkbox"/>	Admin: Liquor	\$200.00			=	
	<input type="checkbox"/>	Beer Only	\$50.00	X		=	
	<input type="checkbox"/>	Wine Only	\$50.00	X		=	
	<input type="checkbox"/>	Beer & Wine	\$75.00	X		=	
<input type="checkbox"/>	Liquor	\$333.00	X		=		
<input type="checkbox"/>	Non-Resident Wholesaler	\$100.00 (Annual)			=		
<input type="checkbox"/>	Non-Resident Importer	\$100.00 (Annual)			=		
<b>Total Fee Due with Administrative Fee:</b>							
Applicant/Ownership Information	<b>APPLICANT/LICENSEE NAME</b>						
	Last:		First:		Middle:		
	Aliases / Stage Names:						
	<b>Email:</b>			Social Security Number:      -      -			
	County of Residence:		Home Address:		City/State/Zip:		
	<b>Type of Ownership:</b>						
	( ) Single Proprietor ( ) Partnership ( ) Association ( ) Corporation or LLC						
	Corporate Name:		Corporate Address:		Date of Incorporation/State of Inc.		
	Corporate Officers or Partners	Home Address	City/State/Zip	% of Interest	Social Security #		
<p>This application must be executed under oath and the applicant is subject to criminal penalties for false swearing. The application includes all attachments and forms that are required for processing of this application. I, _____ the Licensee, do solemnly swear that the answers and statement on this application are true and correct and that no false or fraudulent statements are made herein to obtain an alcoholic beverage license.</p>							
Signature of Applicant/Licensee:		Date:		Seal:			
Signature of Notary Public:		Date:					

Does the Licensee, Partner, Corporation or owner have any ownership interest in any other licensed alcoholic beverage business in the state of Georgia? If Yes, give the name of that person, name of business, and complete address:

List the full name, Address and other pertinent information for each person having any ownership interest in this business:

Name	Address	City/State/Zip	Social Security #	Date of Birth	%Interest

How much money is being invested in the business and by whom?

Total amount of money paid \_\_\_\_\_

Name of Person	Home Address	City/State/Zip	Amount of Money

How Much of the Money is being borrowed and by whom?

Total amount borrowed \_\_\_\_\_

Name of Bank, Business or Person	Street Address	City/State/Zip

Name and Home Address of the Manager:

Have you attached two (2) registered agent forms with pictures of the agent? ( ) Yes ( ) No

Have you received a copy of the City of Dunwoody Alcoholic Beverage Ordinance? ( ) Yes ( ) No

**No application may be processed without acknowledgement of receipt of this document.**

## Personnel Statement

Applicant Information	NAME Last:		NAME First:		NAME Middle:	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Aliases / Stage Names:		Social Security Number:	
	Home Address:			City/State/Zip:		
	Date of Birth:    /    /		Phone:		BIRTHPLACE City: State:	
	Are you a U.S. Citizen?		Naturalized? Provide Certificate No.(Yes/No)		Date, Place, Court.	
	Petition Number		Derived Parents Certificate No.		Alien Register No.	
	<b>*** Note a copy of Resident Alien Card and Driver's License must be provided at the time of application. The application will not be accepted without this documentation.</b>					
	Native Country		Date of Entry		Port of Entry	
	Marital Status		If Married, Spouse's Name:		Spouse's SS No.	
	Spouse's Date of Birth:		Spouses Employer:		Address of Spouse's Employer:	
Business Information	Business of Employment:					
	Job Title:			Supervisor:		
	Street Address:					
	Phone:			Length of Employment:		
	% Ownership if any:			Salary or Annual Compensation:		
Additional Information	Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages: (Yes/No) If Yes, give names and locations of interest in each.					
	1) _____					
	2) _____					
3) _____						
Have you ever had any financial interest in an alcoholic beverage business which was denied a license? (Yes/No) If so give details.						
Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? (Yes/No) If so, give Details.						

Residences for the Past Ten Years	If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved).																																																																																		
	Have you ever been denied bond by a commercial security company? (Yes/No) If Yes, give details.																																																																																		
	Have you ever been arrested or held by Federal, State, or Other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinances? A criminal background investigation will be conducted to verify this information. (Do not include traffic violations. All other charges must be included even if they were dismissed.																																																																																		
	Reason Charged or Held		Date			Place of Charge																																																																													
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	No Arrests? (Yes/No)				Attached additional Arrests? (Yes/No)																																																																														
	Please list any other names used by the applicant (maiden name, names by former marriages, former names, aliases, nicknames, etc) Specify which and show dates used.																																																																																		
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## Personnel Statement Affidavit

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, \_\_\_\_\_ County. I  
\_\_\_\_\_ do solemnly swear, subject to the penalties  
of false swearing, that the statements and answers made by me as the applicant in the foregoing  
personnel statement are true and correct.

Applicant's Signature: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ signed his name to the  
foregoing application stating to me that he knew and understood all statements and answers made  
therein, and, under oath actually administered by me, has sworn that said statements and answers  
are true and correct.

Please Attach Original  
2x2 Passport Photo (front  
view) taken within the  
past year (copies are not  
acceptable).

Sworn and Attested before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature/Seal: \_\_\_\_\_

### Registered Agent Form

<b>Agent Information</b>	NAME Last:		NAME First:		NAME Middle:	
	Date of Birth:        /        /			Social Security Number:        -        -		
	Home Address:			City/State/Zip:		
	Are you a U.S. Citizen?		Home Telephone Number:		Business Telephone Number:	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTHPLACE City:		BIRTHPLACE State:	
<b>Business</b>	Business Name:					
	Street Address:			City/State/Zip		

City of Dunwoody Code Chapter 4, Article 2, Section 33(i) requires every business applying for or holding an alcoholic beverage license to have and continuously maintain a registered agent for service of process of any notice permitted by law under the alcoholic beverage ordinance. **The registered agent must live in DeKalb County.** The owner can be their own registered agent if they live in DeKalb County.

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors of the above business and to perform all obligations of such agency under the provisions of City of Dunwoody Code Chapter 4, Article 2, Section 33(i). **I also consent to the required criminal background investigation in order to serve as a registered agent.**

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

The owner(s) or an officer of the corporation must authorize the person shown above to be their agent. **It is the owner's responsibility to maintain a registered agent who lives in DeKalb County.** Please attach a cashier's check or money order for \$50.00 payable to City of Dunwoody to cover the background investigation. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcohol beverage license.

Licensee Name		Please Attach 1 passport photo of the Agent here. Must be taken within the last year.
Licensee's Signature	Date	
Owner's Name		
Owner's Signature	Date	
Officer's Name	Title	
Officer's Signature	Date	



**O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit  
 Verifying Status for City Public Benefit**

**\*\*This form is required for ALL LICENSES/PERMITS by State Law\*\***

By executing this affidavit under oath, as an applicant for an alcohol license, as referenced in O.C.G.A. § 50-36-1, from the City of Dunwoody, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen  
 (Must include copy of either current State Driver's License, Passport, or Military ID)
  
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States\*\*  
 (Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)
  
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.\*\*  
 (Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

\*\*My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC/SEAL

## Alcohol Excise Tax Acknowledgement-Wholesaler

Pursuant to the Chapter 4 Alcoholic Beverage Ordinance, Section 217 all licensed businesses in the City of Dunwoody that hold a valid City of Dunwoody Alcohol Privilege License as a wholesaler must be responsible for submitting their monthly Alcohol Excise Tax returns. Below is an excerpt of Article 8 Excise Tax from the Chapter 4 Alcohol Ordinance.

### **Tax Imposed on First Sale or Use of Malt Beverages, Wine, and Distilled Spirits in the City.**

- (a) Where malt beverages, commonly known as tap or draft beer, are sold in or from a barrel or bulk container, a tax of \$6.00 on each container containing not more than 15½ gallons and a proportionate tax at the same rate on all fractional parts of 15½ gallons;
- (b) Where malt beverages are sold in bottles, cans or other containers, except barrel or bulk containers, a tax of \$0.05 per 12 ounces and a proportionate tax at the same rate on all fractional parts of 12 ounces;
- (c) There is imposed by the city an excise tax on the first sale or use of wine in the city at a rate of \$0.22 per liter and a proportionate tax at the same rate on all fractional parts of a liter;
- (d) There is imposed by the city an excise tax on the first sale or use of distilled spirits in the city at the rate of \$0.22 per liter and a proportionate tax at the same rate on all fractional parts of a liter.

### **Payment and Returns by Licensee.**

The excise taxes provided for in this section shall be imposed upon and paid by the licensed wholesale dealer. Such taxes shall be paid on or before the **15th day of the month** following the month in which the alcoholic beverages are sold or disposed of by the wholesaler within the city. Remittances shall be accompanied by completed forms as prescribed or authorized by the city.

### **Failure to File Return.**

- (a) If a licensee fails to make a return, the city shall make an estimate of the amount of the tax due for the period for which a return was not filed. Such estimate may be based on any information available to the city. Written notice of the estimate shall be given to the licensee in the manner specified by section 4-218.
- (b) If the failure to file a return is due to fraud or an intent to evade this article, a penalty of 25 percent of the amount required to be paid by the licensee shall be added to the estimate of the amount due in addition to any other penalties which may be imposed.

Alcohol Excise forms can be found on our website at [www.dunwoodyga.gov](http://www.dunwoodyga.gov). Please sign and date below acknowledging that you understand your responsibility to report your monthly Alcohol Excise Taxes to the City of Dunwoody.

**Contact for Excise Taxes**

Donica Williams  
678.382.6705  
[Donica.Williams@dunwoodyga.gov](mailto:Donica.Williams@dunwoodyga.gov)

Signature: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_



**Background Check Consent Form**

**Account#** \_\_\_\_\_

**\*\*\*PLEASE NOTE: Background Checks are only performed between the hours of 9:30AM&10:30AM and 1PM&2PM on Tuesdays and Thursdays by APPOINTMENT ONLY.**

I authorize the **Dunwoody Police Department** to receive any background record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia. I also acknowledge that I received a copy of my privacy rights in accordance to both Federal and State regulations.

Print Full Name: \_\_\_\_\_

Maiden Name/Previous Name/Alias Info: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ DL State: \_\_\_\_\_

**Are you a U.S. Citizen?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, you will need to have your Green Card available.** Country of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Sec#: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

**Signature of Applicant:** \_\_\_\_\_

**For Finance Dept. Use Only:**

- New**
- Renewal**
- Background Check & Fingerprints Only (No Permit Required)
- Background Check Only (No Permit Required)
- Licensee- Background Check Only
- Pouring Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 1 yr.)
- Register Agent – Background Check Only
- Work Permit (Photo, Background Check, Finger prints) - Issue to Applicant (Exp. 1 yr.)
- Return Results to Finance Department

-----  
Employee Completing: \_\_\_\_\_ Date Complete: \_\_\_\_\_

Meets Permit/License Requirements: \_\_\_\_\_ Does Not Meet Permit/License Requirements: \_\_\_\_\_

## APPLICANT PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-335(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-recordinformation>).

## **PRIVACY ACT STATEMENT**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

2018-05 Attachment B