

## ALCOHOL LICENSE RENEWAL 20\_\_

**ALL forms MUST be completed in its ENTIRETY**

**Licensee Applicant Information:** *The Licensee on file with our office must be the person to sign the renewal form.*  
 Do not complete this renewal form if there has been a change of applied Licensee or Ownership. Please contact the Business License Office at 678.382.6763 or by email at [businessstax@dunwoodyga.gov](mailto:businessstax@dunwoodyga.gov)

Licensee Full Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Licensee Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Bus. Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**BUSINESS NAME:** \_\_\_\_\_ **Account/Permit Number:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**License Fee:** \_\_\_\_\_ (Check the types of Alcohol Licenses, and add Fees due.)

**\*\*COP (Consumption on Premise)**

<u>License(s)</u>	<u>Annual Fee(s)</u>	<u>Administration Fee(s)</u>	<u>License Fee Due</u>
<input type="checkbox"/> Beer, Wine, Liquor, Sunday Sales: COP	\$6,000.00	\$300.00	_____
<input type="checkbox"/> Beer, Wine, Liquor, Sunday Sales: Package	\$6,000.00	\$300.00	_____
<input type="checkbox"/> Beer Only: Package	\$ 600.00	\$100.00	_____
<input type="checkbox"/> Beer Only: COP	\$ 600.00	\$100.00	_____
<input type="checkbox"/> Wine Only: Package	\$ 600.00	\$100.00	_____
<input type="checkbox"/> Wine Only: COP	\$ 600.00	\$100.00	_____
<input type="checkbox"/> Beer & Wine Combination: Package	\$ 900.00	\$100.00	_____
<input type="checkbox"/> Beer & Wine Combination: COP	\$ 900.00	\$100.00	_____
<input type="checkbox"/> Liquor: Package	\$4,000.00	\$200.00	_____
<input type="checkbox"/> Liquor: COP	\$4,000.00	\$200.00	_____
<input type="checkbox"/> Sunday Sales	\$1,100.00		_____
<input type="checkbox"/> Additional Fixed Bar(s) #_____ x	\$ 600.00 each		_____
<input type="checkbox"/> Additional Movable Bar(s) #_____ x	\$ 300.00 each		_____
<input type="checkbox"/> Wholesaler/Importer: Beer	\$ 600.00	\$100.00	_____
<input type="checkbox"/> Wholesaler/Importer: Wine	\$ 600.00	\$100.00	_____
<input type="checkbox"/> Wholesaler/Importer: Liquor	\$4,000.00	\$200.00	_____
<input type="checkbox"/> Fraternal Org: Beer and/or Wine	\$ 500.00	\$100.00	_____
<input type="checkbox"/> Fraternal Org: Liquor	\$1,000.00	\$200.00	_____
<input type="checkbox"/> Patio Permit	\$50.00		_____
<input type="checkbox"/> Licensee Background Check Fee	\$50.00		_____
<input type="checkbox"/> Registered Agent Background Check Fee	\$50.00		_____

**Subtotal Due:** \_\_\_\_\_

**Renewals Postmarked After November 30<sup>th</sup> will be charged Eleven Percent (11%) penalty and interest.**

**Penalty** (10% x Subtotal Due) \_\_\_\_\_

**Interest** (1% x Subtotal Due) \_\_\_\_\_

**Total Due:** (Subtotal Due + Penalty + Interest) \_\_\_\_\_

**\*\*\*Make payment payable to City of Dunwoody\*\*\***

## ALCOHOL LICENSE RENEWAL 20\_\_

**Type of Ownership:**     Single Owner     Partnership     Association     Corporation

If a corporation:    Corporate Name \_\_\_\_\_ State Inc. \_\_\_\_\_ Date Inc. \_\_\_\_\_

Name (Corp. Officers/Partners)	Home Address	City-State-Zip	% of Ownership	Social Security #

**Arrest Record:** Has the licensee, registered agent, a partner, or any other person having a financial interest in this business been arrested, indicted, or convicted for offense by any City, County, State, Federal Officer or any Governmental Authority within the last ten (10) years?    Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give full details on the back.

This is to certify that no change has taken place with respect to the operation of the above named business affecting its ownership as stated in the previous application. I certify and affirm that I have read the City of Dunwoody Alcohol Beverage Ordinance (Chapter 4) and that I am in accordance with the ordinance. The answers to all questions in the previous applications about the above named business are correct and remain unchanged. Additionally I certify to compliance to the City of Dunwoody and the State of Georgia laws governing the above named business. All sections of the application have been answered fully and correctly.

**Please circle one only**

The licensee listed below is a:

United States Citizen

Legal Permanent Resident\*

Qualified Alien/Non-Immigrant\*

\*If you are a **legal permanent resident or qualified alien/non-immigrant** you will need to submit a **SAVE Affidavit**, copy of your current driver's license and a copy of either your Permanent Resident Card, Employment Authorization Card or Passport along with your application front and back of identification is needed. The **SAVE Affidavit form** is on our website at [www.dunwoodyga.gov](http://www.dunwoodyga.gov).

**Please circle one only: SUNDAY SALES:**

**YES**

**NO**

\_\_\_\_\_  
 Licensee's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Licensee's Name

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public's Signature and Seal

Your renewal application(s) and payment must be received by **November 30<sup>th</sup>** to avoid penalty and interest charges of eleven percent (11%). Incomplete renewals will be returned to you to be completed. **No renewals are accepted after December 31<sup>st</sup>.**



## ALCOHOL LICENSE RENEWAL 20\_\_

### CITY OF DUNWOODY FOOD SALES

**ALL Consumption on Premise License holders MUST complete this form in its ENTIRETY**

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

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

**This affidavit must be fully completed, signed by licensee and notarized.** Renewals are due by November 30<sup>th</sup> for the next calendar year. Renewals submitted after November 30 will be charged a ten (10) percent late payment penalty and interest charges of one (1) percent per month or fraction of a month.

**The following information must be provided for the last twelve months that the business was open.** If the business has been open less than twelve (12) months, please provide actual sales for time open.

1. Period for which information is provided. \_\_\_\_\_
2. Gross receipts/sales from food and food service.                   \$ \_\_\_\_\_ = (\_\_\_\_) %
3. Gross receipts/sales from beer, wine and/or liquor.               \$ \_\_\_\_\_ = (\_\_\_\_) %
4. Total of food and beverage sales (lines 2 & 3) for this period. \$ \_\_\_\_\_ = (100)% Briefly describe how the sales are totaled or divided into the food and beverage service amounts:

I certify that I have a working knowledge of the books and records of the above establishment and to the best of my knowledge that these figures are true and correct. I hereby affirm in accordance with City of Dunwoody Alcoholic Beverage (Chapter 4) Ordinance and 2008-11-08; 2008-11-13; 2008-12-22; 2008-12-30; 2008-12-39; 2009-06-35; 2009-08-39; 2009-09-43 **that at least 60% of this establishment's food and beverage service for the last 12 months (365 days) is derived from the sale of food and food products.**

I further affirm that City of Dunwoody may request an audit, at any time, at the licensee's expense to verify these figures.  
**THIS FORM MUST BE FULLY COMPLETED, SIGNED AND NOTARIZED. INCOMPLETE FORMS WILL BE RETURNED TO YOU.**

\_\_\_\_\_  
Name of Preparer (please print or type)

\_\_\_\_\_  
Name of Licensee (please print or type)

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

Sworn under oath on this \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
  Month       Day       Year       Notary Signature and Seal

**Return the original application with payment for the exact amount due to:**  
City of Dunwoody, 4800 Ashford Dunwoody Rd, Dunwoody, GA 30338

## ALCOHOL LICENSE RENEWAL 20\_\_

### Alcohol Excise Tax Acknowledgement

Pursuant to the Chapter 4 Alcohol Beverage Ordinance, all licensed businesses in the City of Dunwoody that hold a valid City of Dunwoody Alcohol Privilege License to **serve liquor for consumption on premises** 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.

#### *Section 1: Tax Imposed on Sale of Drinks Containing Distilled Spirits*

There is imposed upon the retail sale of drinks containing distilled spirits in the City a tax in the amount of three per cent (3%) of the purchase price of the drink to the consumer. A record of each sale shall be made in writing and maintained for inspection by any authorized agent of the City.

#### *Section 2: Licensee to Collect and Remit*

Every consumption on the premises licensee shall collect the tax imposed by this article from purchasers of drinks containing distilled spirits. The licensee shall furnish such information as may be required by the City of Dunwoody to facilitate the collection of the tax.

#### *Section 3: Payment and Returns by Licensee*

- (a) Each licensee shall pay over the amount of taxes collected and coming due under this Article in any calendar month to the City not later than the **twentieth day of the following calendar month**.
- (b) On or before the twentieth day of each month, a return for the preceding month shall be filed with the City of Dunwoody by each licensee liable for the payment of tax under this article. Returns shall be in such form as the City may specify and shall show the licensee's gross receipts from the sale of drinks containing distilled spirits and the amount of taxes collected or coming due thereon.

Any amounts collected in excess of three per cent (3%) of the taxable sales shall be reported and paid to the City.

- (c) Licensees shall be allowed a percentage of the tax due and accounted for and shall be reimbursed in the form of a deduction in submitting, reporting, and paying the amount due, if said amount is not delinquent at the time of payment. The rate of deduction shall be the same rate authorized for deductions from State sales and use tax under O.C.G.A. § 48-8-50.

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  
678.382.6720  
Donica.Williams@dunwoodyga.gov

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

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

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

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

## ALCOHOL LICENSE RENEWAL 20\_\_

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

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

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ [type of public benefit(s)], 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 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 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

\*\*Please see the SAVE FAQ for a list of acceptable and unacceptable Identification Documents.

## ALCOHOL LICENSE RENEWAL 20\_\_

### Background Check Consent Form

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

**\*\*\*PLEASE NOTE: Background Checks are only performed at 9:00AM-10:30AM and 1PM-2:30PM on Tuesdays and Thursdays 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.

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

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

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

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

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

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

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- Fingerprints and 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

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

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

## ALCOHOL LICENSE RENEWAL 20\_\_

### 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>).

## ALCOHOL LICENSE RENEWAL 20\_\_

### **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.



## ALCOHOL LICENSE RENEWAL 20\_\_

### 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, and 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. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcoholic beverage license.**

<b>Business</b>	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	

## ALCOHOL LICENSE RENEWAL 20\_\_

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

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

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ [type of public benefit(s)], 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:

- 4) \_\_\_\_\_ I am a United States citizen  
(Must include copy of either current State Driver's License, Passport, or Military ID)
- 5) \_\_\_\_\_ I am a legal permanent resident of the United States\*\*  
(Must include a copy of your current State Driver's License and a copy of your Permanent Resident Card or Employment Authorization Card)
- 6) \_\_\_\_\_ 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 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

\*\*Please see the SAVE FAQ for a list of acceptable and unacceptable Identification Documents.

## ALCOHOL LICENSE RENEWAL 20\_\_

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

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

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

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

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

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

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:

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- Renewal**
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- Background Check Only (No Permit Required)
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Employee Completing: \_\_\_\_\_ Date Complete: \_\_\_\_\_

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

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- 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.
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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>).

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**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.