



City Of Statesboro
50 E Main St • P.O. Box 348
Statesboro, GA 30458
P:912-764-5468 • F:912-764-4691
www.statesboroga.gov

OTC & Alcohol Application for Change of Manager

PLEASE BE ADVISED THAT KNOWINGLY PROVIDING FALSE OR MISLEADING INFORMATION ON THIS DOCUMENT IS A FELONY PURSUANT TO O.C.G.A 16-10-20 WHICH STATES:

A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.

1. Business Trade Name: _____
DBA NAME

1. Applicant's Name: _____
Name of partnership, llc, corporation, or individual

2. Business physical address: _____

3. Business mailing address: _____

4. Local business phone number: _____
Corporate office phone number: _____

5. Contact name for business: _____

Phone number for contact person: _____

6. Name of manager: _____
(Person responsible for alcohol licensing)

7. Phone number for manager: _____

8. Address of manager: _____

Print name of manager

Signature of manager

Date



City of Statesboro Consent Form

I am authorizing the City of Statesboro to conduct a background criminal history record check.

I hereby agree the City of Statesboro, the Georgia Crime Information Center, the employees of either agency, or the employees of any other agency of the Federal, State, and local agencies, shall not be responsible for the accuracy of the information given or have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check.

Full Name: _____

Address: _____

SSN: _____ DOB: _____

Place of birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Eye color: _____ Hair color: _____

Signature

Date

Sworn before me on this _____ day of _____, 20_____.

Notary Public

My commission expires

GAPS Applicant Registration

Last Name: _____

First Name: _____

Middle Name: _____

Suffix: _____ Jr _____ Sr _____ II _____ III _____ IV

DOB: _____ Place of Birth: _____

SSN: _____ Sex: _____ M _____ F

Race: _____ Asian/Pacific Islander _____ Black _____ American Indian/Alaskan
_____ White (includes Mexicans & Latinos)

Eye Color: _____ Black _____ Blue _____ Brown _____ Green _____ Grey _____
_____ Hazel _____ Maroon _____ Multi-colored _____ Pink

Hair Color: _____ Black _____ Blonde _____ Blue _____ Brown _____ Grey _____ Orange
_____ Purple _____ Pink _____ Red _____ Sandy _____ White

Height: _____ Weight: _____ Country of Citizenship: _____

Drivers License Number: _____ Drivers License State: _____

Address: _____

Phone number: _____

Signature: _____ Date: _____

Reason for fingerprinting:

_____ Alcohol/Liquor license _____ Bondsman _____ Wrecker/Towing
_____ Vehicle for hire _____ Billiard License _____ Massage therapy
_____ Pawn Shop _____ Adult Entertainment Establishment



Cogent Systems

Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime information Center for a search of criminal history information in its files and to the Federal Bureau of investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

Signature

Date

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires

NON-CRIMINAL JUSTICE APPLICANT'S 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 non-criminal 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-record-information>).

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.

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

I received a copy of the privacy rights.

Print name

Signature

Date