



INSTRUCTIONS – ALCOHOLIC BEVERAGES LICENSE APPLICATION

Unified Government of Athens-Clarke County, Georgia

1. APPLICATION COMPLETION:

Every question must be fully, correctly and legibly answered. Do not use initials -- spell out all names. Incomplete applications will be returned to the applicant for proper completion. If the space provided is not enough for a full and complete answer, use a separate sheet of paper and indicate that a separate sheet is attached. The Athens-Clarke County Alcohol Beverage Ordinance is available for review on the website at www.accgov.com/code ([Code of Ordinances – Title 6: Licenses and Business Regulations](#))

2. REQUIRED FEES:

The required investigative fee of **\$420.00** must be paid when the initial application is submitted to the Department of Finance. Upon approval of the application, all additional fees must be paid prior the issuance of the license. These fees must be paid by **CREDIT CARD, CERTIFIED CHECK, OR MONEY ORDER**. A **\$110.00** investigative fee must be paid for each additional investigation during the year due to an ownership or managerial change. (Code Section 6-3-3 (b))

3. LICENSE NON-TRANSFERABLE:

If during the life of the license, the identity of the interest owners or their percentage of ownership should change, that information shall be sent to the Director of Finance or his designated representative for processing. A change in ownership shall require a new application. (Code section 6-3-3 (c))

4. DISTANCES:

The applicant is responsible for determining the distance from the proposed licensed location for each of the following:

- **A school – defined in OCGA Section 20-2-690, for A, B, C, D, E, F licenses – restaurants exempted**
 - **College distance exemption applies to square footage/size of a grocery store**
- **A private residence (street address and name required), for A, D, E, F licenses – restaurants exempted**
- **A church, for A, D, E, F licenses – restaurants exempted**
- **An alcohol treatment center, applies to all licenses, no exemptions**
- **Housing Authority defined in OCGA 3-3-21 (e) (1) (2), for D, E, F licenses – no exemptions**
- **Retail liquor package store (Class A license)**

A current certified plat from a registered surveyor is required to confirm the distance requirements and must accompany the application. The plat must show straight line measurements from point to point that certify the distances required (Code Section 6-3-5(c)).

5. ZONING:

No License shall be issued except in the zones as defined by applicable local zoning ordinances in Code Section 6-3-5 (c). For zoning questions, contact the Planning Department located at 120 Dougherty Street, Athens, GA 30601, by phone at **(706) 613-3515** or email planning@accgov.com.

6. FACILITY INSPECTION:

The applicant shall be responsible for filing plan reviews with the Building Inspections Department. For occupancy requirements, contact the Building Inspections Department located at 120 Dougherty Street, Athens, GA 30601, by phone at **(706) 613-3520** or email buildinginspection@accgov.com.

7. CRIMINAL HISTORY CONSENT FORMS:

Georgia Crime Information Center (GCIC) Council rules require that the [consent form on page 18](#) of the application be completed, signed, and notarized prior to any criminal history investigation by the Police Department.

- A separate form must be completed for each individual required to be listed on the application, including but not limited to sole proprietor, partners, members, managers, corporate officers and stockholders (See Code Section 6-3-3(c) for exception)



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for certain stockholders) and authorizes Athens-Clarke County to use such information in determining whether the license applied for shall be issued (Code Section 6-3-3(e)).

- Information requested concerning race and sex is for investigative purposes only.

8. FINGERPRINTS:

The Idemia Services online system requires applicants to register at <https://ga.state.identogo.com/ata> and have their fingerprints recorded at one of their locations. See page 19 of the application for more information.

9. STATE AND FEDERAL REGULATIONS:

A State Alcohol License is required before alcohol can be sold and must be obtained by the applicant in order for the license issued by Athens-Clarke County to be valid. Failure of the licensee to obtain a state license issued before beginning operations shall be an automatic forfeiture and cancellation of the license issued by Athens-Clarke County and no refund of the license fees shall be made to the licensee.

If a State Alcoholic Beverage License is revoked by the State of Georgia, then the license issued by Athens-Clarke County shall automatically be revoked and void effective as of the date of the state revocation. Please contact the Georgia Department of Revenue for its requirements, fees and application: by phone at (877) 423-6711 or email atdiv@dor.ga.gov.

Note: Your State Alcohol License must agree with the Athens-Clarke County License. For example, if the State Alcohol License lists liquor, beer and wine, so should your Athens-Clarke County License.

10. APPLICATION FILED UNDER OATH (Code Section 6-3-3):

When completed, the application must be signed, dated and notarized. (Note: Affidavits cannot be notarized by the Athens-Clarke County Business Tax Office.)

11. APPLICATION RETURN AND INFORMATION:

ALLOW A THIRTY (30) DAY PERIOD FOR APPLICATION PROCESSING.

CONTACT THIS OFFICE FOR ADDITIONAL INFORMATION CONCERNING THIS APPLICATION AND RETURN THE APPLICATION FOR ALCOHOLIC BEVERAGES TO:

LOCATION ADDRESS: Athens-Clarke County Business Tax Office
375 Satula Avenue
Corner of Satula and Boulevard
Athens, Georgia 30601

MAILING ADDRESS: Athens-Clarke County Business Tax Office
375 Satula Avenue
Athens, Georgia 30601

TELEPHONE NUMBER: (706) 613-3040

EMAIL: ACCBusinessTaxandLicenses@accgov.com



MUST BE SUBMITTED WITH APPLICATION:

1. Page 15 - E-verify Affidavit – one per business.
2. Page 16 - SAVE Affidavit – one per LLC member and manager, corporate officer and stockholder, sole proprietor and partner. Please make copies as necessary.
3. Page 18 - Release of Criminal History Consent form - one per sole proprietor, partner, member, manager, corporate officer and stockholder. Please make copies as necessary.
4. Copy of driver's license or permanent residency card **for each criminal history consent form**.
5. Page 19 – Fingerprint Affidavit - one per LLC member and manager, corporate officer and stockholder, sole proprietor and partner. Please make copies as necessary.
6. Secretary of State registration for LLC and Corporate renewals (Code Section 6-3-3 (c)).

ALSO SUBMIT WITH APPLICATION:

1. Certified Plat
2. Copy of Lease or Buy/Sell Agreement
3. Floor Plan (professional or hand drawn)
4. Copy of trade name affidavit filed with the Clerk of Superior Court.



1. APPLICANT'S NAME: _____
(Name of LLC or Corporation as shown in the Articles of Incorporation; Sole Proprietor or Partnership)
2. BUSINESS NAME: _____
("Doing Business As" Name) **If using a Trade Name, attach copy of trade name affidavit filed with Clerk of Superior Court (706-613-3195).**
3. BUSINESS LOCATION ADDRESS: _____ STE# _____
4. BUSINESS MAIL ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
5. LOCAL BUSINESS TELEPHONE NUMBER: (_____) _____
6. CONTACT PERSON FOR BUSINESS: _____
TELEPHONE NUMBER FOR CONTACT PERSON: _____
CONTACT E-MAIL ADDRESS: _____
7. NAME OF MANAGER: _____
(Person responsible for Alcohol Licensing issues)
TELEPHONE NUMBER FOR MANAGER: _____
HOME STREET ADDRESS FOR MANAGER: _____
(No P.O. Box number)
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
8. PURPOSE OF APPLICATION IS: (CHECK ALL THAT APPLY)
NEW BUSINESS: _____ NEW OWNER: _____
PREVIOUS BUSINESS NAME: _____
9. IF APPLYING FOR A CLASS D LIQUOR LICENSE, DESCRIBE THE DOCUMENTATION SUPPORTING LIQUOR SALES FOR THE MONTHLY 3% EXCISE TAX REPORT (Required):
_____ POINT OF SALE SYSTEM _____ OTHER METHOD (DESCRIBE BELOW)

DESCRIPTION/NAME OF POINT OF SALE SYSTEM:

Please note, Code Section 6-4-3 defines the purchase price for the sale of distilled spirits by the drink. Only voided transactions and sales tax can be excluded from the purchase price. **See also Code Section 6-3-11 prohibiting the offering or serving of free alcoholic beverages**



to the general public. By signing this document, you agree to file documentation with each monthly 3% Excise Tax Report.

10. LEGAL RESTRICTIONS:

Does the applicant owe any debt or obligation to the Unified Government of Athens-Clarke County, including but not limited to excise, occupational or property taxes, or utility fees? (Code Section 6-3-4(a)(3))

Answer: YES _____ NO _____ **If yes, give full details on separate sheet.**

Is there anyone connected with this business who is not a legal resident of the United States and at least twenty-one (21) years of age? (Code Section 6-3-4(a)(1)(2))

Answer: YES _____ NO _____ **If yes, give full details on separate sheet.**

If anyone connected with this business is not a U.S. Citizen, can he or she legally be employed in the United States.

Answer: YES _____ NO _____ **If yes, explain on a separate sheet and submit copies of eligibility.**

Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category? (Code Section 6-3-4(F))

Answer: YES _____ NO _____ **If yes, give full details on separate sheet.**

Has anyone connected with this business been convicted within fifteen years immediately prior to the filing of this application with any felony or for whom outstanding indictments, accusations or criminal charges exist charging such individual with any of such offenses and for which no final disposition has occurred? (Code Section 6-3-4(b)(1))

Answer: YES _____ NO _____ **If yes, give full details on separate sheet, including dates, charges and disposition.**

Is there anyone connected with this business that has been convicted within five years immediately prior to the filing of this application of the violation (i) of any state, federal or local ordinance pertaining to the manufacture, possession, transportation or sale of malt beverages, wine, or intoxicating liquors, or the taxability thereof; (ii) of a crime involving moral turpitude; or (iii) of a crime involving soliciting for prostitution, pandering, gambling, letting premises for prostitution, keeping a disorderly place, the traffic offense of hit and run or leaving the scene of an accident, or any misdemeanor serious traffic offense? (Code Section 6-3-4(b)(2))

Answer: YES _____ NO _____ **If yes, give full details on separate sheet, including dates, charges and disposition.**

Is there anyone connected with this business who has been convicted for selling alcohol to an under-age person within the last three (3) year period? (Code Section 6-3-4(b)(3))

Answer: YES _____ NO _____ **If yes, give full details on separate sheet.**

Is there anyone connected with this business who is an official or public employee of Athens-Clarke County, State or Federal Agency and whose duties include the regulation or policing of alcoholic beverages or licenses, or any tax collecting activity? (Code Section 6-3-5(d))

Answer: YES _____ NO _____ **If yes, give full details on separate sheet.**



Will live nude performances or adult entertainment be a part of this business' operations?

Answer: YES _____ NO _____ **If yes, Athens-Clarke County Ordinance 6-3-4(4) prohibits alcohol in an establishment having adult entertainment.**

Grocery Stores within 100 yards of a college campus: Athens-Clarke County Alcoholic Beverage License Ordinance Code Section 6-3-5 provides that grocery stores within 100 yards of a college campus are eligible for a Class B and/or C license if it meets the definition of a grocery store as provided for in Ordinance Code Section 6-3-1 and O.C.G.A. § 3-3-21(B).

Is this application for a grocery store located within 100 yards of a college campus?

Answer: YES _____ NO _____ N/A _____

If yes, then does this establishment have at least 85% of its total retail floor space reserved for the sale of food and other non-alcoholic items? Required

Answer: YES _____ NO _____

Total Floor Space (minimum of 10,000 square feet) _____ Required

Total Floor Space for food and non-alcoholic items _____

Total Floor space reserved for alcoholic items _____

Are all sales conducted inside the building containing the retail floor space? YES _____ NO _____
Required



11. TYPE OF BUSINESS: Complete one of the following (11, 12, 13, or 14) (Code Section 6-3-3)

 LLC **CORPORATION** **SOLE PROPRIETOR** **PARTNERSHIP (LP OR LLP)**
(Complete #12) (Complete #13) (Complete #14) (Complete #15)

12. **LLC APPLICANT:** A change of ownership requires a new application and a % change of ownership requires notification to the Finance Department (Code Section 6-3-3(c)). A current annual or amended annual registration with the Secretary of State must be filed with this application (Code Section 6-3-3(c)).

DATE AND PLACE OF INCORPORATION: _____

LIST ALL MEMBERS AND MANAGERS: (attach list if necessary)

FULL LEGAL NAME: _____ **PHONE:** _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

FULL LEGAL NAME: _____ **PHONE:** _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

FULL LEGAL NAME: _____ **PHONE:** _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

FULL LEGAL NAME: _____ **PHONE:** _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

SEE NEXT PAGE FOR CORPORATE APPLICANTS



13. **CORPORATE APPLICANT:** A change of ownership requires a new application and a % change of ownership requires notification to the Finance Department (Code Section 6-3-3(c)). An annual or amended registration with the Secretary of State must be filed with this application (Code Section 6-3-3(c)).

DATE AND PLACE OF INCORPORATION: _____

CORPORATE OFFICERS: All corporate applicants shall list the names and addresses of the officers of the corporation (Code Section 6-3-3(d) (1)).

LIST CORPORATE OFFICERS: (attach list if necessary)

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OFFICE HELD: _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OFFICE HELD: _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OFFICE HELD: _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OFFICE HELD: _____

LIST CORPORATE STOCKHOLDERS ON NEXT PAGE



LIST CORPORATE STOCKHOLDERS: (attach list if necessary) **Note – If Officer and Stockholder are the same person, list Full Legal Name and % of Stock Owned. Otherwise, complete all requested information.**

Unless the corporate stock or other ownership interest is listed on a public stock exchange (Code Section 6-3-3(c)), all corporate applicants shall list the names and addresses of the corporate stockholders and the percentage of stock owned by each (Code Section 6-3-3(f)(1)). If a named stockholder therein is another corporation, the same information shall be given for the Stockholding Corporation.

FULL LEGAL NAME: _____ **PHONE:** _____

HOME STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OFFICE HELD: _____

FULL LEGAL NAME: _____ **PHONE:** _____

HOME STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OFFICE HELD: _____

FULL LEGAL NAME: _____ **PHONE:** _____

HOME STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OFFICE HELD: _____

FULL LEGAL NAME: _____ **PHONE:** _____

HOME STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OFFICE HELD: _____



14. **SOLE PROPRIETOR APPLICANT:** A change of ownership requires a new application (Code Section 6-3-3(c)). Complete below if different from information on page 3, otherwise write in "Same" by Full Legal Name.

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

15. **PARTNERSHIP APPLICANT:** A change of ownership requires a new application and a % change of ownership requires notification to the Finance Department (Code Section 6-3-3(c)).

DATE PARTNERSHIP FORMED: _____

LIST ALL PARTNERS: (attach list if necessary)

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____



16. **State name and address of owner of the property** (Land and Building) where the business will be located.

17. Is the commercial space where the business is to be located rented or leased?

Answer: YES _____ NO _____ **If yes, state name of lessor or landlord and address.**

18. **CALCULATION OF BASIC LICENSE FEE:** **FOR CALENDAR YEAR** _____

<u>CLASSIFICATION</u>	(Mark All That Apply)	<u>LICENSE FEE</u>
Class A Retail Liquor Package Store	_____	\$5,000.00
Class B Retail Package Beer	_____	1,060.00
Class C Retail Package Wine	_____	1,060.00
Class D Retail Liquor by the Drink	_____	1,580.00
Class E Retail Beer by the Drink	_____	470.00
Class F Retail Wine by the Drink	_____	470.00
Class G Wholesale Liquor	_____	5,000.00
Class H Wholesale Beer	_____	1,200.00
Class I Wholesale Wine	_____	1,200.00
Class J Alcoholic Beverage Caterer (A, B, C, D, E, or F License)	_____	640.00
Class K Brewer –Manufacturer of Malt Beverages Only	_____	2,740.00
Class L Brew Pub Operator	_____	640.00
Class M Broker	_____	640.00
Class N Importer	_____	640.00



Class O Hotel In-room Service Liquor, Beer, and Wine	_____	640.00
Class P Winery – Manufacturer of Wine Only	_____	640.00
Class Q Manufacturer of Distilled Spirits Only	_____	5,000.00

PERMITS

* **Sunday Sales** Permit (must also have Class A, B, C, D, E, or F License) _____ 0.00
(Code Sections 6-3-3(L), 6-3-3(2)) (O.C.G.A. Code Section 3-3-7)

You must select this option if you wish to serve alcoholic beverages on Sunday.

No charge for Sunday Sales Permit.

Wine Tasting Permit (must have Class C License without A) _____ 270.00
(Code Section 6-3-6(c))

Growler Tasting Permit (must have Class B License without A) _____ 270.00
(Code Section 6-3-6(f))

TOTAL ANNUAL LICENSE FEE: \$ _____

PARTIAL YEAR CALCULATION IF APPLICABLE: \$ _____

***SUNDAY SALES:** The sale of alcoholic beverages shall be lawful on Sunday for any restaurant, rental of rooms for overnight lodging or package store as defined in Code Sections 6-3-2, 6-3-3 (L) and 6-3-5 (i).



The undersigned applicant hereby applies to the Unified Government of Athens-Clarke County, Georgia for a license to sell alcoholic beverages in Athens-Clarke County. A non-refundable four hundred twenty-dollars (**\$420.00**) investigative fee must be tendered with the application (credit card, certified check, or money order). Checks and money orders should be made payable to Athens-Clarke County Finance Department.

OATH:

I, _____, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a license to sell alcoholic beverage in Athens-Clarke County, Georgia is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said license.

Print Full Name As Signed Below

Signature of Applicant

Title

Date

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires: _____



E-VERIFY
Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. **Please check only one:**

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed *more than ten (10) employees.*¹

*** If you select Section 1(A), please fill out Section 2, sign and execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed *ten (10) or fewer employees.*

*** If you select Section 1(B), please skip Section 2, sign and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Authorization User Identification Number: (*Note: this number has at least 4 and no more than 6 digits.*)

Date of Authorization

The US Citizenship and Immigration Services website can be accessed at www.uscis.gov/everify

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

THIS FORM MUST BE NOTARIZED BEFORE SUBMITTTING IT TO THE UGACC FINANCE DEPARTMENT.

¹ To determine the number of employees for purposes of this affidavit, a business must count the total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week. (*rev 11/4/2015*)



Affidavit Verifying Status for Public Benefit as Required by Georgia Security and Immigration Compliance Act
SAVE AFFIDAVIT
O.C.G.A – 50-36-1 (f) (2) Affidavit

By executing this affidavit under oath, as an applicant for a business occupation tax certificate or alcohol license, as referenced in O.C.G.A. § 50-36-1, from Athens-Clarke County, the undersigned applicant verifies **one of the following** with respect to my application for a public benefit:

- 1) _____ **I am a United States Citizen.**
- 2) _____ **I am a legal permanent resident of the United States**
- 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.**

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-(f), 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 on the _____ day of _____ in _____ (city) _____ (state)

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires: _____

COMPLETE THIS AFFIDAVIT AND SUBMIT A COPY OF THE IDENTIFICATION DOCUMENT (front and back) FROM THE LIST ON THE NEXT PAGE.

THIS AFFIDAVIT CANNOT BE NOTARIZED BY THE BUSINESS TAX OFFICE



Secure and Verifiable Documents under O.C.G.A. § 50-36-2

Issued October 28, 2016 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- **An unexpired United States passport or passport card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired United States military identification card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired driver’s license issued** by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired identification card issued** by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired tribal identification card of a federally recognized Native American tribe**, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired United States Permanent Resident Card or Alien Registration Receipt Card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Employment Authorization Document that contains a photograph of the bearer** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2] *Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law*
- **An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Free and Secure Trade (FAST) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired NEXUS card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired driver’s license issued by a Canadian government authority** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Report of Birth issued by the United States Department of State (Form DS-1350)** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Birth Abroad issued by the United States Department of State (Form FS-545)** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240)** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



ATHENS-CLARKE COUNTY POLICE DEPARTMENT
RELEASE OF CRIMINAL HISTORY CONSENT FORM

ACP-F-140
Form Number

091007
Revision Date

LLC's should complete a form for each member/manager and the designated manager. Corporations should complete a form for each officer and the designated manager. Sole Proprietor's should complete a form for the license holder and designated manager. Partnerships should complete a form for each partner and the designated manager.

I, _____
LAST NAME FIRST NAME MIDDLE NAME DOB RACE SEX

SOCIAL SECURITY NUMBER HEIGHT WEIGHT EYE COLOR HAIR COLOR

STREET ADDRESS CITY STATE ZIP CODE

AUTHORIZE: Athens-Clarke County Police Alcohol and Drug Unit to receive my criminal history record from the Athens-Clarke County Police Department.

SIGNATURE OF SUBJECT

SWORN AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC

SEAL

My Commission Expires: _____

- i. (Note: Unless all blanks are completed on this form and the form is notarized, no information will be released.)
- ii. Rules of Georgia Crime Information Center Council Chapter (GCIC) 140-02 Code Section 140-02 04 Criminal Justice Information Exchange and Discrimination Amended.
- iii. Criminal justice agencies may disseminate criminal history records to private persons, businesses, public agencies, political subdivisions, authorities and instrumentalities, including state or federal licensing and regulatory agencies, or to their designated representatives. For dissemination purposes, criminal history records include all available criminal history record information; except information relating to any arrest or charges disposed of under the provisions of the Georgia First Offender Act shall not be provided after the person has been discharged from First Offender status and exonerated of the charge. At the time of each request requestors shall provide the fingerprints or the signed and notarized consent of the person whose record is requested. The signed and notarized consent must be in a format approved by GCIC and must include the person's full name, address, social security number, race, sex and date of birth. Criminal justice agencies which disseminate criminal history records to private individuals and to public and private agencies shall advise all requestors that if an employment or licensing decision adverse to the record subject is made, the record subject must be informed by the individual or agency making the adverse decision of all information pertinent to that decision. This disclosure must include information that a criminal history record check was made, the specific contents of the record, and the effect the record had upon the decision.



IDEMIA Georgia Applicant Processing Service (GAPS)

<https://ga.state.identogo.com/ata>

Applicants will need to use the following ORI number and Verification when registering online:

ORI# GA923035Z process under Alcohol/Liquor Licensee

Service Code: 2TGR22

Questions and/or issues: customerservice@identogo.com

Applicants can choose a site in the State of Georgia to be fingerprinted during the online registration. **OUT OF STATE applicants will follow the same online registration and complete the additional instructions on how to mail in the completed fingerprint cards for processing.**

Step 1: Go to the website: <https://ga.state.identogo.com/ata>

Step 2: Enter Service Code **2TGR22** and click **GET STARTED**

Step 3: Enter Reviewing Agency and Requesting Agency **GA923035Z**; click **CONTINUE**

Step 4: Review information entered; click **START ENROLLMENT**

Step 5: Acknowledge statement has been read by checking the box; click **CONTINUE**

Step 6: Enter **DEMOGRAPHIC** information (screen 1 and screen 2); click **REVIEW**

Step 7: Review your information and verify it is correct (for corrections: click **EDIT** on right-hand side)

Step 8: NO CHANGES once submitted; **review again**; click **SUBMIT ENROLLMENT**

*******ONCE APPROVED, ADDITIONAL INSTRUCTIONS WILL BE SENT TO THE EMAIL ADDRESS PROVIDED*******

Step 9: Click on the link provided in your **EMAIL** to schedule your appointment; **NOTE the UEID**

Step 10: Enter your **DATE OF BIRTH** and the assigned **UEID**; click **CONTINUE**

Step 11: Enter a **CITY, STATE** and/or **ZIP CODE**

Step 12: Click on the **LOCATION** that you would like to be fingerprinted at

Step 13: Select **APPOINTMENT DATE** and **TIME**; Click **CONTINUE** after selecting your **APPOINTMENT**

Step 14: Click **CONFIRM**; click the additional **CONFIRMATION** button

Step 15: **REVIEW** the **APPOINTMENT INFORMATION** to verify it is correct

Step 16: If corrections are needed, use **EDIT INFORMATION** on the right-hand side

Step 17: Click **CONTINUE TO PAYMENT**; select the **PAYMENT METHOD**; click **PAY AND SUBMIT**

Step 18: **CONFIRMATION SCREEN**; please **PRINT** as it contains your appointment information and identification required for the appointment.

BE SURE TO BRING THE APPROPRIATE IDENTIFICATION AND INFORMATION WITH APPOINTMENT NUMBER TO YOUR APPOINTMENT.



Athens-Clarke County Alcoholic Beverage License Fingerprint Affidavit

By executing this affidavit under oath, as an applicant for an Athens-Clarke County
Alcoholic Beverage License for _____,
(Name of business)

I _____ have submitted fingerprints to
(Name of applicant)
the Georgia Bureau of Investigation through IDEMIA (GAPS) in compliance with
O.C.G.A. Code Section 3-3-2.

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. Code Section
16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Print Name

SUBSCRIBED AND SWORN BEFORE ME THIS

DAY OF _____, 20____

Notary Public

My Commission Expires: _____