



City of Statesboro

912-764-0625

Alcohol Application Checklist

You will need to turn the following items in along with your application for it to be complete:

- Completed application, all lines filled out legibly
- Copy of Identification (Driver's License or other picture ID) for ALL persons responsible for alcohol
- City of Statesboro Consent form for ALL persons responsible for alcohol
- GAPS Applicant Registration for ALL persons responsible for alcohol
- Food Service Permit from Bulloch County Health Department (restaurants)
- Food Sales Permit from Department of Ag if selling prepackaged food (gas stations/convenience stores/package stores)
- Trade Name Affidavit for applicants that are individuals
- Certificate of LLC if applicant is a limited liability company
- Articles of incorporation if applicant is a corporation
- Copy of lease for the location of business
- Proximity map from registered surveyor
- Floor plan (this can be drawn out by hand)
- Insurance Policy

If applying for a location reservation for a distilled spirits package store, insurance and food sales/food service permit are not required at the time of application submission.



City of Statesboro

912-764-0625

INSTRUCTIONS AND CONDITIONS FOR APPLYING FOR LICENSE TO SELL ALCOHOLIC BEVERAGES City of Statesboro, Georgia

****A picture ID MUST be submitted with the application****

1. Application Completion:

Every question must be fully, correctly, and legibly answered. Do not use initials. Please spell out all names. Incomplete applications will be returned to the applicant for proper completion. If the space provided on this application is not enough for a full and complete answer, please use a separate sheet of paper and indicate that a separate sheet is attached.

2. Required fees:

The required non-refundable application fee of **\$200 MUST be paid** when the initial application is submitted to the City Clerk (cash, check, cashier's check, money order only). Upon approval of the application, all additional fees must be paid prior the issuance of the license. These fees must be paid by cash, credit card (there is a 2% convenience fee added to all credit card payments), certified check, or money order made payable to City of Statesboro.

3. License non-transferable:

Any change in ownership, management, or other status of the licensed operation which would change any answers on the original application **MUST** be reported in writing to the City Clerk within 30 days from the change. Failure to do so may result in revocation of the license.

4. Distances:

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

- A school- including pre-k's and college campuses
- A private residence (street address and name required)
- An alcohol treatment center
- A church

****At the time of initial application, a sketch from a registered surveyor shall be attached to the application which shall certify that all state and local proximity requirements for the proposed location have been met. Sec 6-7(f)****

5. Zoning:

No license shall be issued except in the zoning districts as defined by applicable local zoning ordinances. Contact the Planning Department at City Hall by phone at 912-764-0630 for zoning questions.

6. **Facility:**

The applicant shall be responsible for filing plans with the Building Inspections Department for review. Contact the Building Inspections Department at City Hall by phone at 912-764-0630 for occupancy requirements.

7. **Business Entities:**

All closely held corporations, partnerships, limited liability companies, limited liability partnerships, and any other business entity recognized by Georgia Law shall list the names of all officers, stockholders, members, as applicable, and/or anyone having an ownership interest in the business entity. In addition, they shall name a manager whose name shall appear on the license issued to the corporation. The business entity shall provide the name and address of the manager who shall be the individual who does in fact have regular managerial and supervisory authority over the business conducted on the license premises. In addition, the manager shall be an agent for service for the corporation in addition to all other methods allowed for service a corporation by the laws of Georgia.

8. **Criminal History Consent Forms:**

Georgia Crime Information Center (GCIC) Council rules require that the consent form be completed, signed, and notarized prior to any information be accessed for release of criminal history investigations in reference to your application. This information is available in Chapter 140-2-04, Rules of the Georgia Crime Information Center Council Practice and Procedure.

A separate form must be completed for whomever the license is issued to and the agent or designated manager for individually owned businesses. Corporations should complete forms for officers and the agent or designated manager. If the corporation is a closely held corporation, a form should be completed for each shareholder and officer. Common law partnerships, LLC's and LLP's should complete forms for each member or partner respectively as well as the designated employee/manager of the license premises if not a member or partner.

9. **Fingerprints:**

The licensing clerk shall explain your options on obtaining fingerprints for the background checks. Each manager/owner will be required to have a background check.

10. **Residency:**

Applicants are not required to be a resident of Bulloch County, however, if the applicant is not a resident, a review of the Regulations of the Georgia Department of Revenue should be made.

11. **State and Federal Regulations:**

A State Alcohol License is also required before alcohol can be sold. Please contact the Georgia Department of Revenue for their requirements, fees, and application:

Georgia Department of Revenue Registration
PO Box 740001
Atlanta, GA 30374-001
(807)-423-6711

Contact the Federal Alcohol, Tobacco, and Firearms Licensing Department for their requirements:

Federal ATF
Licensing Department
(202) 456-2000

www.TTB.gov

12. State License:

A State Alcohol Beverage License must be obtained by the applicant in order for the license issued by the City of Statesboro 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 the City of Statesboro and no refund of the license fee's shall be made to the licensee.

If a State Alcoholic Beverage License is revoked by the State of Georgia, the license issued by the City of Statesboro shall automatically be revoked and void effective as of the date of the state revocation.

13. Oath:

When completed, the application as well as the financial affidavits must be signed, dated and verified under oath. (Note: Affidavits cannot be notarized by employees of the City of Statesboro)

14. A floor plan for licensed premise must be submitted with each application.

15. Proof of Insurance:

- A. Proof of dram shop insurance. Applicants seeking Class 2 alcoholic beverage license shall file with their application a certificate of liquor liability insurance (dram shop) in effect for the license period and issued by an insurer required to be licensed pursuant to state law providing an annual aggregate policy limit on assault and battery claims. A 30-day notice of cancellation in favor of the City of Statesboro must be endorsed to the policy and attached to the certificate.
- B. Proof of general liability insurance. Applicants seeking a Class 1 or 2 alcoholic beverage license shall file with their application a certificate of liability insurance in effect for the license period and issued by an insurer required to be licensed pursuant to state law providing at least \$1,000,000.00 in commercial general liability insurance coverage. A 30-day notice of cancellation in favor of the City of Statesboro must be endorsed to the policy and attached to the certificate.

16. For Restaurants: A copy of the food service permit from the Health Department is required.

Bulloch County Health Department:

1 W Altman St
Statesboro, GA 30458
912-764-0737

For Prepackaged food: A copy of the food sales permit from the Department of Agriculture is required.
Department of Agriculture: 229-386-3489

17. Application return and information:

Allow 30 day period for application processing. Contact the Tax Department for additional information concerning this application and return the application for alcoholic beverages to:

City of Statesboro
Tax Department
50 East Main Street
P.O. Box 348
Statesboro, GA 30459
P: 912-764-0625
F: 912-764-4691

**Application for License to Sell Alcoholic Beverages
City of Statesboro, Georgia**

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 \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

The undersigned applicant hereby applies to the City of Statesboro, Georgia for a license to sell alcoholic beverages within the corporate limits of the City of Statesboro. **A non-refundable \$200 application fee must be tendered with the application.** (cash, credit card, certified check, or money order made payable to City of Statesboro)

Date application was received by tax/license office: _____

1. Business Trade Name: _____

D/B/A Name

2. Applicant's Name: _____

Name of partnership, llc, corporation, or individual

3. Business Physical Address: _____

4. Business mailing address: _____

5. Local business phone number: _____

Corporate office phone number: _____

6. Name of Manager: _____

Person responsible for alcohol licensing issues

7. Phone number for manager: _____

8. Email address for manager: _____

9. Address of manager: _____

10. Purpose of application is:

New Business _____ New Owner _____

Previous owner's name: _____

If the business name has changed, list previous name: _____

If the business address has changed, list the previous address: _____

11. Indicate where the business will be located:

_____ Above ground

_____ Street or ground floor level

Section 6-10(D) Any person within the City of Statesboro who works as a bouncer, either as an employee, agent, or subcontractor whose responsibilities in an establishment that is licensed to sell alcoholic beverages for on-premises consumption shall have their alcoholic beverage security permit on their person at all times while acting as an employee, agent or subcontractor of the licenses. An alcoholic beverage security permit shall be readily available for inspection upon the request of any Statesboro Police Department Officer, City Code Enforcement Officer, or the City Manager/his designee.

12. Type of Business: _____ Individual _____ Corporation _____ Partnership _____ LLC

Complete **EITHER** numbers 13, 14, and 15 **OR** 16, 17, and 18 in the section below:

13. If applicant is an individual: Attach a copy of the trade name affidavit.

Full Legal Name: _____ Phone #: _____

Home Address: _____

Have you completed the financial affidavit attached to this application? _____

14. If applicant is a partnership, LLC, or LLP: Attach trade name affidavit. If an LLC or LLP, attach a copy of certificate of LLC or LLP as filed with the Clerk of Superior Court and trade name affidavit, a copy of your operating agreement and/or partnership agreement, as well as other documents listed below that establish ownership rights of members or partners.

Name & address of partnership, LLC, or LLP: _____

Do you have an operating or partnership agreement for the LLC, LLC, or partnership? _____

If not, what documents establish the ownership rights of the members/partners? _____

15. Members of LLC and/or partners:

Full Legal Name: _____ Phone #: _____

Home Address: _____

Full Legal Name: _____ Phone #: _____

Home Address: _____

Full Legal Name: _____ Phone #: _____

Home Address: _____

Has each member/partner completed a financial affidavit to attach to this application? _____

(Attach additional pages if necessary)

Corporation/Stockholders: All corporate applicants who are corporations shall list the names and addresses of all stockholders and the percentage of stock owned by each. If a named stockholder therein is another corporation, the same information shall be given for the Stockholding Corporation. If, during the life of the license, the identity of the stockholders or their percentage of ownership should change, that information shall be sent to the Finance Department.

- 16. If applicant is a corporation: Attach a copy of the articles of incorporation, trade name affidavit, current annual corporation registration with the Georgia Secretary of State, as well as the bylaws, the shareholders agreement, and other documents listed below that identify ownership rights.**

Name of Corporation: _____

Home Office address: _____

Mailing address (if different): _____

Date & Place of incorporation: _____

Do you have a shareholders agreement?: _____

If not, what documents establish the ownership rights of the shareholders? _____

17. Officers:

Full Legal Name: _____ Phone #: _____

Home address: _____

Percentage of stock owned: _____ Office held: _____

Full Legal Name: _____ Phone #: _____

Home address: _____

Percentage of stock owned: _____ Office held: _____

Full Legal Name: _____ Phone #: _____

Home address: _____

Percentage of stock owned: _____ Office held: _____

****Attach additional pages if necessary****

18. Stockholders: (if different than officer names)

Full Legal Name: _____ Phone #: _____

Home address: _____

Percentage of stock owned: _____ Office held: _____

Full Legal Name: _____ Phone #: _____

Home address: _____

Full Legal Name: _____ Phone #: _____

Home address: _____

****Attach additional pages if necessary****

Has each shareholder completed the financial affidavit attached to this application? _____

19. If there is any individual or officer who has resided at his/her current address LESS THAN 5 years, complete the information below:

Name: _____ **Phone #:** _____

Previous address: _____

Dates lived there: _____

Previous address: _____

Dates lived there: _____

Previous address: _____

Dates lived there: _____

Name: _____ **Phone #:** _____

Previous address: _____

Dates lived there: _____

Previous address: _____

Dates lived there: _____

Previous address: _____

Dates lived there: _____

Name: _____ **Phone #:** _____

Previous address: _____

Dates lived there: _____

Previous address: _____

Dates lived there: _____

Previous address: _____

Dates lived there: _____

20. Name & address of owner of the property (land & building) where the business will be located:

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

If yes, state name and address of lessor or landlord, and provide a copy of the lease with this application:

22. Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venture; or has anyone agreed to split the profits/receipts from the proposed business with any persons, firm, company, corporation, or other entity? _____

If yes, provide name of person/firm, address, and amount of percentage of profits or receipts to be split:

23. Is there anyone connected with this business that is not a legal resident of the United States and at least 21 years of age? _____

If yes, give full details on a separate sheet of paper.

If anyone connected with this business is not a US Citizen, can they legally be employed in the United States?

If yes, please explain on a separate sheet of paper and submit copies of eligibility.

24. Is there anyone connected with this business that has applied for a beer, wine, and/or liquor license from the City of Statesboro or other city/county in the State of Georgia, or other political subdivision and been denied such? _____

If yes, please provide details on a separate sheet of paper.

25. Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category? _____

If yes, please provide details on a separate sheet of paper.

26. Is there anyone connected with this business that has been convicted within 15 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?

If yes, please provide details on a separate sheet of paper.

27. Is there anyone connected with this business that has been convicted within 5 years immediately prior to the filing of this application of the violation 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 there of a crime involving moral turpitude or 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? _____
If yes, please provide details on a separate sheet of paper.
28. Is there anyone connected with this business that has been convicted for selling alcohol to an under-age person within the last 3 year period? _____
If yes, please provide details on a separate sheet of paper.
29. Is there anyone connected with this business that is an official or public employee of the City of Statesboro, any State or Federal agency, or whose duties include the regulation or policing of alcoholic beverages or licenses, or any tax collecting activity? _____
If yes, please provide details on a separate sheet of paper.
30. Have you or the applicant had any vehicles, trailers, or property belonging to you or the company in which you or any of such persons have or had an interest in ever been seized, condemned or forfeited as contraband by the State of Georgia or the United States for the reason the same was being used or intended for the use in criminal activities? _____
If yes, please provide details on a separate sheet of paper.
31. Will live nude performances or adult entertainment be a part of this business operation? _____
If yes, the City of Statesboro Ordinance 6-164 prohibits alcohol in an establishment having adult entertainment.

I, _____, solemnly swear, subject to the penalties O.C.G.A. sec 16-10-20 as provided above which I have read and understood, that all information required in this application for license to sell alcoholic beverages and supporting documents is true and correct to the best of my knowledge and I fully understand that any false information will cause the denial or revocation of any alcohol license issued by the City of Statesboro license. I also fully understand that knowingly providing false information under oath in this affidavit will subject me to criminal prosecution and possible imprisonment.

Print full name as signed below

Signature of applicant

Title

Date

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

Notary Public

My commission expires

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 \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

Financial Affidavit

This form must be completed by individuals with ownership and/or investment interest in the business whether direct or indirect. This form may be required of others at the discretion of the City Clerk. Each question must be fully answered. If additional space is required, attach an additional sheet of paper.

1. Full Legal Name: _____

Home address: _____

Phone number: _____ SSN: _____

2. Business Trade Name: _____

3. My percentage of ownership interest in this business is: _____

4. The total amount of money I have invested in this business is: _____

5. The source of the total amount of money I have invested in this business is as follows:

I have received a loan in the amount of \$ _____ from _____

And do/do not have written documentation of the terms of said loan.

****If you have additional funds or property of any kind from additional sources please list those on a separate sheet of paper and attach to this affidavit****

I have invested my own personal funds in the amount of _____ which I do have written documentation as to the source of said personal funds.

I have invested my own personal funds and property in the amount of _____ which I **do not** have written documentation as to the source of said personal funds.

I have invested funds which are not my personal funds in the amount of _____ which I do have written documentation as to the source of said funds. The source of these funds is/are:

I have invested funds which are not my personal funds in the amount of _____ which I **do not** have written documentation as to the source of said personal funds. The source of these funds is/are

I, _____, solemnly swear, subject to the penalties O.C.G.A sec 16-10-20 provided above which I have read and understand, that all information required in this financial affidavit and supporting documents is true and correct to the best of my knowledge and I fully understand that any false information will cause the denial or revocation of any alcohol license issued by the City of Statesboro. I also fully understand that knowingly providing false information under oath in this affidavit will subject me to criminal prosecution and possible imprisonment.

Print full name as signed below

Signature of applicant

Title

Date

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

Notary Public

My commission expires

Calculation of Basic License Fee

For Calendar Year: _____

Classification:	Mark all that apply	License Fee
1. A. Package Sales (Beer & Wine)	_____	\$1750
B. Package Sales (Distilled Spirits)	_____	\$5000
Location Reservation	_____	N/A
2. On Premise License Types		
A. Bar	_____	\$4300
B. Bar with Kitchen	_____	\$4300
C. Event Venue	_____	\$2500
D. Low Volume	_____	\$750
E. Pub	_____	\$5600
F. Restaurant	_____	\$2800
3. Caterer	_____	\$200
4. Brewer, manufacturer of malt beverages only	_____	\$1750
5. Broker	_____	\$1750
6. Importer	_____	\$1750
7. Manufacturer of Wine only	_____	\$1750
8. Sunday Sales Permit	_____	\$300
9. In Room Service Permit	_____	\$150

Total Due: \$ _____



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: _____

Email address: _____

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 before me on 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