

Provide a Copy of State License – to the City Clerk within 90 days of receiving City License. The Department of Revenue website information for State licensing is <https://dor.georgia.gov/retailers-state-only>.



Office of the City Clerk

City of Peachtree City
 151 Willowbend Road
 Peachtree City, GA 30269
 Phone: 770-487-7657
 Fax: 770-631-2505
PeachtreeCityGA.gov

Application for Alcoholic Beverage License

Business Name:	Business Location:	Number of Serving Bars:
Nature of Business:	Mailing Address:	Business Phone Number:
Name of Licensee:	Home Address:	Home/Cell Phone Number:
Name of License Representative:	Home Address:	Home/Cell Phone Number:

Type of License:

Retail Consumption Dealer		Retail Package Dealer		Wholesale Dealer		Manufacturer	
Malt Beverage		Malt Beverage		Malt Beverage		Malt Beverage	
Wine		Wine		Wine		Wine	
Distilled Spirits		Distilled Spirits		Distilled Spirits		Distilled Spirits	
Sunday Sales		Holidays					
		Tastings					

Please complete information below (use separate sheet if necessary):

Name: Individual Owner's Name, Partners' Names, Corporation Name, and name of Contact Person regarding License Changes, Taxes, etc.	Address: Please provide Home Addresses for the individuals listed	Phone Numbers: Please provide Home and Business Phone Numbers for individuals listed

Contact Person:

E-mail Addresses for License Applicant(s):

Is any person who owns an interest in the Alcohol License an employee of the City of Peachtree City? YES/NO

If YES, please provide name of employee: _____



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AFFIDAVIT AND CRIMINAL HISTORY CONSENT FORM FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION

I, _____ (PRINT FULL NAME), swear that I am at least 21 years of age and am competent to provide this affidavit.

My address is: _____. I have resided at this address for: _____ years and _____ months. My previous addresses for the last 10 years are as follows:

Social Security #: _____ Driver's License #/State: _____
Date of Birth: _____ Race: _____ Sex: _____

I have / have not (circle one), within 5 years prior to this application, been convicted of (nor entered a plea of nolo contendere to) any felony or misdemeanor relating to the sale/use of alcoholic beverages or illegal drugs.

I have / have not ever (circle one) been ever arrested for a crime. If so, details below and the disposition of the arrest are listed below. I understand that failure to disclose any arrest (including DUI's) may result in denial of the application.

(Attach a separate sheet if necessary.)

I have / have not ever (circle one) had beneficial interest in any other alcoholic beverage business in this or any other state in which the alcohol license was denied, revoked or other disciplinary action taken. (**Beneficial interest means when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives any economic benefit from, or has control over a business.**) If so, please describe in detail. (Attach a separate sheet if necessary)

I am / am not (circle one) the applicant for license representative. If so, I swear that I am a manager of the business and a resident of the State of Georgia.

I have read the Peachtree City Ordinance regarding the sale of alcoholic beverages and I understand and will comply with the rules and regulations. I hereby authorize the PEACHTREE CITY POLICE DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency. I solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for city license for sale of alcoholic beverages are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

SIGNATURE OF APPLICANT

I do hereby certify that the applicant signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and under oath actually administered to me, has sworn that said statements and answers are true.

NOTARY PUBLIC: _____ This _____ day of _____, _____



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ALCOHOL LICENSE APPLICATION NON-CRIMINAL JUSTICE APPLICANT PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an applicant for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided **written notification** ¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at **Title 28, Code of Federal Regulations (CFR), Section 16.34.**
- If you have a 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 officials deny you the employment, license, or other benefit based on the information in the criminal history record.

You have the right to expect that officials 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 federal statute, regulation, or executive order, or rule, procedure, or standard established by the National "Crime Prevention and Privacy Compact Council." ²

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit providing you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See **28 CFR 16.30 through 16.34.**)



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PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 USC 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. LLL. 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 retain, 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.

By my signature below, I acknowledge that I have read and understood this Awareness Statement.

Print Name: _____

Signed: _____

Date: _____

1 – Written notification includes electronic notification but excludes oral notification.

2 - See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

3 – See 28 DFR 50.12(b).

4 – See 5 USC 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).