

CITY OF DONALSONVILLE
P.O. BOX 308
DONALSONVILLE, GA 39845

APPLICATION FOR ON/OFF PREMISE CONSUMPTION OF:

- LIQUOR
 WINE
 MALT BEVERAGE

I HEREBY MAKE APPLICATION FOR THE ABOVE CHECKED LICENSE(S) TO BE
ISSUED IN THE NAME OF _____

FOR BUSINESS LOCATED AT _____

FOR **OFF** PREMISE **ON** PREMISE

DATE _____

APPLICANT _____

ADDRESS _____

PHONE _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

**NOTICE OF APPLICATION FOR RETAIL LICENSE TO SELL
MALT BEVERAGES**

THE UNDERSIGNED HAS MADE APPLICATION TO THE DONALSONVILLE
CITY COUNCIL FOR A RETAIL LICENSE TO SELL MALT BEVERAGES
FOR ON/OFF PREMISE CONSUMPTION AT _____

THIS APPLICATION WILL BE HEARD BY THE COUNCIL AT ITS REGULAR
MEETING TO BE HELD AT _____ O'CLOCK A.M. /P.M. ON THE _____
DAY OF _____, 20 _____.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized employee of the *City of Donalsonville*, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, and educational background, military personnel records, records of military service, all records of financial or credit institutions, including reports of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records, whatever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Georgia Bureau of Investigation to be a participant in the determination process of my employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the authorization for release of information.

Full Name Printed	Signature	Date
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Address	Sex	Race	D.O.B.
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Social Security Number	Notary	Date
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CITY OF DONALSONVILLE
TO THE MAYOR AND COUNCIL OF DONALSONVILLE

I hereby apply for a license to sell liquor, wine, or malt beverage for ON/OFF premise consumption. Attached hereto is a copy of the advertisement with affidavit of agent of the Donalsonville News that such advertisement was duly published as required.

1. Location of place of business?

2. Name of business?

3. Is it a corporation, partnership or individual?

4. If individual, state full name, mailing address and telephone number of business and home phone number.

5. If a partnership: give full name, mailing address and business and home telephone numbers of each partner.

6. If a corporation; give name, address and telephone number of all officers and stockholders. Also the name, address, and telephone number of one who will manage the business.

7. If application is for the sale of beer for consumption of on-premises, state whether a restaurant, hotel/motel, private club or night club. Also give the name and address of such establishment.

8. Name, address, and agent(s) of all persons to be employed in said business.

9. If an individual business, have you been convicted, pleaded guilty, or nolo contendere to a felony within the past five (5) years?

10. If so, please state nature of the crime, date, name, and place of court and sentence imposed.

11. Have you been convicted, or has any member of the partnership or any officer of the corporation, been convicted of, pled guilty to, or pled nolo contendere to any crime involving moral turpitude, lottery, or illegal possession or sale of narcotics or liquor within a period of ten (10) years prior to this date? _____

12. Have you or any member of the partnership or any officer of the corporation been convicted, plead guilty to or pled nolo contendere to the offence of D.U.I., or public drunkenness during the past two (2) years? _____

13. If so, please state name of person involved, name and address of court, and the date of the disposition of the case.

14. Do you or any member of the partnership or corporation owe any taxes to the City of Donalsonville? _____

15. If so, please state the name of the person or corporation, the years for which taxes are owed, and the amount due for each year.

16. Have you ever had a beer license suspended or revoked for any reason? _____

17. If so, please state date, by whom was it revoked or suspended, and the reason.

I, the undersigned, do swear that the answers given above are true and that the place of business for which application is made is located more than 300 feet of the grounds of any church, school, or school ground.

This the _____ day of _____ 20_____

Applicant

Sworn to and subscribed before me
This _____ day of _____ 20_____

Notary Public

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 §35-3-35(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.