

FOR OFFICIAL USE ONLY

DATE _____ CITY OF HELEN LICENSE NUMBER _____

New Alcohol License Application

PERSONAL STATEMENT

INSTRUCTIONS: EACH QUESTION MUST BE FULLY ANSWERED OR ANSWERED WITH N/A FOR NOT APPLICABLE OR NONE. This personal statement must be executed under oath, by person having ownership interest for a license from the City Clerk of Helen, Georgia, to sell or deal in alcoholic beverages or liquors. Please type or print clearly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such sheet is attached. A personal statement for all persons being licensed or as Registered Agent must be submitted with every application.

ANY FALSE ANSWERS OR OMISSION IS GROUNDS TO DENY APPLICATION

1. Full name of applicant: _____

2. Social Security Number: _____

3. Full name of dealer and trade if any submitting applicant of which this statement is a part:

4. Position of applicant in dealer's business: _____

5. State ownership, or profit-sharing interest, if any, in this business: _____

6. Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business?
Are alcoholic beverages sold and consumed on premises? (Yes or No) _____ If Yes, give details.

7. Do you have any financial interest, or are you employed, in any wholesale or retail liquor business
other than the business submitting the license application of which this personal statement is a
part? (Yes or No) _____ If Yes, give details.

8. Do you have any financial interest, or are you employed in any business engaged in distilling,
bottling, rectifying, or selling (wholesale or retail) alcoholic beverages in this state or outside which
has not otherwise been disclosed in this statement? (Yes or NO) _____ If Yes, give details.

9. Other names used by applicant: (i.e. aliases, nicknames, etc.,)
Maiden Name: _____

Former Marriages: _____

Former Names Legally: _____

10. Home Address: _____

11. Business Address: _____

12. Place of Birth: _____ Date of Birth: _____

United States Citizen? _____ By Birth? _____

Naturalized? _____ Date, Place/Court: _____

Certificate Number: _____ Petition Number: _____

Derived parents certificate number: _____

Alien Registration Number: ____ Native Country: _____

Date of Expiration: _____

13. How many consecutive years and months have you been a legal resident of the City of Helen?

Be sure to include years and months: _____

14. Marital Status:

Single: _____ Married: _____ Widowed: _____

Divorced: _____ Separated: _____

15. If married, widowed, or divorced YOU MUST PROVIDE THE FOLLOWING INFORMATION:

Spouse's full name: _____

Spouse's maiden name: _____

Date and place of birth: _____

Date and place of marriage: _____

Name of spouse's employer: _____

16. Give names and addresses of all children and stepchildren: (Regardless of age)

YOU MUST PROVIDE THE FOLLOWING INFORMATION:

A. Name: _____

Address: _____

Age: _____ Place of birth: _____

Occupation: _____

B. Name: _____

Address: _____

Age: _____ Place of birth: _____

Occupation: _____

C. Name: _____

Address: _____

Age: _____ Place of birth: _____

Occupation: _____

17. Are you a registered voter in the state of Georgia? (Yes or No): _____

In what county: _____ How many years? _____

18. Have you ever had any financial interest in a liquor business which was denied a liquor license?

(Yes or No) _____ If yes, give full details: _____

19. Has any liquor business in which you hold, or have held, any financial interest, or are employed or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of distilled spirits?

20. Of the persons listed under questions 15 & 16 indicate which, if any, are engaged in any business handling alcoholic beverages as an owner, stockholder, or employee. Provide the name of such business. _____

21. Does blood, marriage, or adoption relate you to any person engaged in any business handling alcoholic beverages, whiskies, or liquors in Georgia? (Yes or No): _____

If Yes, to whom and where does this apply? _____

25. References: Give three personal references. They should be responsible, reputable adults, business or professional men or women, who have known you well during the last five years. **(Please do not use relatives, former employers, fellow employees, or former schoolteachers)**

A. Name _____
Address _____

Business Address _____

Number of years you have known this reference: _____

B. Name _____
Address _____

Business Address _____

Number of years you have known this reference: _____

C. Name _____
Address _____

Business Address _____

Number of years you have known this reference: _____

26. Have you ever been **arrested**, or held by Federal, State, or other law-enforcement authorities for any violation of any Federal law, State law, County or Municipal law, regulation, or ordinances? All other charges must be included even if they were **dismissed**. Give reason charged or held, date, place where charged and disposition.

IF NOT CORRECT, APPLICATION MAY BE REJECTED

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

VERIFICATION

STATE OF GEORGIA, COUNTY OF WHITE, CITY OF HELEN,

I, _____ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personal statements are true.

Applicant's signature (full name, in ink)

I hereby certify that _____, Applicant is personally known to me, or showed valid photo identification, that he/she signed his/her name to the foregoing application stating that he/she knew and understands all statements and answers made therein, and under oath actually administered by me, has sworn that said statements and answers are true.

Notary Public

Date

My Commission expires: _____

SEAL

PERSONAL HISTORY RELEASE/CONSENT FORM

I hereby certify by my signature below that I have received a copy of the Noncriminal Justice Applicant’s Privacy Rights, a copy of the Privacy Act Statement and give consent for my fingerprints to be taken by the Helen Police Department and that my Criminal History Record Information (CHRI) will be obtained from the FBI for Alcohol Licensing purposes under ORI GA923270Z and the reason fingerprinted as to the Official Code of Georgia Annotated (OCGA), Section 3-3-2.

I do hereby authorize the review of, and full disclosure of all records concerning myself to the duly authorized agent of the Helen Police Department, and to the City Clerk, its officers and/or assignees.

The intent of this authorization is to give my consent for full and complete disclosure of my criminal history records.

I understand that any information obtained by a background/fingerprint investigation or criminal history record information report received from the FBI, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered for Alcohol License Purposes only. I certify that any person(s) who may furnish such information concerning me shall not be accountable for receiving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

If information is received from my background/fingerprint investigation from the FBI that would cause denial of my application for an Alcohol License from the City of Helen, I will be given the opportunity to challenge these results and will be given 21 days to correct adverse 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.

Full Name (Printed – Include maiden name)

Date

Address

Phone

City State Zip

Social Security Number

Date of Birth Race Sex

Signature

Notary

Seal

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- 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 FBI criminal history record.
- 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 it to provide 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> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- 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 by submitting a request via <https://www.edo.cjis.gov>. 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.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the 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.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

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.

As of 02/04/2021

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, 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(e)(1), 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 this the ___ day of _____, 20__ 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:

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*