



To all applicants for a license to serve alcohol in the City of Clarkesville:

You must complete the following documents in order to be issued a server's permit by the City of Clarkesville.

1. Application: Must be filled out completely and have a copy of your picture identification attached. City Hall personnel can make a copy of your identification when you turn in your application.
2. Affidavit Verifying Status: This form is required by the Department of Homeland Security. City Hall personnel can notarize the form for you.
3. Consent for Criminal History Records: If there are any charges on your Criminal History report that do not show the disposition, then you will be required to go to the Court that heard your case and bring the City proof of the disposition of the case.
4. Non-Criminal Justice Applicant's Privacy Rights: You must sign this to verify you have read it.

Please bring these completed these forms and the required \$50.00 fee to City Hall. When the City receives your criminal history report, if there are no adverse findings, the City will then issue your server's permit. The server's permit is good for 3 years from the issue date. If you have any questions, please contact City Hall at (706) 754-4216.

Thank you,
Licensing Dept.
City of Clarkesville

CITY OF CLARKESVILLE
APPLICATION FOR
ALCOHOLIC BEVERAGE SERVER PERMIT

DATE _____ PERMIT NUMBER ISSUED _____

NAME _____
LAST FIRST MIDDLE

RACE _____ SEX _____ HEIGHT _____ WEIGHT _____

EYE COLOR _____ HAIR COLOR _____

SOCIAL SECURITY NUMBER _____

PREVIOUS NAMES USED _____

CURRENT ADDRESS _____

HOME PHONE _____ MOBILE PHONE _____

CURRENT EMPLOYER _____

PREVIOUS CITY PERMIT ISSUED: YES _____ NO _____

PREVIOUS CITY PERMIT REVOKED: YES _____ NO _____

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

APPROVED FOR ISSUANCE BY THE CITY:

(AFFIX COPY OF DRIVER'S LICENSE HERE)

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
_____ [name of government entity], 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 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:

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the _____ to conduct an
Criminal Justice Agency
 inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

| | | | |
|--------------------|------|---------------|------------------------|
| Full Name (print): | | | |
| Address | | | |
| Sex | Race | Date of Birth | Social Security Number |
| | | | |

This authorization is valid for 90/180/_____ (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

 Signature Date

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____
 Purpose Code used: (check one)

| | |
|--------------------------|---|
| <input type="checkbox"/> | Employment (E) – Provides <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Public Records (P) – Provides <i>Georgia Felony Convictions Only</i> |

The inquiry resulted in the following: (check all that apply)

| | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | No Georgia CHRI results available. |
| <input type="checkbox"/> | Georgia CHRI attached/released. |

| | |
|--------------------------|--|
| <input type="checkbox"/> | No NCIC/GCIC Warrant results available. |
| <input type="checkbox"/> | Possible NCIC/GCIC Warrant. Contact Agency listed below. |
| Wanting Agency Name: | |
| Agency Telephone: | |

 Agency Designee Signature and Title Date

NONCRIMINAL JUSTICE APPLICANT'S 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 application 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 notification¹ 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.²
- 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 information in the criminal history record.³

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.⁴

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>.

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.)

Signature _____

Date _____

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

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

³ See 28 CFR 50.12(b).

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).