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.

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_____

FULL LEGAL NAME_____

RACE_____ SEX_____ HEIGHT_____ WEIGHT_____EYE COLOR_____ HAIR COLOR_____

SOCIAL SECURITY NUMBER_____PREVIOUS NAMES USED _____

CURRENT ADDRESS _____

MOBILE PHONE_____EMAIL_____

CURRENT EMPLOYER_____

PREVIOUS CITY PERMIT ISSUED: YES_____ NO_____

PREVIOUS CITY PERMIT REVOKED: YES_____ NO _____

I HAVE RECEIVED THE NON CRIMINIAL JUSTICE APPLICANT'S PRIVACY RIGHTS. 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:_____

ISSUE DATE:_____

EXPIRATION DATE:_____

CRIMINAL HISTORY REQUEST

CLARKESVILLE POLICE DEPARTMENT

HABERSHAM COUNTY, GEORGIA

405 MADISON ST, CLARKESVILLE GA 30523 * PHONE 706.754.5390 * FAX 706.754.9109

I hereby authorize Clarkesville Police Department to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

PLEASE PRINT LEGIBLY

Full Name:	
Prior Names:	
Address:	

Phone:	Sex:	Race:	Date of Birth:	Social Security Number:

☐ This authorization is valid for _____ days from date of signature.

☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

X _____ _____

Signature Date

Purpose: (check all that apply)

☐ E – Employment (*Server / Alcohol / FF / Volunteer*)
☐ J – Civilian Criminal Justice Employment
☐ M – Working with Mentally Disabled (*Emp Only)*
☐ N – Working with Elderly (*Emp Only)*
☐ P – Public Records
☐ U – Personal Copy
☐ W – Working with Children (*Emp Only)*
☐ Z – Sworn Criminal Justice Employment

(*Purpose U Only*)

_____ By initialing, I understand that receiving Personal Inspection Criminal History that I, alone, is responsible for its dissemination.

DO NOT WRITE BELOW THIS LINE

****

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

☐ No Criminal Record Available
☐ Criminal Record Attached
☐ No NCIC/GCIC Warrant
☐ Possible NCIC/GCIC Warrant

Wanting Agency Name: _____

Wanting Agency Telephone: _____

_____ _____

Agency Designee Signature Date & Time

_____ _____

Received By Date & Time

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a Business License, as referenced in O.C.G.A. § 50-36-1, from the City of Clarkesville, 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: _____

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-recordinformation-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