



Alcoholic Beverage License Application (New)

Page 1 of 6

Updated **SEPT 2023**

NOTICE TO APPLICANT

The applicant for an alcoholic beverage license shall be the owner of the business. If this is a corporation, partnership, or other legal entity, the applicant must be a substantial and major stockholder or the General Manager charged with the regular operation of said business on the premises for which the license is issued. License applicants, as well as every owner having 10% or more ownership, must submit to fingerprinting prior to submitting the application. Instructions are attached.

- ☐ **Complete the Application.** The application must be completed in its entirety including the Private Employer Affidavit, Affidavit Verifying Status, and, if applicable, the Sunday Sales Affidavit, including notarization. Notary services are available in our office if needed; an appointment is required. Do not enter "same", "N/A", "see below" or use white-out on this application.
- ☐ **Complete the Background Check.** Applicants must register for criminal background fingerprints using the Georgia Applicant Processing Service(GAPS) through the Fieldprint website. Once registered, contact the Business Registration Office at finance@pooler-ga.gov to request approval of your registration. Provide your Registration ID# _____ and date of fingerprinting: _____.
- ☐ **Provide Identification.** Attach a copy of at least one (1) secure and verifiable document (driver's license, passport, or I-551 permanent resident card). See the link for a complete list of acceptable forms of identification: <https://law.ga.gov/immigration-reports>.
- ☐ **State of Georgia Registration.** Every new application (except wholesalers and manufacturers) must also apply through the Georgia Department of Revenue website. Please visit <https://dor.georgia.gov/alcohol-tobacco/alcohol-licenses-permits/apply-alcohol-permit> to apply for your state license.
No sales are allowed until the business has obtained both a state and local license.
- ☐ **Submit the Application.** You have the option of emailing your application to finance@pooler-ga.gov or calling (912) 748-7261 to schedule an appointment to submit your application in person.
- ☐ **Make Payment.** Application payment can be made in person, via mail, or over the phone with a debit/credit card. Please refer to the fee schedule page to determine the amount due. If applying after July 1 of any calendar year, note that the retail fees only are prorated for the remainder of the year.
- ☐ **Await Review.** Once the application is submitted and fee is paid, your application will be reviewed by the Planning & Development Department and your criminal history report will be forwarded to the Chief of Police. Both departments will review the application and provide recommendations for approval or denial. Applicants will receive an email with their recommendations.
- ☐ **Await Approval.** The application will be placed on the upcoming council agenda. You will be notified of the meeting via email so a representative can be present. Final approval is given by Mayor and Council only. Upon approval, all licenses will be emailed to the applicant's email provided in the application, a copy uploaded to the state's website, and a mailed copy will also be sent out to the mailing address on file. Please allow at least 3-5 business days for processing.

OFFICE USE ONLY

Date Received: _____ Received by: _____ Fee Paid: \$ _____

License: _____ Date Issued: _____



Alcoholic Beverage License Application (New)

Page 2 of 6

Updated **SEPT 2023**

Business Information

Business Type (select one):

- ☐ Restaurant ☐ Bar/Lounge ☐ Hotel/Motel ☐ Caterer ☐ Event Venue ☐ Specialty Shop
☐ Convenience/Gas/Drug Store ☐ Manufacturer/Distillery/Brewery ☐ Supermarket/Grocery
☐ Wholesale/Distributor ☐ Package/Liquor Store ☐ Temp/Special Event (Dispensing Alcohol) Permit

Legal Structure of Entity: ☐ Sole Proprietor ☐ Corporation ☐ LLC ☐ Partnership

Legal Business Name DBA (if applicable)

FEIN GA Tax ID Number (STIN)

Applicant Information

Applicant Full Legal Name Driver's License & State

Date of Birth & Place of Birth (City, State, Country) SSN

Business Mailing Address (if different) Business Email

Race Sex Height Weight Hair Color Eye Color

Physical Home Address NAICS

Mailing Address (if different)

Email Home Phone Mobile Phone

Owner Information (if other than applicant)

Owner Full Legal Name Driver's License & State



Alcoholic Beverage License Application (New)

Page 3 of 6

Updated **SEPT 2023**

| | |
|---|-----|
| Date of Birth & Place of Birth (City, State, Country) | SSN |
|---|-----|

| | |
|-----------------------|-------|
| Physical Home Address | NAICS |
|-----------------------|-------|

| | |
|--------------------------------|--|
| Mailing Address (if different) | |
|--------------------------------|--|

| | | |
|-------|------------|--------------|
| Email | Home Phone | Mobile Phone |
|-------|------------|--------------|

Additional Owner Information

List all owners, if greater than one, who have an ownership interest of 10% or more in the business. Use additional paper if needed.

| | | |
|------------|---------|-------|
| Owner Name | Address | Phone |
|------------|---------|-------|

| | | |
|------------|---------|-------|
| Owner Name | Address | Phone |
|------------|---------|-------|

| | | |
|------------|---------|-------|
| Owner Name | Address | Phone |
|------------|---------|-------|

| | | |
|------------|---------|-------|
| Owner Name | Address | Phone |
|------------|---------|-------|

Criminal History

Warning: Failure to make full disclosure in responses to these questions may result in denial or subsequent revocation of the license. If the answer to any question in this section is "yes" for the applicant or any person connected with or having an interest in said business, attach a written explanation describing the circumstances in detail for each person.

Has the applicant or any person with or having an interest in said business:

1. Ever been convicted of any criminal violation or city ordinance violation other than a traffic violation?
☐ No ☐ Yes
2. Ever served time in prison or other correctional institution?
☐ No ☐ Yes
3. Ever had an alcoholic beverage license suspended or revoked at any time in any locality?
☐ No ☐ Yes



Alcoholic Beverage License Application (New)

Page 4 of 6

Updated **SEPT 2023**

4. Ever previously or currently held/hold a license to sell wine, beer and/or distilled spirits/liquor? (If yes, complete question 5. If no, skip question 5.)
☐ No ☐ Yes
5. If yes to question 4, were there any violations of any law, regulation or ordinance relating to such business?
☐ No ☐ Yes

Before the undersigned attesting officer duly authorized to administer oaths, personally comes the applicant for a license to conduct the sale of alcoholic beverages in the City of Pooler, says that the information given, and the statements made in this application are true, correct, and complete under penalty of law.

Applicant Name

Applicant Signature

Date

Notary Public

Subscribed and Sworn This Day Of

Notary Name

Notary Signature

Commission Expiration

Seal



Alcoholic Beverage License Application (New)

Page 5 of 6

Updated **SEPT 2023**

Classifications

| RETAIL (new applications received after July 1 st rates are prorated to 50% off) | | | | | |
|--|--|------------------------------------|---|----------------------------------|-------|
| CLASS | CLASSIFICATION | LIQUOR, BEER & WINE | BEER & WINE | BEER ONLY | TOTAL |
| A | Retail Package | <input type="checkbox"/> 1 \$1850 | <input type="checkbox"/> 2 \$800 | <input type="checkbox"/> 3 \$600 | |
| B | Consumption On-Premises | <input type="checkbox"/> 1 \$2150 | <input type="checkbox"/> 2 \$1000 | <input type="checkbox"/> 3 \$750 | |
| WHOLESALE | | | | | |
| CLASS | CLASSIFICATION | PRICE | | | TOTAL |
| C | Liquor | <input type="checkbox"/> \$3200 | | | |
| D | Beer & Wine | <input type="checkbox"/> \$1900 | | | |
| MANUFACTURERS | | | | | |
| CLASS | CLASSIFICATION | PRICE | | | TOTAL |
| E | Brewer, manufacturer of malt beverages | <input type="checkbox"/> \$1075 | | | |
| G | Manufacturer of wine | <input type="checkbox"/> \$2250 | | | |
| H | Distiller, manufacturer of distilled spirits | <input type="checkbox"/> \$2250 | | | |
| HOTELS, EVENT VENUES, & CATERERS | | | | | |
| CLASS | CLASSIFICATION | PRICE | | | TOTAL |
| F1 | Hotel | <input type="checkbox"/> \$2500 | | | |
| F2 | Special event venue | <input type="checkbox"/> \$2000 | | | |
| L | Consumption off-premises, Caterer | <input type="checkbox"/> \$1500 | | | |
| SPECIAL EVENTS & COMPLIMENTARY ALCOHOL | | | | | |
| CLASS | CLASSIFICATION | PRICE | | | TOTAL |
| I | Temporary/Private Event (max 2 days) | <input type="checkbox"/> \$100/day | | | |
| J | Home Brew Special Event (max 2 days an 6 days per annum) | <input type="checkbox"/> \$100/day | OUT-OF-CITY CATERERS <input type="checkbox"/> \$50/day (+ 3% excise tax) | | |
| K | Complimentary Beer & Wine | <input type="checkbox"/> \$250 | | | |
| ADD-ON LICENSES | | | | | |
| CLASS | CLASSIFICATION | APPLICABLE LICENSES | PRICE | | TOTAL |
| A | Brewpub | B1, B2, B3, E | <input type="checkbox"/> \$850 | | |
| C1 | Sunday Sales (Retail) | A1, A2, A3, C, D, E, F1, F2, G, H | <input type="checkbox"/> \$750 | | |
| C2 | Sunday Sales (11:00 a.m.) | B1, B2, B3, F1, F2 | <input type="checkbox"/> \$1000 | | |
| D | Tasting Event (must notify 5 days prior and 52 max events per annum) | A1, A2, A3 | <input type="checkbox"/> No fee | | |
| NEW APPLICATION FEES | | | | | |
| CLASS | FEES | | GRAND TOTAL (add all above selections and application fees) | | |
| A1 – H & L | <input type="checkbox"/> \$290 | | | | |
| I, J & K | <input type="checkbox"/> \$20 | | | | |



Alcoholic Beverage License Application (New)

Page 6 of 6

Updated **SEPT 2023**

PLANNING & DEVELOPMENT USE ONLY

The Planning & Development Department has reviewed and examined the application. Based on the findings and the requirements of the Zoning Ordinance of the City of Pooler, the application is therefore recommended for:

PIN: _____ Zoning: _____

☐ Approved ☐ Denied Reviewed by: _____ Date: _____

Comments: _____

POLICE DEPARTMENT USE ONLY

The Police Department has reviewed the application, disclosure, and criminal histories of the applicant(s). Based on the findings and the requirements of the Code of Ordinances of the City of Pooler, the application is therefore recommended for:

☐ Approved ☐ Denied Reviewed by: _____ Date: _____

Comments: _____

MAYOR & COUNCIL USE ONLY

☐ Approved ☐ Denied Mayor Signature: _____ Date: _____

Comments: _____



Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-G(d) (E-Verify)

Page 1 of 1

Updated **SEPT 2023**

Affidavit

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for an Alcohol License required to operate a business as referenced in O.C.G.A. § 36-60-6(d).

Name of Private Employer

Check One: ☐ On January 1st of the below-signed year, the individual, firm, or corporation employed **greater than ten** (10) employees.

The employer has registered with and utilizes the federal work authorization program (E-Verify) in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization (E-Verify) user identification number and date of authorization are as follows

Federal Work Authorization User Identification Number

Authorization Date

☐ On January 1st of the below-signed year, the individual, firm, or corporation employed **fewer than ten** (10) employees.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Authorized Officer or Agent Name

Applicant Signature

Date of Execution

Notary Public

Subscribed and Sworn This Day Of

Notary Name

Notary Signature

Commission Expiration

Seal



Affidavit Verifying Status for City Public Benefit Application (SAVE)

Page 1 of 1

Updated **SEPT 2023**

Affidavit

By executing this affidavit under oath, as an applicant for an Alcohol License (type of public benefit), as referenced in O.C.G.A. § 50-36-1, from the City of Pooler, Georgia, the undersigned applicant verifies one of the following with respect to my application for public benefit.

Check One: ☐ I am a United States citizen.

☐ I am a legal permanent resident.

Alien Number Issued by the Department of Homeland Security or Other Federal Agency

☐ I am 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.

Alien Number Issued by the Department of Homeland Security or Other Federal Agency

The undersigned applicant also hereby verifies that they are 18 years of age or older and have provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(I), with this affidavit. The secure and verifiable document provided with this affidavit can be best classified as:

Type of Document

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.

Authorized Officer or Agent Name

Applicant Signature

Date of Execution

Name of Business

Notary Public

Subscribed and Sworn This Day Of

Notary Name

Notary Signature

Commission Expiration

Seal



Sunday Sales Affidavit (New)

Page 1 of 1

Updated **SEPT 2023**

NOTICE TO APPLICANT

The City of Pooler permits eating establishment (restaurants) and hotels holding a license to dispense alcoholic beverages for consumption on the premises under certain conditions. To be authorized to dispense alcoholic beverages for consumption on Sunday, an establishment must:

- A. Be licensed by the City to sell alcoholic beverages by the drink for consumption on the premises;
- B. Be a licensed establishment that derives at least 50 percent of its annual gross income from the rental of rooms for overnight lodging; or
- C. Be an eating establishment whose primary business is the sale of prepared meals, Derive at least 50 percent of its total annual gross food and beverage sales from the sale of prepared meals or food;
- D. Have its primary floor area specifically designed, set aside, set up and operating to serve meals and food on the premises and shall have a fully equipped commercial kitchen to include inappropriate stove, refrigerator, food preparation area, sink and other items required by the county health department and city inspections department for the preparation of food;
- E. Have a printed or posted menu from which selections of prepared meals can be made;
- F. Provide full food service to the public during its entire operating hours, including Sunday; and
- G. Include the following certified affidavit from your certified public accountant (CPA) or Registered public accountant (RPA) and submit it along with the required Sunday sales renewal payment.

ACCOUNTANT'S CERTIFICATION OF REVENUES

I hereby certify that I have reviewed and attest to the accuracy of the financial records supplied to me from the food serving establishment described above; and further attest that the establishment derived at least 50 percent of its gross revenues for the last 12 months of business under present or previous ownership, from the sale of prepared meals.

Public Accounting: _____ Firm Date: _____

Accountant Printed Name: _____ Certifying Signature: _____

License Number: _____ Notary Public: _____

Sworn to and subscribed before me this _____ day of _____, 202__

Business Information

Business Name

Business Location

Business Phone



GEORGIA GAPS: Fieldprint Scheduling USER GUIDE

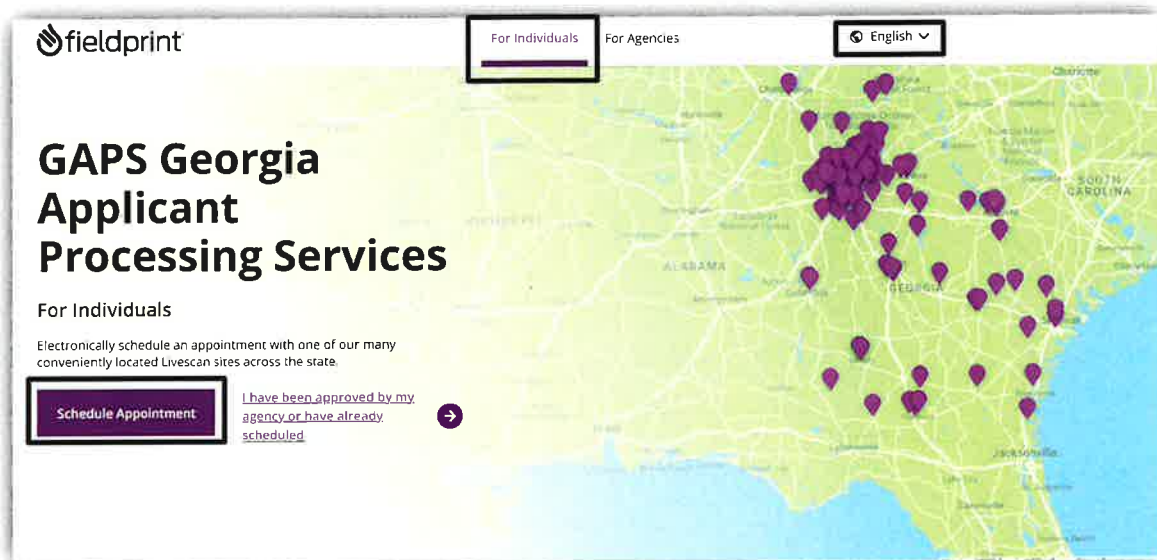
EMPOWERED BY  VERTICAL SCREEN

Proprietary information. Property of Fieldprint, Inc.
This confidential information is not to be shared with any party outside of
your department/company without the written consent of Fieldprint, Inc.

Fieldprint maintains a specific website to support Georgia's Applicant Processing System. This site will not only allow applicants to register online and schedule a fingerprint appointment, but also guide entities through the necessary steps to sign up to become a requesting agency.

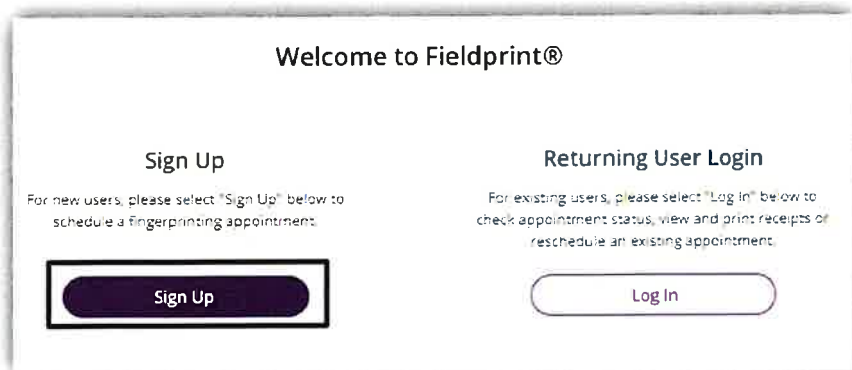
Getting Started

To begin scheduling go to <https://www.fieldprintgeorgia.com>, also viewable in Spanish by clicking the language dropdown. This site will provide valuable information about the fingerprinting process, helpful FAQs, and contact information. To get started, click **Schedule Appointment** under the **For Individuals** page.



Creating a User Profile


New users need to create a new user account by clicking **Sign Up**. The Sign Up wizard will walk you through the steps to set up an account, culminating in a verified account that will be used to schedule fingerprints. Returning users can simply **Log In**.





Identity delivered.

Read over the E-SIGN Act Disclosure and Consent ("Consent Agreement") and click **I Agree**.

EnglishContact Us

E-SIGN Act Disclosure and Consent ("Consent Agreement")

Pursuant to the Federal Electronic Signatures in Global and National Commerce Act ("E-Sign Act"), you have a right to receive any disclosures or notices in a non-electronic form. Before providing electronic signatures or obtaining legally required disclosures and notices electronically, please review and indicate your acceptance of the terms below. If you do not accept these terms or do not agree to the use of electronic disclosures and signatures, we will provide you with, or make available to you, any required disclosures on paper or non-electronic form at no additional charge to you.

1. Intent to Use Electronic Signatures

By clicking on the "I Agree" button below—which you hereby adopt as your electronic signature—you affirmatively consent and agree that you are signing this Consent Agreement electronically and your electronic signature on agreements and documents has the same effect as if you signed them in ink. You further agree that your electronic signature is the legal equivalent of your manual signature and will continue to be throughout the fingerprinting process. By clicking on the "I Agree" button below, you agree to the use of electronic signatures, such as your act of clicking, checking or otherwise manifesting your assent throughout the fingerprinting process. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or in providing or making any agreement, acknowledgement, or consent constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract.

2. Consent to Electronic Disclosures & Notices

By clicking on the "I Agree" button below, you consent to the electronic delivery of any disclosures, agreements, change notices, terms and conditions and any other documents throughout the fingerprinting process. Your consent applies to any disclosures and notices required to be provided to you in accordance with Federal or state law or regulations. You also agree that we do not need to provide you with additional paper (non-electronic) copies of the disclosures, agreements, change notices, terms and conditions and any other documents, unless specifically requested. If you would like to request additional paper copies of any of the aforementioned documents, you may do so at no additional charge to you by emailing CustomerService@fieldprint.com.

3. Withdrawal of Consent to Electronic Signatures & Electronic Disclosures

You may withdraw your consent to use electronic signatures or to receive electronic disclosures at any time by contacting us via email at CustomerService@fieldprint.com. Any withdrawal of your consent to receive electronic disclosures or to use electronic signatures will be effective only after we have a reasonable period of time to process your withdrawal. However, withdrawing your consent to this Consent Agreement will terminate your ability to provide electronic signatures and to receive disclosures and other documents electronically. Continuing to provide electronic signatures after withdrawing consent is reaffirmation of your consent to the use of electronic signatures under the E-Sign Act.

4. You Must Keep Your Contact Information Current

In order for us to be able to provide you with important notices and other information from time to time, you must ensure that the contact information in your online profile is current. This includes, but is not limited to, name, address, phone numbers, and e-mail or other electronic addresses. In order to update your information, contact us via email at CustomerService@fieldprint.com.

5. Hardware and Software You Will Need

To use our online processes, you will need Internet Browser software that supports at least 128 bit encryption, a current version of a program that accurately reads and displays PDF files (such as Adobe Acrobat Reader), a printer if you wish to print out and retain records, disclosures, etc. on paper, and a current and valid e-mail address. You are responsible for the installation, maintenance, and operation of the computer and browser software that you use for these online services.


By clicking on the "I Agree" button below, you acknowledge that you are able to access information in the electronic form that will be used to provide the information that is the subject of this Consent Agreement.

Please indicate your consent to the use of electronic signatures and your consent to receiving disclosures and notices electronically by clicking on the "I Agree" button below. By providing your consent, you are also confirming that you have the hardware and software described above, that you are able to provide electronic signatures, and that you have an active email account. You are also confirming that you are authorized to provide this consent.

By clicking on the I Agree button I agree to the use of electronic signatures and to receiving documents and disclosures electronically.

If you DO NOT AGREE to the use of electronic signatures and to receiving documents and disclosures electronically, then please contact Fieldprint Customer Service at the following email address to assist you with a non-electronic option: CustomerService@fieldprint.com or call [888-472-8918](tel:888-472-8918).

You can download the "Consent Agreement" as a PDF file

 Consent Agreement.pdf (120 K) [Download](#)

I do not agree

I Agree

Terms & Conditions
eConsent

Fieldprint Privacy Policy
Biometric Disclosure

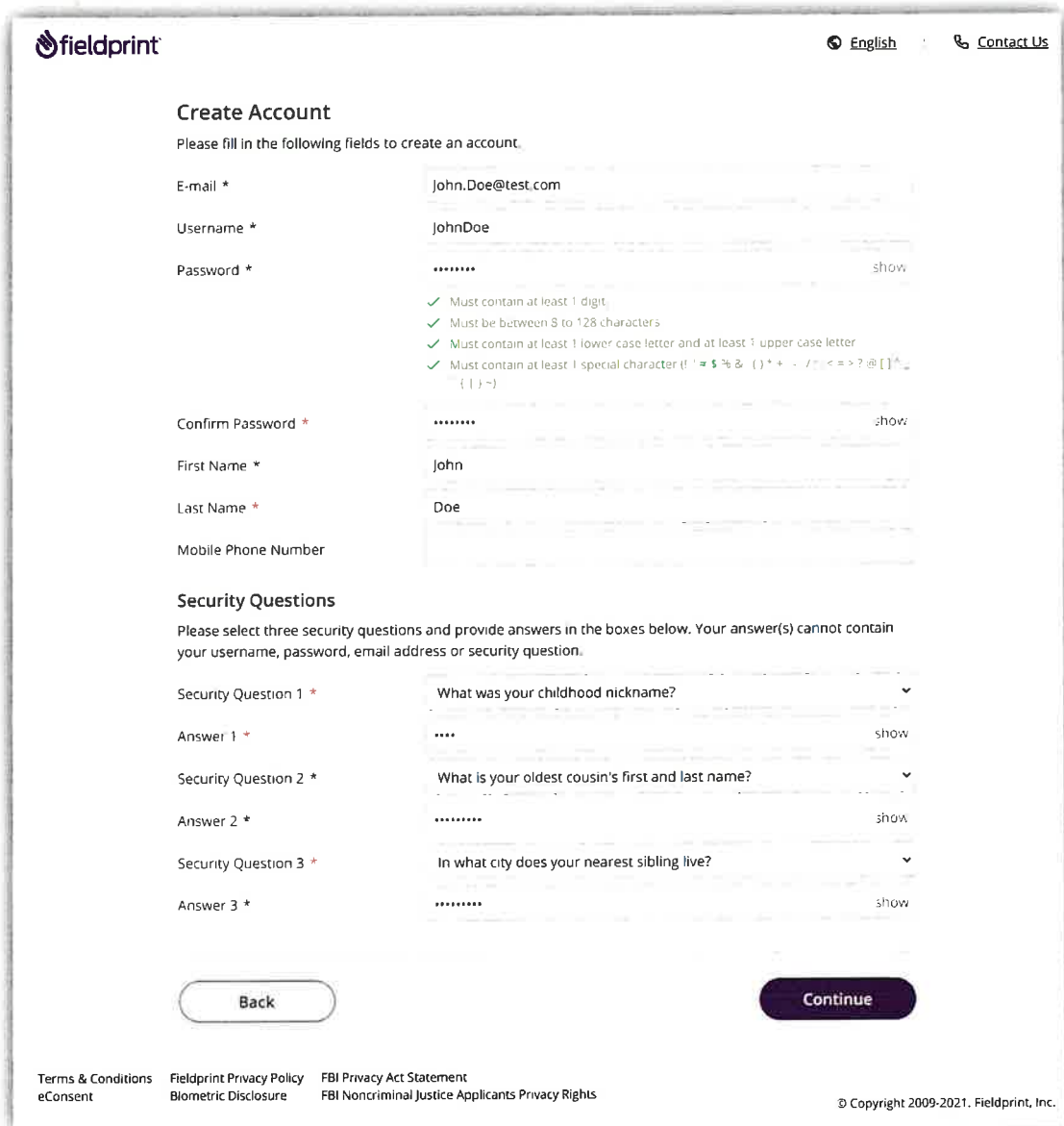
FBI Privacy Act Statement
FBI Noncriminal Justice Applicants Privacy Rights

© Copyright 2009-2021 Fieldprint, Inc.

The next page will prompt you to create your account. You will need to enter your e-mail address, first name, and last name, and set your password. Passwords must be between 8-128 characters long, must contain one number, one capital letter, one lower case letter, and one special character. Passwords are case-sensitive. The password rules are provided on the Sign Up page for reference.

You will also be prompted to enter three security questions and their answers. This will be used to verify your identity in the event that you forget the password in the future. The questions must be from the preset list and you cannot provide the same question or answer twice.

Enter all required fields and click **Continue** to move forward.



fieldprint English Contact Us

Create Account

Please fill in the following fields to create an account.

E-mail * John.Doe@test.com

Username * JohnDoe

Password *
 Must contain at least 1 digit.
 Must be between 8 to 128 characters
 Must contain at least 1 lower case letter and at least 1 upper case letter
 Must contain at least 1 special character (! " \$ % & ' () * + , - / : ; < = > ? @ [\] ^ _ { | } ~)

Confirm Password *

First Name * John

Last Name * Doe

Mobile Phone Number

Security Questions

Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1 * What was your childhood nickname?

Answer 1 *

Security Question 2 * What is your oldest cousin's first and last name?

Answer 2 *

Security Question 3 * In what city does your nearest sibling live?

Answer 3 *

Back Continue

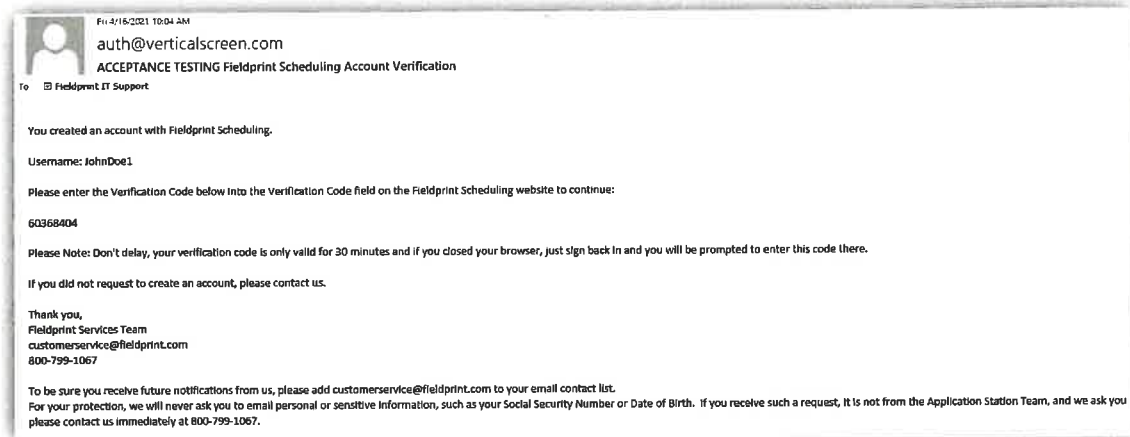
Terms & Conditions eConsent Fieldprint Privacy Policy Biometric Disclosure FBI Privacy Act Statement FBI Noncriminal Justice Applicants Privacy Rights

© Copyright 2009-2021, Fieldprint, Inc.



Identity delivered.

An email will be sent to your provided email address. Check your email for the verification code and enter it on the next page. Do not close your browser. The code will expire after 30 minutes. See below for an example of the email that will be sent.



Enter the code from the email and click **Complete Registration** to move forward.

fieldprint English Contact Us

Verify Account

An email has been sent to your provided email address. The subject of the email will be "Fieldprint Account Verification" and will arrive from email sender auth@fieldprint.com.

Please follow the directions in the email to continue creating your account. You may need to check your Junk or Spam folder.

① Please do not close your browser.

If your browsing session closes, please log back in using your username and password and enter the 8-digit Verification Code emailed to you at the email address provided during account creation. This Verification Code will expire after 30 minutes.

Verification Code * 13256727

Didn't receive an email? Click [here](#) to resend email.

Complete Registration

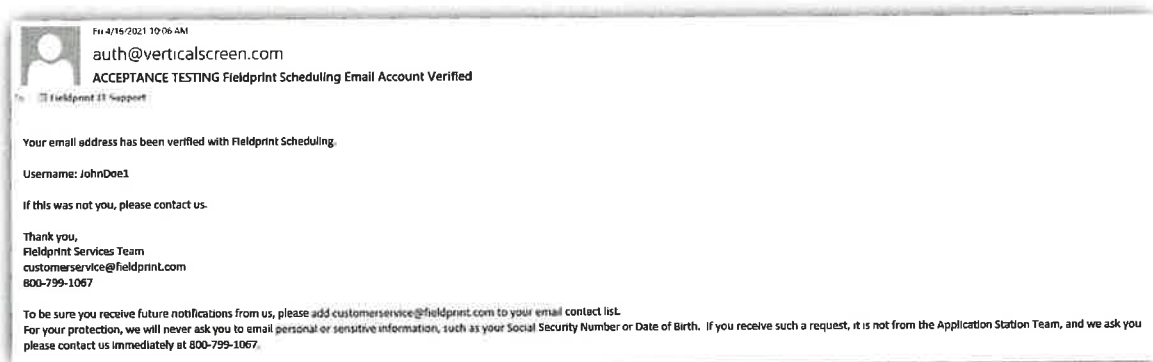
Terms & Conditions eConsent Fieldprint Privacy Policy Biometric Disclosure FBI Privacy Act Statement FBI Noncriminal Justice Applicants Privacy Rights

© Copyright 2009-2021. Fieldprint, Inc.



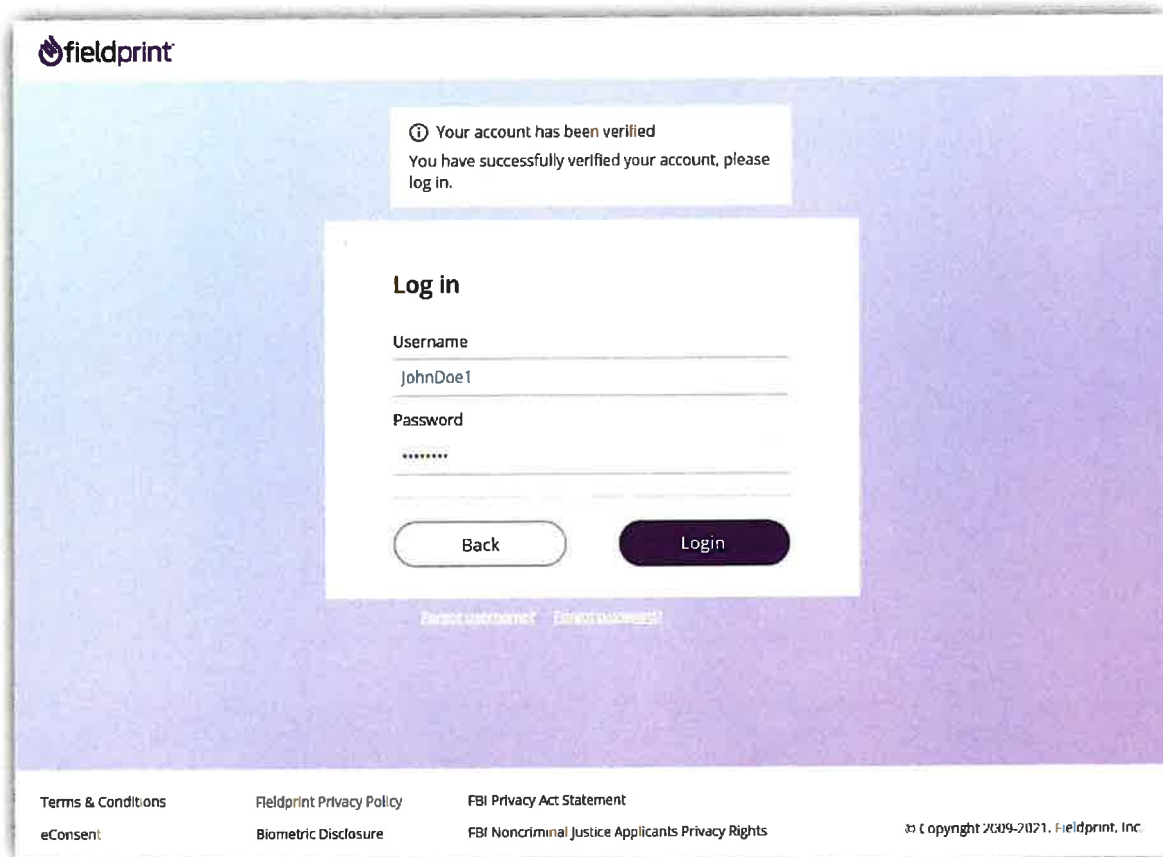
Identity delivered.

You will also receive an email confirming that your email address has been verified.



Once your account has been verified, you will be able to log in to the Fieldprint scheduling site using your credentials.

Please note: You may retrieve your username or password should you forget them by using the "Forgot username?" or "Forgot password" buttons.



New Applicant Registration

Continue with Fieldprint Code

If your organization has provided you with a Fieldprint Code, please enter it below to continue. ORI should NOT be entered here. An example ORI is GA922974.



















If you do not have a Fieldprint Code leave this field blank and scroll down to select the appropriate option for registration.

Fieldprint Code

[Continue with Fieldprint Code](#)

Don't have a Fieldprint Code?

To register for a background check, please select one of the options below.

| | |
|--|--|
|  Georgia Court Services |  Department of Early Care & Learning (DECAL) |
|  Education Agencies |  Department of Behavioral Health & Developmental Disabilities (DBHDD) |
|  Secretary of State (SOS) |  Georgia State-only Background Checks |
|  Department of Community Health (DCH) |  Department of Driver Services (DDS) |
|  City/County Government & Law Enforcement Agencies |  Department of Public Health (DPH) |
|  Real Estate Commission Appraisers Board (GREC) |  Department of Banking & Finance (DBF) |
|  Office of Insurance Safety Fire Commissioner (OIC) |  Department of Human Services (DHS) |
|  Georgia Bureau of Investigation |  Department of Juvenile Justice (DJJ) |
|  |  |

City/County Government and Law Enforcement Agencies

★ — Required Fields

| | |
|-------------------------------|--------------------------|
| Alcohol and Liquor License | Courts |
| Firefighter | Law Enforcement Agencies |
| Local County Health Districts | Ordinances |
| Other | |

Reason for Fingerprinting *

Alcohol/Liquor Licensee



Reviewing Agency ID *

GA923329Z

Requesting Agency ID

Back

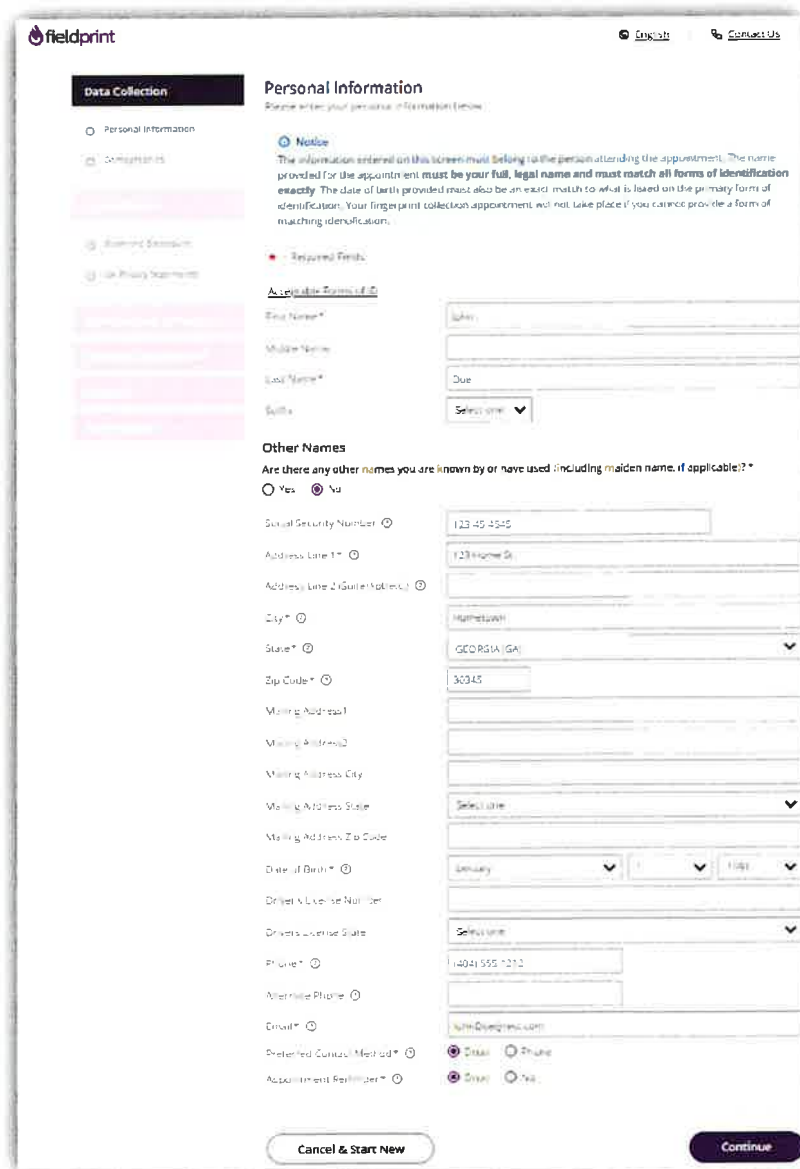
Continue



Data Collection

You will begin the Data Collection process by entering in all required **Personal Information**. Ensure that the information entered is consistent with the IDs you will be presenting at fingerprinting. A list of acceptable forms of ID is linked at the top of the page. This information should match what is on file with your Georgia agency, and discrepancies with this information could result in delays. Data fields are consistent with GBI and FBI standards.

You can enter in aliases by selecting Yes under Other Names. At the bottom, the preferred contact method will allow Fieldprint to reach you in the event of an issue. You may also elect to have an appointment reminder. Once all information is entered, click **Continue**.



The screenshot shows the 'Personal Information' form in the Fieldprint Data Collection interface. The form is titled 'Personal Information' and includes a notice about the importance of accurate information. It contains several sections: 'Personal Information' (Name, Date of Birth, Sex), 'Other Names' (Yes/No), 'Social Security Number', 'Address' (Line 1, Line 2, City, State, Zip Code), 'Mailing Address' (Line 1, Line 2, City, State, Zip Code), 'Date of Birth', 'Driver's License Number', 'Driver's License State', 'Phone' (Primary, Alternate), 'Email', 'Preferred Contact Method', and 'Appointment Reminder'. The form is partially filled out with example data, and the 'Continue' button is visible at the bottom right.



Identity delivered.

Next, enter all **Demographics** required for the fingerprint check.

Demographics
Please complete the following questions. This information is used to positively identify you when performing a fingerprint-based background check.

Notice
Fieldprint is required to provide demographic values established by the FBI and/or state and federal agencies.

★ — Required Fields

Citizenship*

Place of Birth*

City of Birth*

Gender*

Height* ft in

Weight* lb

Eye Color*

Hair Color*

Race*

[Back](#) [Continue](#)

Authorizations

You will next review the **Biometric Disclosure**. Click **I agree** and enter your full name to consent, and click **Continue** to move forward.

Biometric Disclosure
State Required Biometric Information Disclosure and Authorization

Please be advised that your fingerprints will be collected, stored, and used in connection with your contract and/or employment with organization requesting your fingerprints ("ORGANIZATION"). Such collection, storage and use of your fingerprints may occur at any time after the company receives your written authorization, including during the hiring process, as well as during the course of your contract and/or employment with ORGANIZATION or for volunteering/licensing, as the case may be, unless permitted by law ("Stated Purposes").

Your fingerprints are being collected and used in order to obtain Criminal History Record Information (CHRI) from state governments and/or agencies in connection with your contract and/or employment or volunteering with ORGANIZATION or for licensing, as the case may be.

Your fingerprints and any information obtained using your fingerprints will be retained and stored by Fieldprint, Inc. and will be permanently destroyed no later than three (3) years of your last interaction with Fieldprint, Inc. In some instances, we may retain your fingerprints for less than three (3) years or indefinitely based on the requirements of our clients, which may be regulatory or otherwise. For the exact retention period for your particular purpose, please contact us at 888-472-8918. You may view Fieldprint, Inc.'s Privacy Policy on the retention and destruction of biometric information: <https://www.fieldprint.com/privacy-policy>

Authorization to Obtain and Disclose Biometric Information

By signing below, I hereby authorize Fieldprint, Inc. to collect, store, and use my fingerprints and further authorize Fieldprint, Inc. to disclose and use my fingerprints to obtain criminal background information in connection with my Stated Purposes.

By signing below, I further authorize Fieldprint, Inc. to share my fingerprint information, criminal results, and any other information obtained using my fingerprints with ORGANIZATION for the Stated Purposes.

By signing below, I acknowledge and agree that this authorization is given and becomes valid only if the biometric information, criminal results, and any other information obtained using my fingerprints is valid now as well throughout the course of my contract, employment, volunteering, and/or licensing, as may be applicable, with ORGANIZATION, unless permitted by law.

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF PERJURY THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

☐ I agree*

Your Full Name

Today's date

[Back](#) [Continue](#)



Identity delivered.

You will next review the **GA Privacy Statements**. Click the box next to "I acknowledge that I have read, understand, and agree to the above statements."

Data Collection

☒ Personal Information

☒ Demographic

Authorization

☒ Biometric Disclosure

☐ GA Privacy Statements

GA Privacy Statements

To download this document click [GA Documents](#)

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only, or 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 (5 U.S.C. 552a), 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 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.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2011) 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 explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your 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 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 criminal history record.
- If agency policy permits, the officials may provide you with a copy of your 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 find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website <http://www.gbi.org/recordrequest>.

Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website <http://www.fbi.gov/records>.

- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questionable information. 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 <http://www.gbi.org/contact>. Alternatively, you may send your challenge directly to the FBI by submitting a request via <http://www.fbi.gov/records>. The FBI will then forward your challenge to the agency that contributed the questionable information and request the agency to verify or correct the challenge 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 16.34 through 16.34.)
- 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-720 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 one, criminal and arrest 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 the 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 Biometric 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

To download this document click [GBI Documents](#)

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF PERJURY THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS, IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

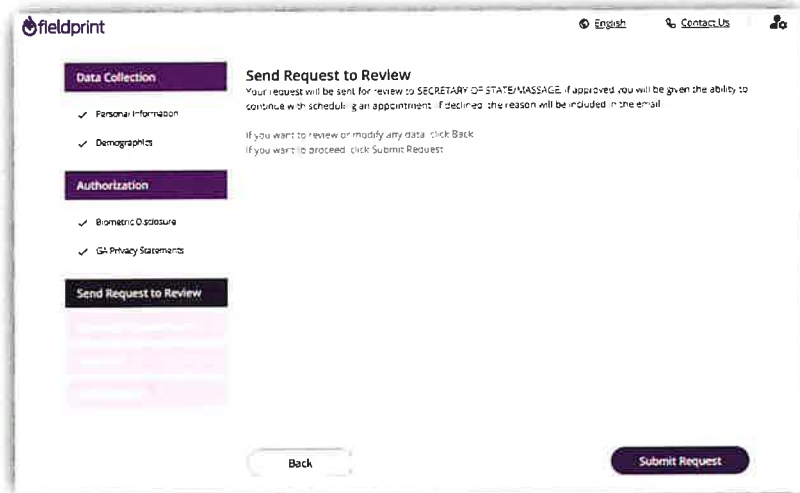
☒ I acknowledge that I have read, understand, and agree to the above statement.

Back

Continue

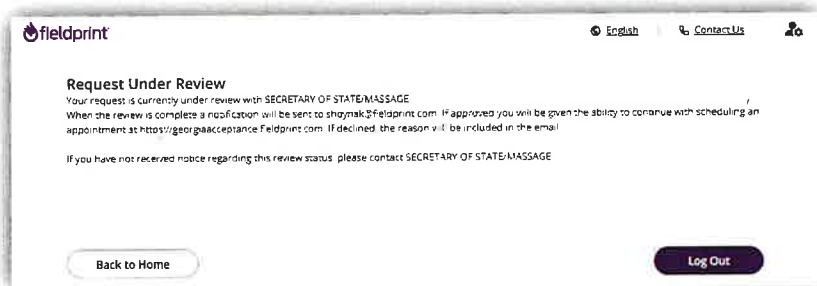
Send Request to Review

If you selected a Reason that requires Agency Approval, you will see the **Send Request to Review** page. Clicking **Submit Request** will submit your request for review by the Georgia organization or agency listed. Otherwise, you will proceed directly to the **Schedule Appointment** page.



The screenshot shows the 'Send Request to Review' page. On the left, there are three sections: 'Data Collection' with 'Personal Information' and 'Demographics' checked; 'Authorization' with 'Biometric Disclosure' and 'GA Privacy Statements' checked; and 'Send Request to Review' which is highlighted. On the right, the title 'Send Request to Review' is followed by a paragraph explaining that the request will be sent for review to the SECRETARY OF STATE/MASSAGE. Below this, there are instructions: 'If you want to review or modify any data, click Back' and 'If you want to proceed, click Submit Request'. At the bottom, there are two buttons: 'Back' and 'Submit Request'.

Submitting the request will put the request under review.



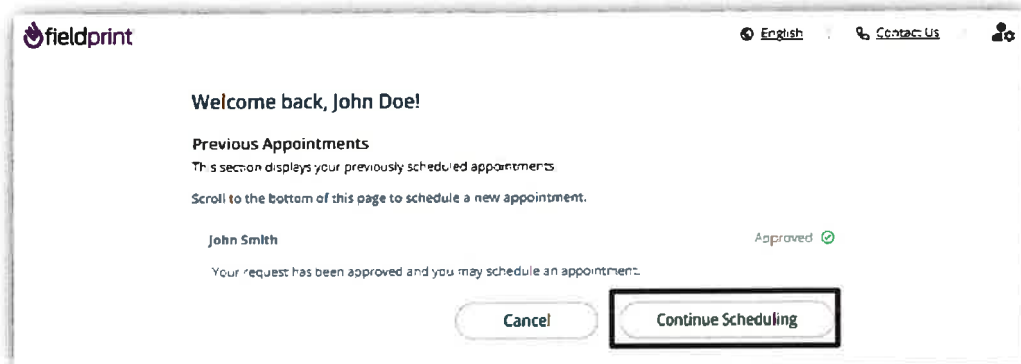
The screenshot shows the 'Request Under Review' page. The title 'Request Under Review' is followed by a paragraph stating that the request is currently under review with the SECRETARY OF STATE/MASSAGE. It mentions that a notification will be sent to shaymak@fieldprint.com when the review is complete. Below this, there is a note: 'If you have not received notice regarding this review status, please contact SECRETARY OF STATE/MASSAGE'. At the bottom, there are two buttons: 'Back to Home' and 'Log Out'.

You will be notified once the organization or agency has reviewed and approved your request.



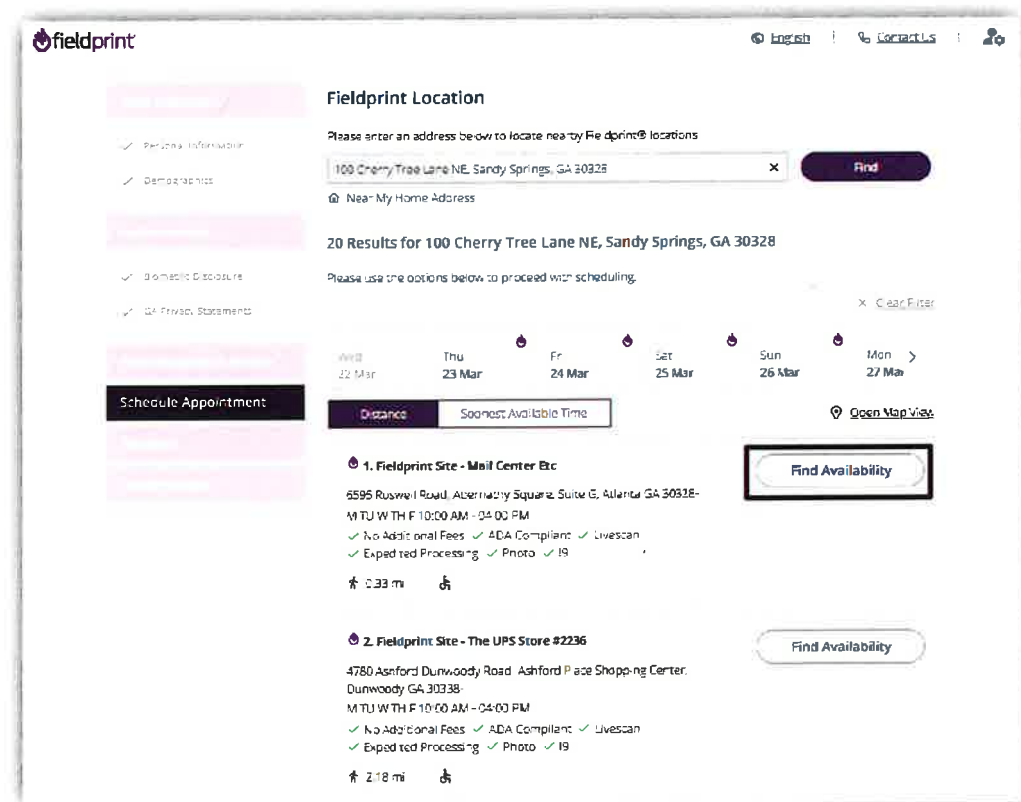
The screenshot shows an email notification from Fieldprint IT Department. The email is addressed to customerservice@myfieldprint.com and is titled 'ACCEPTANCE TESTING GAPS Registration Approval'. The body of the email contains the following information: Name: John Smith, Registration Date: 03/22/2023, Registration ID: 935, Reason for Fingerprints: Massage Therapist License - GA Board of Massage Therapy, Results to be sent to: SECRETARY OF STATE/MASSAGE. The email concludes with a paragraph stating that the registration has been approved and provides instructions on how to proceed with fingerprinting. It also includes contact information for assistance.

When you log back in, the system will prompt you to **Continue Scheduling**.

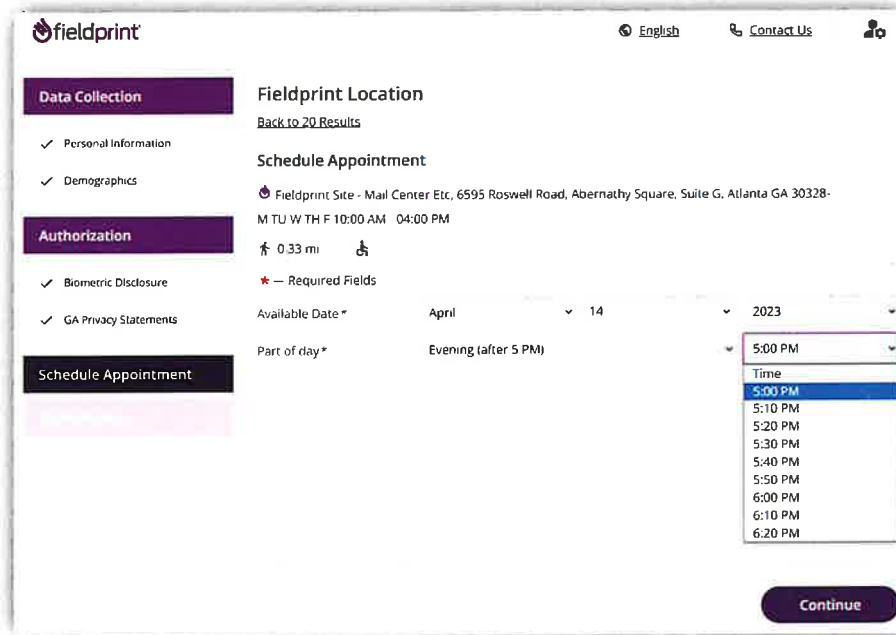


Schedule Appointment

Next you will select a location, date, and time for your Livescan fingerprint capture. The system will default to the home address entered, but you are able to change to another address that may be more convenient. Sites can be sorted by distance or soonest available time. Each entry will provide the address, hours of operation, and other key information about the site. Once you choose a site, click **Find Availability**.

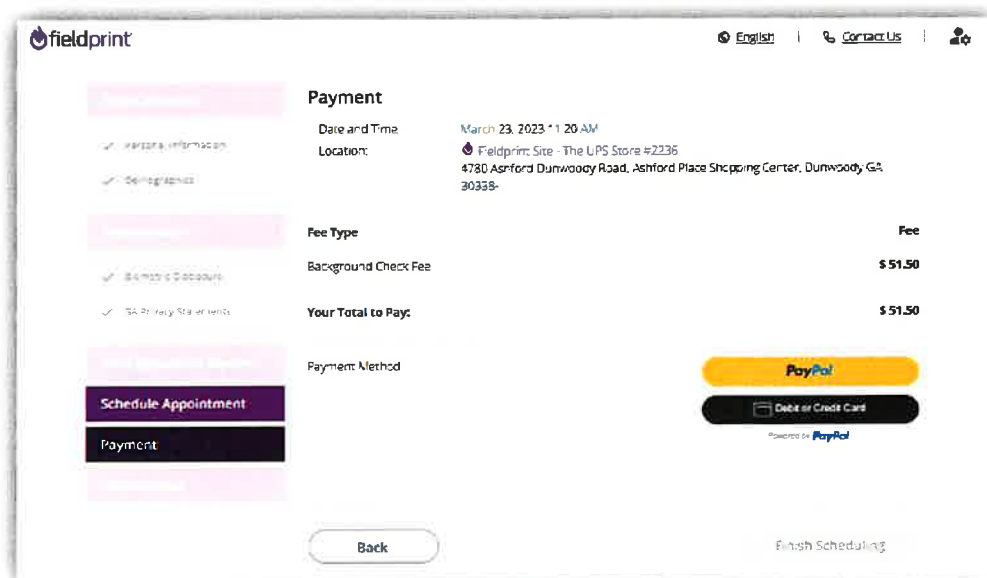


Using the dropdowns you will select the date and time for your appointment and click **Continue**.

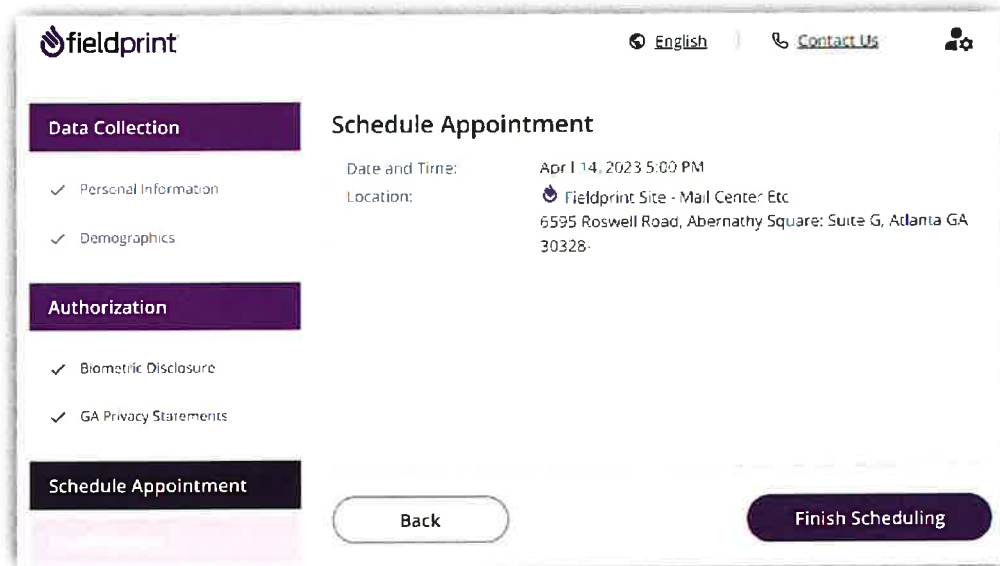


Payment

If you are required to pay for the fingerprint appointment, you will select your method of payment – either PayPal or debit / credit card. Cards accepted include MasterCard, Visa, American Express, and Discover.



If the agency is paying, you will click the **Finish Scheduling** button without seeing the Payment page.

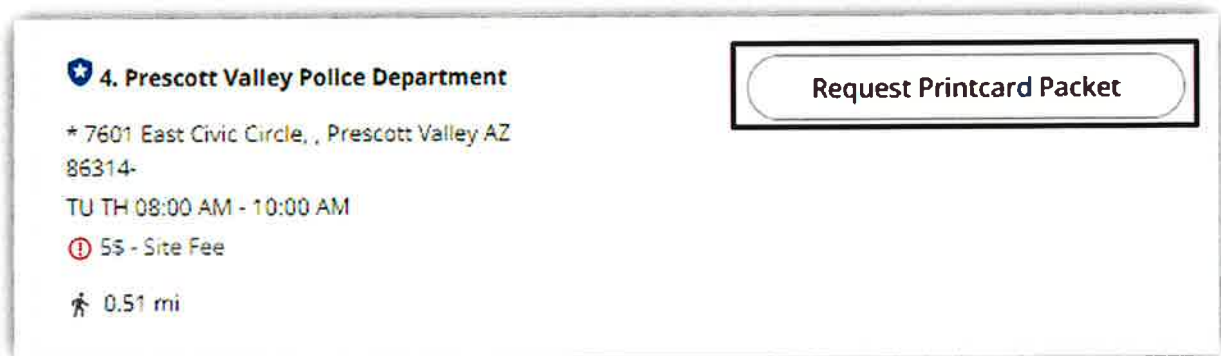


Request Printcard Packet (If Applicable)

If a Livescan location is unavailable within the contracted range, the system will offer you the ability to request an ink card packet. This will also be the method used if you are located out of state. Clicking **Request Printcard Packet** will trigger a request to Fieldprint for a packet containing two barcoded fingerprint cards, instructions, and a return envelope to be mailed to your address.

Completed packets should be returned to:

Fieldprint, Inc.
PO Box 407
Marlton, NJ 08053



Confirmation

After scheduling your appointment, you will receive a confirmation screen. The confirmation page will show your appointment number, location, date and time. There is important information noted on the confirmation page, displaying identification required for the appointment. **Be sure to bring the appropriate identification to your appointment.**

Confirmation Details: John Smith (Appointment #6202484)

[View Appointment](#)
[Go Online](#)
[Download & Install Documents](#)

Date and Time

Wednesday, March 23, 2023 11:30 AM

Address

Fingertown Site The UPS Store #2236
4780 Ashford Dorchester Road, Ashford Plaza Shopping Center, Dorchester GA 30338

QR Code Reader

Fingertown uses a camera to scan the QR code and locate your unique appointment information. The Camera does not have access to records.

Map Satellite

Google

Your registration information will be shared with Google to help us improve our service. You can manage your Google account settings at [https://myaccount.google.com](#).

[Privacy Settings](#) [Log out/Sign Out](#) [Terms of Service](#)

Consent and Acknowledgement

Please read through your appointment if you are experiencing any of the following symptoms:

- Cough or cold
- Sore throat
- Shortness of breath or difficulty breathing
- Fatigue or body aches
- Headache
- New loss of taste or smell
- Skin rashes
- Confusion or memory loss
- Dizziness, nausea or vomiting

This test does not include all possible COVID-19 symptoms. The CDC continues to update this list [here](#).

In light of COVID-19, you may be asked to wear a protective face mask to complete your fingerprint appointment for the protection of yourself as well as others. Please note that while masks in businesses by state requirements must be worn without making gestures or other communications. If you are required to wear a face mask, please bring this for appointments to complete your appointment.

| Paid Item | Description | Amount | Status |
|--------------|-----------------------------------|---------|----------|
| Payment | Transaction ID: 1050193299216521x | \$51.50 | Fee Type |
| Payment Date | March 22, 2023 5:57 PM | | |

What to Bring to Your Appointment?

[Read More](#)

Original Documents are Required: Photo ID and Fee (\$51.50).

- Please provide your appointment confirmation to the staff upon arrival at your appointment. Please print the appointment confirmation and bring it to the staff upon arrival.
- For purposes of completing your check-in for your appointment, you must provide one form of current valid, unexpired government-issued photo ID.

If you are bringing an unexpired form of ID, your appointment cannot be completed. Your first name will be removed from the system and you will need to schedule another appointment. Please bring your identification to your ID check-in.

Identification required to complete your appointment

Primary ID for Fingerprinting

- State issued driver's license
- Matter issued non-driver identity
- U.S. Passport or Passport Card
- Military Identification card
- DDO Common Access Card
- Workplace photo ID

Global Entry Card

- Nation American Travel ID Card
- Permatrans Borderland ID
- TSA PreCheck / Global Entry Card
- Foreign Driver's License

Reschedule or Cancel John Smith Appointment (#6202484)

If you need to reschedule your appointment or cancel, please click the corresponding button below or call [Fingertown 866-886-9165](tel:866-886-9165).

If you decide to reschedule your appointment in the future, please return to <https://www.fingertown.com>, log in as an existing user, and click on the Reschedule button to make a new appointment.

Cancel Appointment
Reschedule

[Back to Home](#)
[Log Out](#)

Appointment Management


Logging back in as a returning user will allow you to manage your appointment or create another. Click **Reschedule** to change the appointment location, date, or time. Clicking **Schedule Another Appointment** will take you to complete a new registration.

Welcome back,


Previous Appointments
This section displays your previously scheduled appointments.


Scroll to the bottom of this page to schedule a new appointment.


#6197473 Suzanne Sorgetest Appointment

Scheduled 

Date and Time: May 1, 2023 9:00 AM

Location:  Fieldprint Site - Marietta, GA 2 (Foxx Laboratories)
2625 Sandy Plains Road Suite 101 Marietta, GA 30066-

 [Print Receipt](#)

 [View Map](#)

Cancel

Reschedule

You do not currently have a pending appointment. To begin scheduling a new appointment please click the button below.

Schedule Another Appointment



Identity delivered.


You will also have the ability to **Print Receipt** which contains appointment information, what to bring, and contact information to reschedule.


Receipt
You will find all needed information about your appointment here.

John Smith Appointment Details (#6203991)

[Print Receipt](#) [Get Directions](#) [Download Printable Documents](#)

Date and Time Friday, April 14, 2023 5:00 PM
Location Fieldprint Site - Mail Center Bldg.
6595 Roswell Road Abernathy Square, Suite G Atlanta GA 30328

 **QR Code Notice**
Fieldprint uses a camera to scan the QR code and locate your unique appointment information. The camera does not save data or records.



COVID-19 Notice
Please reschedule your appointment if you are experiencing any of the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose

This list does not include all possible COVID-19 symptoms. The CDC continues to update this list [here](#).
In light of COVID-19, you may be asked to wear a protective face mask to complete your Fieldprint appointment for the protection of yourself as well as others. Please note that while mask ordinances vary by state, businesses retain the right to enforce masking policies at their own discretion. Please be prepared to wear a face mask, should this be a requirement to complete your appointment.

What to Bring to Your Appointment?

Notice
Original Documents are required. Photocopies will not be accepted.

- Please provide your appointment number to the technician at the time of your appointment. You may print this appointment confirmation page or bring with you via phone or email.
- For purposes of confirming your identity for your appointment, you must present one form of a current, valid, unexpired government-issued photo ID.

If you do not bring an acceptable form of ID, your appointment cannot be completed. Your First Name, Last Name and Date of Birth provided for the appointment must match your information on your ID exactly.

Identification required to complete your appointment

Primary ID for Fingerprinting

- State-issued driver's license
- State-issued non-driver's ID
- U.S. Passport / Passport Card
- Military Identification Card
- DOD Common Access Card
- Work Visa w/ photo
- Global Entry Card
- Native American Tribal ID Card
- Permanent Resident Card (I-551)
- I-766 Employment Authorization Card
- Foreign Passport
- Foreign Driver's License

Reschedule or Cancel John Smith Appointment (#6203991)

If you need to reschedule your appointment or cancel, please click the corresponding button below or call Fieldprint 844.888.0165.

If you decide to reschedule your appointment in the future, please return to go.rapscallion.com/fieldprint, log in as an existing user, and click on the Reschedule button to make a new appointment.

International Applicants

If you are an **international applicant**, you will not be able to use the Fieldprint Scheduling Website. Instead, you will use the following International Applicants process explained below:

1. The Georgia agency will provide you with the Originating Agency Identifier (ORI) and Reason for Fingerprinting (RFP) and then direct you to call Fieldprint at **844-886-0165**.
2. A Fieldprint representative will send you an email with the Georgia Privacy Statements waiver.
3. Once you return the waiver, the Fieldprint representative will create order in Hank (Fieldprint's fingerprint processing system).
4. While you are on the phone, Fieldprint will create an order based on the ORI/RFP provided and capture your Personal and Demographic information.
5. You will provide Fieldprint with payment.
6. Fieldprint will mail you a Printcard packet. The packet will contain two barcoded fingerprint cards, instructions and a return envelope. This packet will be mailed to the address you provide.
7. You will need to be fingerprinted on the cards and mail them back to Fieldprint.
8. Fieldprint will then scans the print cards into system and electronically submits them to GBI-AFIS.