



# Alcoholic Beverage License Application (New)

Page 1 of 6

Updated FEB 2025

## 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 Identogo website. Once registered, contact the Business Registration Office at [finance@pooler-ga.gov](mailto: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](mailto: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: \_\_\_\_\_



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## 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)

Business Location 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

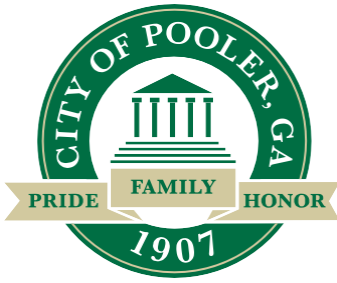
Physical Home Address NAICS

Mailing Address (if different)

Email Home Phone Mobile Phone

## Owner Information (if other than applicant)

Owner Full Legal Name Driver's License & State



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

SSN

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Physical Home Address

NAICS

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Mailing Address (if different)

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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



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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)

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## Classifications

RETAIL (new applications received after July 1 <sup>st</sup> 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	<b>OUT-OF-CITY CATERERS</b> <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				



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## 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 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed **greater than ten** (10) employees.

The employer has registered with an 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 1<sup>st</sup> 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)(1), 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



# **GAPS-FINGERPRINTING SCHEDULING INSTRUCTIONS**

**Step 1:** Go to GAPS Website: <https://ga.state.identogo.com> .

**Step 2:** Enter Service Code: **2TGR22 ( alcohol licenses)** or **2TGQ6H (Door to Door soliciting)** and click “ Get Started

## GEORGIA Enrollment & Fingerprinting Services



### Enrollment for Licensing, Certification, or Employment requirements in Georgia

IdentoGO by IDEMIA is the leading biometric solutions provider for state and local agencies, specializing in the secure capture and transmission of electronic fingerprints for employment, certification, licensing, and other verification purposes.

Enter your service code to get started.

GA Residents: Enter your service code below to start your enrollment process and schedule an appointment at an in-state enrollment center.  
Non-GA Residents: Select Mail in Physical Fingerprint Card option under Additional Services section below.  
Don't know your service code? Click [here](#) or contact your agency or employer.

Service Code\*

GET STARTED >

Pooler Service code: 2TGR22

User navigates to new GAPS website; enters the provided Service Code and clicks “GET STARTED” button to begin registration process.

### Additional Services

To look up an existing registration status or make changes to your appointment, please select 'Reschedule or Manage Appointment.' For all other services, make a selection below. Applicants that do not reside in Georgia should choose the Mail-In Physical Fingerprint card option below.



Check Enrollment Status



Reschedule or Manage Appointment



Mail-in Physical Fingerprint Card



Schedule a Reprint Appointment

**Step 3:** Under “ Requesting Agency” , input the following : GA923329Z. The click “Continue”.

---

Georgia

### Enrollment Service Lookup

You have chosen to start an enrollment in Example Georgia Service.

If your agency provided a Requesting Agency ID number, enter it below and select Continue. If you were not provided a Requesting Agency ID number, leave it blank and select Continue.

---

CANCEL

CONTINUE >

**Step 4:** Verify that this same information shows, Click “ Start Enrollment”.

---

Georgia  
Enrollment Service Lookup

Based on your inputs, the following service information is available.

AGENCY:

Georgia City/County Government & Law Enforcement Agencies

REASON FOR FINGERPRINTING:

Alcohol/Liquor Licensee

REVIEWING AGENCY:

GA923329Z - CITY OF POOLER

SERVICE CODE:

2TGR22

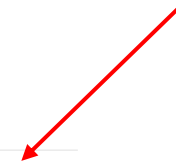
---

CANCEL

< BACK

START ENROLLMENT

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**Step 5:** Check the “I acknowledge that I have read, understand, and agree to the above Statement” button, and click “Continue”.

**Georgia Example Agency Name**  
Georgia Example Applicant Service

1 Privacy Statement      2 Information      3 Review

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**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, 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 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 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 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 GCIC website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>
- Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.fbi.gov>
- 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 questioned 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 <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.fbi.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 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 16.30 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 purpose 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.

**TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, 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 IDEMA OR THE REQUESTING ORGANIZATION/AGENCY.**

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

[DOWNLOAD](#)

[CANCEL ENROLLMENT](#) [CONTINUE](#)

User acknowledges that you have read the statement and agree by checking the box, and then click “CONTINUE”.

**Step 5:** Enter all the Demographic information requested on Page 1 & 2, Click “Continue.”

Privacy Statement Information Review

### Personal Information \* Required fields

**Name**  
Legal name must match exactly on all identification documents brought to enrollment.

First Name\* Middle Name Last Name\* Suffix

Have you ever used an alias?  
 Yes  No

Have you ever used a maiden or previous name?  
 Yes  No

**SSN**  
Social Security Number

**Biographic Information**

Date of birth\*

Gender\* Hair Color\* Eye Color\*

Race\*

US  Metric

Height (ft)\* Height (in)\* Weight (lbs)\*

**Citizenship**

Country of Birth\* City of Birth

Country of Citizenship\*

Demographic entry,  
partial screen, screen 1  
of 2.

**Step 6:** On page 2 of the Demographic information, when you are finish entering all the information, Click “Review”.

**Residential Address**

Country\*  Address Line 1\*  Address Line 2 (optional)

City\*  Postal Code\*

Is your residential address and mailing address the same? \*

Yes  No

**Employer**

Employer Name

Occupation/Position

**Employer Address**

Country  Address Line 1  Address Line 2 (optional)

City  Postal Code

**Contact**

Remember the email address and phone number below, as they will be used to look-up application information during your in person appointment and to check your status online. **Email is recommended so we can provide a receipt and keep you updated.**

Email\*  Confirm Email\*

Sign up for Text Alerts (US Country Code required. Standard text messaging rates will apply).  
Text alerts will supplement our default notifications by sending you appointment reminders, renewal, or action based notifications directly to your mobile devices.

Main phone country code  Main phone number

United States (+1)

Alternate phone country code  Alternate phone number

United States (+1)

Preferred method of contact\*  Preferred language\*

Email

CANCEL ENROLLMENT

Demographic entry,  
partial screen, screen 2  
of 2.





**Step 7** : Review all the information. Edit information if needed, once submitted, the information may not be changed.

Georgia Example Applicant Service

● Privacy Statement — Information — ● Review

1 Please review and submit your application  
Your application has not been submitted yet. Please review and submit it below.

### Review Enrollment Application

#### Personal Information

[EDIT INFORMATION](#)

Please review your personal information below. Legal name must match exactly on all identification documents brought to enrollment.

#### NAME & BIOGRAPHICS

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
Sample Data	Sample Data	Sample Data	
GENDER	DATE OF BIRTH	EYE COLOR	HAIR COLOR
Sample Data	Sample Data	Sample Data	Brown
HEIGHT(FEET)	WEIGHT(LBS)	WEIGHT(KG)	
Sample Data	0"	Sample Data	
CITIZENSHIP			
COUNTRY OF CITIZENSHIP			
Sample Data			
COUNTRY OF BIRTH	CITY OF BIRTH	STATE/PROVINCE OF BIRTH	
Sample Data		Sample Data	
RESIDENTIAL ADDRESS			
COUNTRY OF RESIDENCE	STATE/PROVINCE	CITY	POSTAL CODE
Ramelo Pata	Ramelo Pata	Ramelo Pata	Ramelo Pata
ADDRESS LINE 1	ADDRESS LINE 2		
Sample Data			
E MAIL ADDRESS	PHONE COUNTRY CODE	MAIN PHONE NUMBER	
Sample Data	United States (+1)		

Review your enrollment information and verify it is correct. If you must make any corrections use the Edit Information at the right-hand side. Note: Once you submit enrollment, you will be unable to change the information provided.

[CANCEL ENROLLMENT](#)

[← BACK](#) [SUBMIT ENROLLMENT](#)



**Step 8:** Application confirmation. Inform the Business Registration office that your application has been submitted it can be approved.

**Georgia Example Agency Name**  
Georgia Example Applicant Service

---

**Application Approval**  
Your application has been sent to the appropriate agency for approval. You will receive an email with further instructions.

[RETURN TO HOMEPAGE](#)

Your registration information has been submitted to the appropriate agency for approval. You will receive additional instructions through the email address provided.


**Step 9:** Once we have approved the application, you will receive an email with instructions to schedule the fingerprint appointment.


**SCHEDULE APPOINTMENT**

**ENROLLMENT DETAILS**

UEID	AGENCY / ORI	SERVICE
Example UEID	Example Agency	Georgia Example Applicant Service

To check your application status or cancel your request, please follow the link below.

 Check Enrollment Status

 Look Up Or Change Existing Appointment

Thank you,  
The IDEMIA team

**IdentoGO**  
by IDEMIA

Once approved, you will receive an email instructing you to schedule your appointment. You may click on the link provided. Be sure to note your UEID, as that is the assigned registration number in the new solution.

**Step 10:** Schedule an appointment by logging in <https://ga.state.identogo.com>, and using: Date of birth, Last name and UEID #

**GEORGIA**  
**Enrollment & Fingerprinting Services**

Enrollment for Licensing, Certification, or Employment requirements in Georgia

**GAPS**  
GEORGIA APPLICANT PROCESSING SYSTEM  
for fingerprint background checks

**Service & Appointment Management**  
To look up previous enrollments and manage upcoming appointments, please enter your information below.

**Notice**  
Information entered below must match information provided during pre-enrollment.

PHONE NUMBER    EMAIL ADDRESS    UE ID

Date of birth\*

Last Name\*

UE ID\*

CANCEL    CONTINUE >

**Check Enrollment Status**

**Look Up or Change Existing Appointment**

**Mail-in Physical Fingerprint Card**

**Schedule a Reprint appointment**

**User will enter your date of birth and last name along with the assigned UEID in order to retrieve the registration and continue.**  
**Note: There are options for looking up by phone number and email address as well.**

## Georgia Example Agency Name

Georgia Example Applicant Service

1 Schedule Appointment

2 Review

3 Payment & Confirmation

### Schedule Appointment

Find a convenient time and place for you to complete your in-person enrollment appointment. If you're not ready to schedule at this time, you can also walk-in to a center at your earliest convenience. Please note that scheduled appointments will be prioritized.

Select a location near you

Show closest  Show soonest available

Search by state/city or account code\*

Sample ZIP CODE

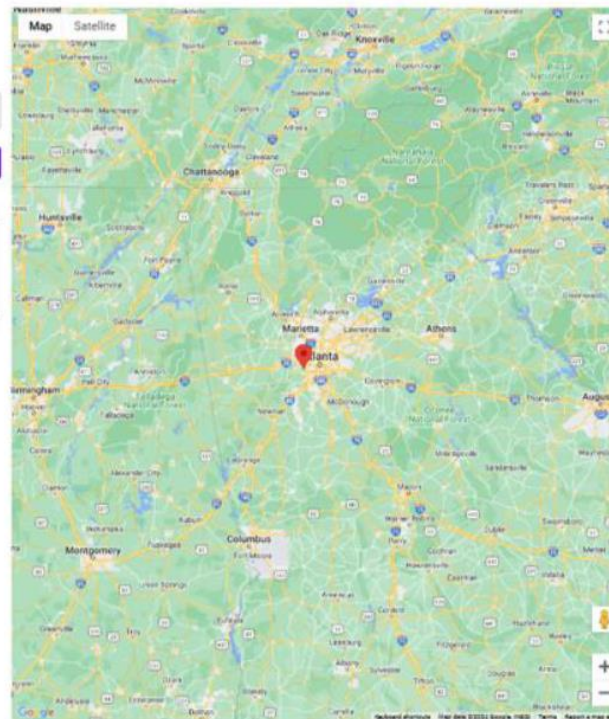
X

10 miles

SEARCH

Example Enrollment Center  
Address, City, State ZIP  
Next Available Appointment: Day Time

Example Enrollment Center  
Address, City, State ZIP  
Next Available Appointment: Day Time



User will enter a city, state, and/or ZIP code in the location search field. From the displayed choices, click on the location that you would like to be fingerprinted at.

# Georgia Professional Standards (GPS)

School Employment - Public Schools

1 Schedule Appointment

2 Review

3 Payment & Confirmation

## Schedule Appointment

Find a convenient time and place for you to complete your in-person enrollment appointment. If you're not ready to schedule at this time, you can also walk-in to a center at your earliest convenience. Please note that scheduled appointments will be prioritized.

Select a location near you

Show closest  Show access available

Search by address, city, or zip code  
30302 10 miles

SEARCH

Just Peachy Home Care LLC  
100 Fairburn Rd Ste B1, Atlanta, GA 30221  
Next Available Appointment: 5/24/24 at 10:30 AM

10.0 miles

05/24/24

### Schedule Appointment

Date

06/24/2024

5/24/24 at 10:30 AM

5/25/24 at 11:00 AM

5/24/24 at 11:30 AM

5/24/24 at 12:00 PM

Show more appointments v

Location Hours

Monday: 09:30AM - 04:30PM

Tuesday: 09:30AM - 04:30PM

Wednesday: 09:30AM - 04:30PM

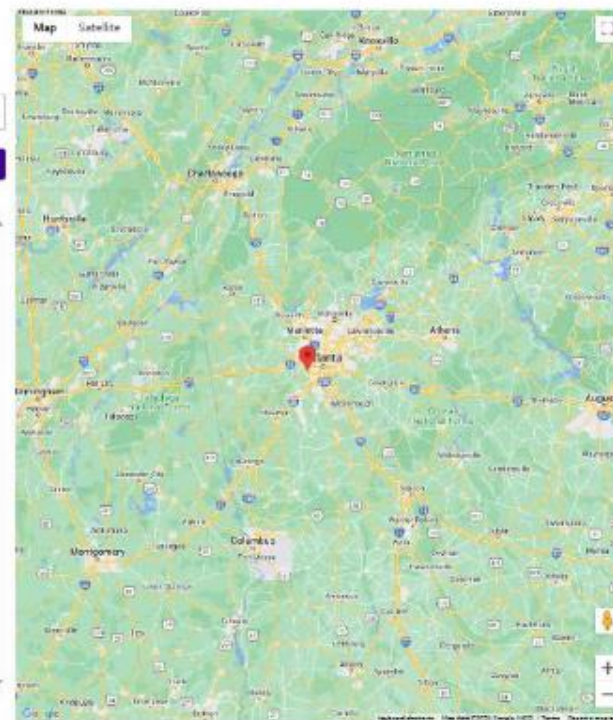
Thursday: 09:30AM - 04:30PM

Saturday: 09:30AM - 12:30PM

Just Peachy Home Care LLC

100 Fairburn Rd Ste B1, Atlanta, GA 30221  
Next Available Appointment: 5/24/24 at 10:30 AM

10.0 miles



Select  
appointment  
Date and Time

Georgia Example Agency Name  
Georgia Example Applicant Service

1 Schedule Appointment      2 Review      3 Payment & Confirmation

### Schedule Appointment

Find a convenient time and place for you to complete your in-person enrollment appointment. If you're not ready to schedule at this time, you can also walk-in to a center at your earliest convenience. Please note that scheduled appointments will be prioritized.

Select a location near you

Show closest     Show soonest available

Search by zipcode, city or nearest center\*  
Sample ZIP CODE    10 miles

SEARCH

Example Enrollment Center  
Address, City, State ZIP  
Next Available Appointment: Day Time

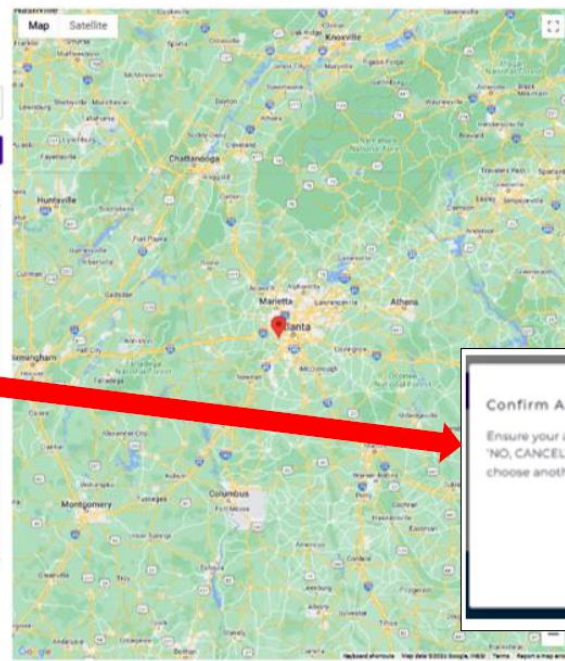
details

**Confirm Appointment**

Example Enrollment Center  
Address, City, State ZIP  
Appointment: Day Time

Location Hours  
Monday: 09:00AM - 05:00PM  
Tuesday: 09:00AM - 05:00PM  
Wednesday: 09:00AM - 05:00PM  
Thursday: 09:00AM - 05:00PM  
Friday: 09:00AM - 05:00PM

Example Enrollment Center  
Address, City, State ZIP  
Next Available Appointment: Day Time



Click "Confirm" to continue after you have selected your appointment. Once you click confirm, you will be presented with one additional confirmation button.

**Confirm Appointment**

Ensure your appointment location and time are correct. Use the 'NO, CANCEL' button to edit this appointment. If you would like to choose another appointment, select the 'X'.

Example Enrollment Center  
Address, City, State ZIP  
Appointment: Day Time

## Georgia Example Agency Name

Georgia Example Applicant Service

Schedule Appointment — Review — Payment & Confirmation

**Please review and submit your application**  
Your application has not been submitted yet. Please review and submit it below.

### Review Enrollment Application

#### Appointment Details

Please review your scheduled appointment below.

[EDIT INFORMATION](#)

APPLICATION TYPE

Georgia Example Applicant Service

DATE AND TIME

Appointment Day and Time

APPOINTMENT LOCATION

Example Enrollment Center address info

[CANCEL ENROLLMENT](#)

[← BACK](#)

[CONTINUE TO PAYMENT >](#)

Review your appointment information and verify it is correct. If you must make any corrections use the Edit Information at the right-hand side.

**IdentoGO**

By IDEMA

IdentoGO by IDEMA provides a wide range of identity-related services with our primary service being the secure capture and transmission of electronic fingerprints for employment, certification, training and other verification purposes.

#### About

IDEMA North America  
IdentoGO by IDEMA  
[Terms of Service](#)  
[Privacy Policy](#)  
[CONTACT US](#)



## Georgia Example Agency Name

Georgia Example Applicant Service

Schedule Appointment    Review    **Payment & Confirmation**

### Payment

#### PAYMENT METHOD

Credit Card

eCheck

#### Service fee descriptions

TOTAL

\$00.00

If you have a payment voucher or coupon code, enter it below before continuing.

Payment Code

APPLY

CANCEL ENROLLMENT

< BACK

**PAY AND SUMMIT**

Payment entry screen, user will be prompted to enter payment information if applicable.

### Enrollment Payment

Amount \$00.00

Name

Card Number

Exp Month  Exp Year  Exp Code

Address

Secondary Address

City  State/Province  Postal Code

Email

**IdentoGO**

by IDEMIA

IdentoGO by IDEMIA provides a wide range of identity-related services with our primary service being the secure capture and transmission of electronic fingerprints for employment, certification, training and other verification purposes.

**About**  
IDEMIA North America  
IdentoGO by IDEMIA  
Terms of Service  
Privacy Policy  
Contact Us

## Georgia Example Agency Name

Georgia Example Applicant Service

**Notice** x

Please arrive on-time and be ready to provide your required documentation and be fingerprinted. You'll need to attend an appointment and complete your enrollment within 120 days of this application.

### Your application has been submitted!

A confirmation e-mail has been sent to [Example email address](#). You may look-up your appointment details in the future by entering your contact details or your UE ID on the home page.

### Appointment Details

<b>SERVICE CODE</b>	<b>OB / AGENCY</b>	<b>APPOINTMENT LOCATION</b>
Example Service	Example Agency	Example Enrollment Center information
<b>APPLICATION TYPE</b>	<b>DATE AND TIME</b>	
Georgia Example Appt/Exam Service	Appointment Day Time	

### List Of Acceptable ID Documents

One of the following Primary Documents will be accepted at the GAPS Print Locations:

- Driver's License issued by a State or outlying possession of the U.S
- Driver's License PERMIT issued by a State or outlying possession of the U.S
- Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S
- Enhanced Driver's License (EDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S
- Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Department of Defense Common Access Card
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign Passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian Driver's License
- Foreign Driver's License (Mexico and Canada Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

### Confirmation Details

<b>UE ID</b>	<b>TOTAL DUE</b>
<a href="#">Example UEID</a>	\$0.00

At the time of person enrollment, you'll need to pay the non-refundable fee with a credit card, money order, company check or certified/cashier's check. Cash is not accepted and the cardholder must be present at the time of payment. If you have received a coupon code or voucher, present it during payment.

[PRINT PAGE](#) [DOWNLOAD](#)

[RETURN TO HOMEPAGE](#) >

Your application has been completed and summary information provided onscreen. You may print this page or download a copy of this information by using the buttons on the lower left. You will then visit the selected Enrollment Center at the appropriate day and time. This information will also be emailed to the provided email address.