



**Checklist for Alcoholic Beverage Retail License Application
Class A Off- Premises
(Including Privacy Act Statement & Applicant Privacy Rights Notification Policy)**

- () 1. Food service establishment operated in conjunction with current permit from Department of Health.
- () 2. Complete application for state license with attachments included.
- () 3. Check for amount of license(s) applied for included with application.
- () 4. Notarized Consent for criminal history check and fingerprinting.
- () 5. No Record of felony or violation of laws of state or city with respect to alcoholic beverages.
- () 6. License not revoked for cause or convicted of crime of moral turpitude. (Within time limit in ordinance)
- () 7. Licensee is owner, operator, or manager of premises.
- () 8. Sworn (notarized) statement as to qualifications of licensee.
- () 9. Five Hundred dollar personal performance bond. Power of attorney if bond held by Corporation.
- () 10. Applicant at least age 21 and resident of City for at least one year prior to filing.
- () 11. Place of business not within 100 yards of school, and/or church.
- () 12. Complete and detailed plan of building and premises included, drawing indicating approximate distance nearest school or church.
- () 13. Building in compliance with state, city codes, provided with adequate lighting.
- () 14. Evidence of ownership of building or copy of lease.

PLEASE NOTE: Alcoholic Beverage Licenses will be issued or denied (7) days after completed application is received.



**Non-Criminal Justice
Applicant Privacy Rights Notification Policy
Standard Operating Procedure**

Subject:

Applicant Notification Policy for Information derived from the Georgia Crime Information Center (GCIC) Criminal Justice Information System (CJIS) Network.

Effective Date:

08/18/2020

Revised Date:

Notification

The City of West Point licenses **Alcohol License** and as a part of the process conducts fingerprint based background checks through the Georgia Crime Information Center. Prior to fingerprinting each individual must complete an application and receive a copy of both the Applicant Privacy Rights and the Privacy Act Statement. The City of West Point provides the applicant with the privacy rights via

- A copy is provided as part of the application packet

Once the applicant has read and understands the Applicant Privacy Rights and the Privacy Act Statement, they will sign a log stating the notification was received and maintain such document for no less than 3 years.

Record Challenge/Correction

If an applicant chooses to challenge the accuracy of the criminal history record or needs to correct or update a record, they will be given **30 days** to do so. The applicant is notified that the procedures for challenging an FBI record are set forth in 28 CFR 16.30 through 16.34 and the procedures for challenging a Georgia can be found on the GBI website. The applicants will not be given a copy of the criminal history record.

Appeal Process

The applicant is provided an opportunity to appeal an adverse decision based on the criminal history record information provided from the fingerprint-based background check. The procedures for the appeal process are as follows: The applicant may appeal the decision in writing to the City Manager within **14 days** of the adverse decision.

Signature: _____ Date: _____



PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation

Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

AS Of 02/04/2021

Signature: _____

Date: _____

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 GBI website: <http://www.gbi.state.ga.us/external/external.cfm?menu=2&sub=1> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website:
- 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

www.gbicic.com Alternatively, you may send your challenge directly to the FBI by submitting a request via FOIA@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 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.

Signature: _____ Date: _____



ALCOHOLIC BEVERAGES PACKAGE STORE LICENSE
APPLICATION DOCUMENT LIST
CLASS – A
CITY APPLICATION & ATTACHMENTS

1. Instructions for Application. A-1
2. Application. A-2, A-3
3. Sworn Statement of Qualifications, notarized. A-4
4. \$500.00 personal performance bond. A-5 or equivalent
5. Retail Malt Beverage Application (if applied for). A-6
6. Retail Wine Application (if applied for). A-7
7. Retail Distilled Spirits (Liquor) Application. A-8
8. Consent Form for criminal history check. A-9
9. City Fire Inspection Report.
10. Plans of building and exterior diagram.
11. Evidence of building ownership or copy of lease.

STATE FORMS & ATTACHMENTS

12. Copy of complete state alcoholic beverage license application with attachments (bonds, etc.)
13. Copy of state malt beverage license application with attachments (if applied for).
14. Copy of state wine license application with attachments (if applied for).
15. Certificate of occupancy from Georgia State Fire Marshall's Office. (if applicable).
16. Permit from Health Dept. for food service establishment (if applicable)



A-1

APPLICATION INSTRUCTIONS FOR THE RETAIL SALE OF ALCOHOLIC BEVERAGES
CLASS A, OFF-PREMISES CONSUMPTION

A business selling alcoholic beverages cannot be within 100 yards of a school or church.

For each city license applied for, a copy of a complete state application, with all attachments and requirements for same, must be submitted with the city application(s).

These forms can be received by contacting the Georgia Alcoholic Beverage Board.

All applications for a license to sell distilled spirits (liquor) must include a personal performance bond in the amount of \$500.00 (Form A-5 or equivalent). A power of attorney must also be included if the bond is held by a corporation. To hold a Retail Class A license to sell liquor, the licensee must be at least 21 years of age, and must have been a resident of West Point for at least one year prior to making application.

The proposed building must be inspected for and be in compliance with city building and fire codes. Attach a copy of the fire inspection report.

All of the applicable documents listed on the following document list must be submitted if the application is to be considered.

CITY OF WEST POINT
APPLICATION FOR THE SALE OF ALCOHOLIC BEVERAGES

INSTRUCTIONS: Every question must be fully answered. If the space provided is not sufficient, answer question on a separate sheet and indicate in the space provided that such separate sheet is attached. When complete it must be dated, signed and verified, under oath by the applicant and filed with the City Clerk, City Hall, West Point, Georgia, together with all supporting papers and money order or certified check for the exact fee.

This Application is filed by: Single Proprietor Partnership

Note: Applicants other than individuals must take applications jointly in both the names of the partnership, association or corporation and the name of a partner, associate or officer having a substantial interest in the business.

LICENSE INFORMATION

Full name of person making application	Social Security No.		
Corporate name if corporation (Name must be as registered with Secretary of State)			
Address of legal residence (Street, Road, RFD No. and P.O. Box)			
City	State	Zip Code	County of Residence

BUSINESS INFORMATION

Trade name of business applying for license	
Business location address	Business telephone no.

MAILING INFORMATION

Mailing Address if different (Mail not received at place of business)		
City	State	Zip Code

Has this place of business or anyone connected therewith, been cited or charged at any time within the last twelve months, with any Violation of Georgia Law, Federal Law or any rule or regulation of the State Revenue Commissioner or any rule regulation of the City or County?

Yes No If yes, give full details on separate sheet.

Signature of Applicant under oath

CITY OF WEST POINT
APPLICATION FOR THE SALE OF ALCOHOL BEVERAGES

List the full name for each person, Firm, or Corporation having any interest in this application and the % (percentage) of interest.

Name	Name of Business	% Interest
_____	_____	_____
_____	_____	_____

List all other businesses engaged in the sale of distilled spirits that any of the persons, Firms, or Corporations are interested in employed by, or associated with in any way whatsoever.

Name	Name of Business	% Interest
_____	_____	_____
_____	_____	_____

List the full name of the father, mother, brother, sister, son, daughter, or spouse of each person, if they have any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Name of Business	Relationship
_____	_____	_____
_____	_____	_____

List the full name and address of the owner of the building and the name and address of the owner of the land and the name and address of all leasers and sub leasers.

Owner	Address	Relationship to App. or to other owner
_____	_____	_____
_____	_____	_____

How much of the capital of this business is borrowed and from whom?

Amount	Lender	Address
_____	_____	_____
_____	_____	_____

Name the Manager of the business for which this application is filed and state how he is compensated.

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for suspension or revocation of any license issued pursuant to this application.

Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, or any personnel statement which is made a part of this application, such change must be reported as an amendment to this application within 30 days. The failure to make such amendment shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood.

STATE OF GEORGIA, _____ COUNTY

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a State License as a dealer in alcoholic beverages and liquors for a State License as a dealer in alcoholic beverages and liquors are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Applicant's Signature (Full Name)

I hereby certify that _____
(Full Name of Applicant)
Is personally known to me, that he signed his name to the foregoing application after stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____

Notary Public

CITY OF WEST POINT
WEST POINT, GEORGIA
ALCOHOLIC BEVERAGES LICENSE BOND

STATE OF GEORGIA

Bond No. _____

County of _____

Calendar Year _____

NOW ALL THE MEN BY THESE PRESENTS, that we _____, AS PRINCIPAL, and _____, surety company incorporated and existing under the laws of the State of _____, and licensed and authorized to execute bonds and under-bound unto the Mayor and City Council Members of the City of West Point, Georgia, and their successors in office, for the use and benefit of said City, AS OBLIGEE, in the sum of FIVE HUNDRED DOLLARS (\$500,00), for the payment of which, we bind ourselves, our heirs, executors, administrators and successors, as the case may be, jointly, severally and firmly by these presents. Signed with out hands and sealed with our seals, this _____ day of _____, _____.

WHEREAS, the above named Principal has applied to the Mayor and City Council of the City of West Point, Georgia, for a license to engage in business at _____ As a retailer of alcoholic beverages under the provisions of the Ordinance adopted December 12, 1977, and known as "An Ordinance to Control and Regulate the Sale of Alcoholic Beverages" for the period beginning on the _____ day of _____, _____, and ending on December 31, _____.

NOW, THEREFORE, the conditions of this bond are such that if the principal shall promptly pay to the Obligee all sums which may be due by said Principal as taxes, license fees, rental charges, or otherwise, including penalties and interest, by reason of the operation of said business, faithfully comply with all provisions of said Ordinance, and with all rules and regulations now, or hereafter, promulgated by the Mayor and City Council under the authority of said Ordinance, for the enforcement and administration said Ordinance, and with such other conditions as the Mayor and City Council may require in rules and regulations, then this bond shall be void; otherwise, it shall remain of full force and effect and shall be construed as a bond of forfeiture.

This bond may be cancelled by the Principal, the Surety, of the obligee by giving sixty (60) days' notice in writing to each of the other parties hereto at their last known address, but no such cancellation shall affect the liability of either the Principal of the Surety occurring before the expiration date of such notice.

This bond shall be in force for the period beginning on the _____ day of _____, _____ through the _____ day of _____, _____, inclusive, and shall not be construed as a renewal or continuation of any other bond executed by said Principal and Surety to Obligee for any other period.

(Principal/Owner's Signature)

(Principal/Owner's Signature)

(Surety Agent Signature)
Attorney in Fact

CITY OF WEST POINT
WEST POINT, GEORGIA

APPLICATION FOR RETAIL MALT BEVERAGE LICENSE
CLASS A OFF PREMISE _____

I, _____, being a person of good moral character, hereby make application for a license to engage in the sale of packaged malt beverages at retail in the City of West Point, Georgia, at the following address _____, West Point, Georgia.

I am a citizen of the United States, and have been a resident of the County of _____ for a period of _____ years next preceding the date of this application.

I have never been convicted of a felony, and have not been convicted within ten years of the date of this application of a violation of the laws of this state, or any other state, relating to the sale of alcoholic beverages.

I have not revoked, for cause such as a violation of regulations, or improper operation, within 10 years next preceding this application, any license issued to me by the City of West Point, the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

I am the owner, operator, manager, officer in charge (if a corporation) of the premises for which the license is requested or the holder of any lease thereon.

I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested and shall be responsible for the qualifications and conduct of my employees.

I understand that a violation of any of the ordinances of the City of West Point, Georgia, or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages, shall subject my license to immediate revocation.

SIGNED _____

Sworn to and subscribed before
me this _____ day of _____, _____.

_____ (Notary Public)

CITY OF WEST POINT
WEST POINT, GEORGIA

APPLICATION FOR RETAIL WINE LICENSE
CLASS A OFF PREMISE _____

I, _____, being a person of good moral character, hereby make application for a license to engage in the sale of packaged wine beverages at retail in the City of West Point, Georgia, at the following address _____, West Point, Georgia.

I am a citizen of the United States, and have been a resident of the County of _____ for a period of _____ years next preceding the date of this application.

I have never been convicted of a felony, and have not been convicted within ten years of the date of this application of a violation of the laws of this state, or any other state, relating to the sale of alcoholic beverages.

I have not revoked, for cause such as a violation of regulations, or improper operation, within 10 years next preceding this application, any license issued to me by the City of West Point, the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

I am the owner, operator, manager, officer in charge (if a corporation) of the premises for which the license is requested or the holder of any lease thereon.

I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested and shall be responsible for the qualifications and conduct of my employees.

I understand that a violation of any of the ordinances of the City of West Point, Georgia, or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages, shall subject my license to immediate revocation.

SIGNED _____

Sworn to and subscribed before
me this _____ day of _____, _____.

_____ (Notary Public)

CITY OF WEST POINT
WEST POINT, GEORGIA

APPLICATION FOR RETAIL DISTILLED SPIRITS (LIQUOR) LICENSE
CLASS A OFF PREMISE _____

I, _____, being a person of good moral character, hereby make application for a license to engage in the sale of distilled spirits (liquor) at retail in the City of West Point, Georgia, at the following address _____, West Point, Georgia.

I am a citizen of the United States, and have been a resident of the County of _____ for a period of _____ years next preceding the date of this application.

I have never been convicted of a felony, and have not been convicted within ten years of the date of this application of a violation of the laws of this state, or any other state, relating to the sale of alcoholic beverages.

I have not revoked, for cause such as a violation of regulations, or improper operation, within 10 years next preceding this application, any license issued to me by the City of West Point, the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

I am the owner, operator, manager, officer in charge (if a corporation) of the premises for which the license is requested or the holder of any lease thereon.

I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested and shall be responsible for the qualifications and conduct of my employees.

I understand that a violation of any of the ordinances of the City of West Point, Georgia, or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages, shall subject my license to immediate revocation.

SIGNED _____

Sworn to and subscribed before
me this _____ day of _____, _____.

_____ (Notary Public)



CONSENT FORM

I hereby authorize _____

to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

Full Printed Name

Address

Age

Ethnicity

Date of Birth

Social Security No.

Signature of Applicant

Notary

_____/_____/_____
Date