



**Checklist for Alcoholic Beverage Retail License Application  
Class B (Microbrewery)  
(Including Privacy Act Statement & Applicant Privacy Rights Notification Policy)**

- ( ) 1. Complete application for state license with attachments included.(if applicable)
- ( ) 2. Check for amount of license(s) applied for included with application.
- ( ) 3. Notarized Consent for criminal history check.
- ( ) 4. No Record of felony or violation of laws of state or city with respect to alcoholic beverages.
- ( ) 5. License not revoked for cause or convicted of crime of moral turpitude. (Within time limit in ordinance)
- ( ) 6. Licensee is owner, operator, or manager of premises.
- ( ) 7. Sworn (notarized) statement as to qualifications of licensee.
- ( ) 8. Applicant at least age 21 years of age.
- ( ) 9. Complete and detailed plan of building and premises.
- ( ) 10. Building in compliance with state, city codes, provided with adequate lighting.
- ( ) 11. Evidence of ownership of building or copy of lease.

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

**Microbrewery license shall authorize the manufacture and sale of alcoholic beverages in accordance with this code and state law, as amended from time to time.**



**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: \_\_\_\_\_



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/for-candidates>. Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <http://www.fbi.gov/privacy>.
- 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 <http://www.gbicr.com>. Alternatively, you may send your challenge directly to the FBI by submitting a request via [privacy@fbi.gov](mailto:privacy@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: \_\_\_\_\_



MICROBREWERY LICENSE  
APPLICATION DOCUMENT LIST  
CLASS – B  
CITY APPLICATION & ATTACHMENTS

1. Application. A-2, A-3
2. Sworn Statement of Qualifications, notarized. A-4
3. Retail Microbrewery Application (if applied for). A-5
4. Consent Form for criminal history check. A-8
5. City Fire Inspection Report.
6. Plans of building and exterior diagram.
7. Evidence of building ownership or copy of lease.

STATE FORMS & ATTACHMENTS

8. Copy of any state application requirements. (if applicable).
9. Certificate of occupancy from Georgia State Fire Marshall's Office. (if applicable).

CITY OF WEST POINT  
APPLICATION FOR MICROBREWERY LICENSE

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 any one 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 MICROBREWERY

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 microbrewery 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 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 for a State License as a dealer in alcoholic beverages 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

APPLICATION FOR RETAIL MICROBREWERY LICENSE CLASS B

I, \_\_\_\_\_, being a person of good moral character, hereby make application for a license to engage in the sale of 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)



**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