

**APPLICATION**  
**FOR**  
**ALCOHOLIC BEVERAGE**  
**LICENSE**



**BULLOCH COUNTY**  
**GEORGIA**

*INSTRUCTIONS AND CONDITIONS FOR APPLYING FOR A LICENSE TO SELL ALCOHOLIC  
BEVERAGES  
Bulloch County*

**1. APPLICATION COMPLETION:**

Every question must be fully, correctly and legibly answered. Do not use initials; spell out all names. Incomplete applications will be returned to the applicant for proper completion. If the space provided on this application is not enough for a full and complete answer, use a separate sheet of paper and indicate that a separate sheet is attached. Separate applications must be completed by all partners and/ or shareholders

**2. REQUIRED FEES:**

The required application fee of \$300.00 must be paid when the initial application is submitted to the County Clerk. Upon approval of the application, all additional fees must be paid prior to the issuances of the license. These fees must be paid by CASH, MONEY ORDER, OR CHECK.

**3. LICENSE NON-TRANSFERABLE:**

Any change in the ownership, management or other status of the licensed operation which would change any answers on the original application **MUST BE REPORTED IN WRITING IMMEDIATELY TO THE COUNTY CLERK** upon the change. Failure to do so may result in the revocation of the license.

**4. DISTANCES:**

The applicant is responsible for determining the distance from the proposed licensed location for each of the following:

- A school and educational buildings, school grounds, and college campuses
- A church
- An alcoholic treatment center owned or operated by the State, the County or any municipality

**5. ZONING:**

Anyone applying for a **new** ALCOHOL LICENSE must meet all zoning requirements. It is the applicant's responsibility to contact the Bulloch County Planning and Zoning Department and verify that all zoning requirements are met. In no case will an alcohol license be granted for a location that does not meet zoning requirements for issuance of the type of alcohol license being sought. For more information, please contact: ***Bulloch County Planning and Zoning Department 115 North Main Street, Statesboro, Georgia (912) 489-1356.***

**6. BUSINESS ENTITIES:**

All closely held corporations, partnerships, limited liability companies, limited liability partnerships, and any other business entity recognized by Georgia Law shall list the names of all officers, stockholders, members as applicable, and/or anyone having an ownership interest in the business entity.

**7. FINGERPRINTS AND CRIMINAL BACKGROUND HISTORY:**

Georgia Crime Information Center (GCIC) Council rules require that the consent form on page 7 and page 8 of the application be completed, signed, and notarized prior to any criminal history investigation by the Sheriff's Department and Probate Court. The Sheriff's Department will complete the criminal history background check and the Bulloch County Probate Court will complete the required fingerprints.

- 8.** Once completed, the application must be uploaded to the Georgia Department of Revenue's Centralized Alcohol and Licensing Portal using the following link: <https://gtc.dor.ga.gov/>. New applicants must register with the Georgia Tax Center to create an account. For additional information on how to register an alcohol license account with the Georgia Tax Center please visit our website at: <https://bullochcounty.net/licenses-permits-and-certificates/>.

**1. RESIDENCY:**

Applicants are required to be a resident of Bulloch County; however, an applicant shall not be required to be a resident of Bulloch County if the named applicant designates a resident of Bulloch County who shall be responsible for any matter relating to the license (i.e. "designee"). Please provide documentation of residency such as a utility bill (landline phone bill, cable, gas, electric, etc.), rental agreement, and/or automobile insurance coverage along with a copy of your Georgia Driver's License.

**2. STATE AND FEDERAL REGULATIONS:**

A State Alcohol License is also required before alcohol can be sold. Please visit the Georgia Department of Revenue website at: <https://dor.georgia.gov/>. Failure of the licensee to obtain a state license before beginning operations shall be an automatic forfeiture and cancellation of the license issued by Bulloch County and no refund of the license fees shall be made to the licensee.

If a State Alcoholic Beverage License is revoked by the State of Georgia, then the license issued by Bulloch County, shall automatically be revoked and void effective as the date of the state revocation.

**1. APPLICATION DOCUMENTS:**

In order for your application(s) to be processed, please provide the following documents:

- Completed, signed, and notarized Consent Form
- Sworn Statement of applicant and/or designee
- Public Benefit Affidavit
- Private Employer Affidavit of Compliance or Exemption
- Current documentation concerning percentage of ownership in the business (share of stock, share certificate, etc.)
- An annual or amended annual registration with the Secretary of State for LLCs and Corporations, partnership agreements (applicable to partnerships), operating agreements (applicable to LLCs), and articles of incorporation (applicable to corporations)
- A current copy of a rental/lease agreement(s) or deed for the premise to be licensed
- Current copy of your Georgia Driver's license, passport (if applicable), green card or Certificate of Naturalization. ***Note: green card residents are ineligible to apply for an alcoholic beverage license.*** All applicants (licensees) must meet the qualifications set forth in Section 3-29 of the Bulloch County Alcohol Ordinance.
- You must also have a current Occupation Tax Certificate. If you are a new applicant, please submit an Occupation Tax Certificate Application to the Clerk's Office. The application can be found on our website: <https://bullochcounty.net/licenses-permits-and-certificates/>.

**BULLOCH COUNTY, GEORGIA  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

**\*YOU MUST COMPLETE APPLICATION IN ITS ENTIRETY\***

DATE OF APPLICATION \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

Type of Business to be operated:

_____ Retail beer and wine packaged only	\$1,750.00
_____ Retail beer and wine by the drink (pouring license)	\$1,750.00
_____ Retail liquor by the drink (pouring license)	\$3,000.00
_____ Pouring license (beer, wine, and liquor)	\$4,500.00
_____ Wholesale license	\$1,200.00
_____ Farm Winery	\$2,500.00
_____ Catering License (off premise)	\$ 500.00
_____ Application Fee ( <i><u>due upon returning application</u></i> )	\$ 300.00
_____ Event Permit	\$ 100.00
_____ License Transfers	\$ 300.00
_____ Temporary Permit (all forms)	\$ 300.00

Total license fee (include the application fee) \$ \_\_\_\_\_

**\*Late Penalty \***

- All renewal applications received after November 1 and before January 1 - 30% of license fee
- All renewal applications received after January 1 - 50% of license fee

Applicant's Full Legal Name: \_\_\_\_\_

Type of Business: (check one): \_\_\_\_\_ individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC  
\_\_\_\_\_ LLP

Name and Address of Partnership, LLC, LLP or Corp: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local Business Telephone Number: (\_\_\_\_) \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_ Phone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a resident U.S. Citizen?

YES \_\_\_\_\_ NO \_\_\_\_\_ If no, you **cannot** apply for an alcoholic beverage license

Are you a resident of Bulloch County?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "No", then you must designate a resident of Bulloch County who shall be responsible for any matter relating to the license (ie., a "designee"). If you are appointing a designee, provide the following information:



Designee's Name & Home Address \_\_\_\_\_

Designee's Home Phone \_\_\_\_\_ Designee's Age \_\_\_\_\_

Designee's Date of Birth \_\_\_\_\_ Designee's SS# \_\_\_\_\_

*\*A designee is used only for applicant(s) who do not reside in Bulloch County\**

Are you the owner of the business?

YES \_\_\_\_\_ NO \_\_\_\_\_ *If "Yes", attach documentation demonstrating your ownership of the business, such as an Operating Agreement, Partnership Agreement, or Shareholder's Agreement. If "No", what is your title or interest in the business?* \_\_\_\_\_

List all partners, shareholders, members, or managers of the business below:

Full Legal Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_

% Stock Owned: \_\_\_\_\_ Office Held: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_

% Stock Owned: \_\_\_\_\_ Office Held: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_

% Stock Owned: \_\_\_\_\_ Office Held: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_

% Stock Owned: \_\_\_\_\_ Office Held: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_

% Stock Owned: \_\_\_\_\_ Office Held: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
% Stock Owned: \_\_\_\_\_ Office Held: \_\_\_\_\_

Are you or the above listed business owner lessee of the property?

YES \_\_\_\_\_ NO \_\_\_\_\_

**\*Please provide a copy of the lease or deed to the property along with your application.  
Failure to provide the requested information will delay processing of your application.**

***Attach a copy of your business's Certificate of Existence from the Secretary of State's office.***

BE ADVISED THAT ANY PARTNER, OR SHAREHOLDER LISTED ABOVE MUST COMPLETE A SEPARATE AND  
CONSENT FORM FOR A BACKGROUND CHECK AND FINGERPRINTS. IT IS YOUR RESPONSIBILITY TO ENSURE  
THIS IS DONE.

Does any person or firm have any interest in the proposed business as a silent, undisclosed  
partner or joint venture; or has anyone agreed to split the profits or receipts from the proposed  
business with any persons, firm, company, corporation or other entity?

Yes \_\_\_\_\_ No \_\_\_\_\_

***If yes, give the name of person(s) or firm and address and amount of percentage of profits or receipts  
to be split.***

\_\_\_\_\_  
\_\_\_\_\_

Has the applicant or designee been convicted of any crime(s) in the past 5 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

***If yes, attach a detailed explanation to this application, and be sure to provide the date, jurisdiction,  
offense, and circumstances of the arrest/conviction.***

Has the applicant or designee been denied an alcoholic beverage license within the last 5 years by any  
governmental entity?

Yes \_\_\_\_\_ No \_\_\_\_\_

***If yes, attach a detailed explanation to this application, and be sure to provide the date, County or City,  
and circumstances of the denial.***

Has the applicant or designee had an alcoholic beverage license suspended or revoked within the last 5  
years by any governmental entity?

Yes \_\_\_\_\_ No \_\_\_\_\_

***If yes, attach a detailed explanation to this application, and be sure to provide the date, County or City,  
and circumstances of the suspension or revocation.***

\*\*\*\*\*OFFICIAL OFFICE USE\*\*\*\*\*

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Bulloch County Board of Commissioners

By: \_\_\_\_\_  
Roy Thompson, Chairman

Attest: \_\_\_\_\_  
Olympia Gaines, Clerk

**BULLOCH COUNTY SHERIFF'S OFFICE**  
**CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM**

I hereby authorize Bulloch County Board of Commissioners/Missy Hagan to conduct an inquiry for the  
Agency/Company

Purpose(s) listed below and receive and Georgia and/or national criminal history record information as authorized by state and federal law.

Name				
Address				
Sex	Race	Date of Birth	Social Security Number	Telephone

☐ This authorization is valid for 30 days from date of signature

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SHERIFF'S OFFICE PERSONNEL ONLY**

Date of Inquiry \_\_\_\_\_ Time of Inquiry \_\_\_\_\_ Operator's Initials \_\_\_\_\_

Purpose Code Used (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	J- Civilian Criminal Justice Employment
<input type="checkbox"/>	M- Working with Mentally Disabled
<input type="checkbox"/>	N- Working with Elderly
<input type="checkbox"/>	U- Personal Copy
<input type="checkbox"/>	W- Working with Children
<input type="checkbox"/>	Z- Sworn Criminal Justice Employment

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name / Telephone \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature and Title

\_\_\_\_\_  
Date

**MUST ATTACH A COPY OF VALID DRIVER'S LICENSE OR STATE ISSUED PHOTO I.D.**

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

## CONSENT FORM

I, \_\_\_\_\_, hereby authorize the Bulloch County Probate Court to release information on any criminal history record the State of Georgia or the Bulloch County Probate Court might have access to concerning me to the Bulloch County Board of Commissioners and its agents or employees.

I hereby agree that the Bulloch County Probate Court, the Georgia Crime Information Center, the employees of either agency, or any other agency or employees of the county, state or federal government, shall not be responsible or liable for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check.

FULL NAME: \_\_\_\_\_

Print or Type

ADDRESS: \_\_\_\_\_  
 Street Address City State Zip Code

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public



**SWORN STATEMENT OF APPLICANT OR DESIGNEE**

I, \_\_\_\_\_, hereby provide this statement under oath in support of the application for an alcohol license pursuant to the provisions of the Bulloch County Alcohol Ordinance.

1. I am at least twenty-one (21) years of age, of good moral character, and a citizen of the United States.
2. I am a resident of Bulloch County, Georgia, or, if an applicant who is not a resident of Bulloch County, Georgia, I have designated a resident of Bulloch County, Georgia who shall be responsible for any matter relating to the license.
3. I have not been convicted of a felony or of any violations of the laws of the state of Georgia, or any other state, relating to the sale of alcoholic beverages within five (5) years of the date of this application.
4. I have not been denied or had revoked, within the five (5) years next preceding the date of this application, any license to sell alcoholic beverages issued by any governmental entity.
5. I have read the Bulloch County Alcohol Ordinance in its entirety and am familiar with and understand the same, including but not limited to the qualifications, regulations, sales to persons under the age of twenty-one (21), and 50% food requirement for licensees who serve alcohol for on-premises consumption. I understand that the holding of an alcohol license is a mere privilege subject to all the terms and conditions of said Ordinance.
6. By execution of this affidavit and in consideration of the issuance of any license issued as a result of this application, I agree to be bound by every provision of said Ordinance and understand and agree that a violation of any provision of said Ordinance or of any law or regulation of the state of Georgia pertaining to the sale of alcoholic beverages may subject me to suspension or revocation of this license or criminal charges, or both.
7. I swear and affirm that every entry upon my application is true and correct. I understand and acknowledge that false or misleading information contained in my application is grounds for denial of my application or revocation of my license.

\_\_\_\_\_  
Signature of Applicant or Designee

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE PURSUANT TO O.C.G.A. § 36-60-6(d)** - By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization Use Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Private Employer

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

**PRIVATE EMPLOYER EXEMPTION AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)**-By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs less than eleven (11) employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

### Public Benefit/(SAVE) Affidavit

By executing this affidavit under oath, as an applicant for a (n) Alcohol License [type of public benefit: *Occupation Tax Certificate or Alcohol License*] for \_\_\_\_\_, (Name of Owner) as referenced in O.C.G.A. § 50-36-1, from Bulloch County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: \_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_, (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY \_\_\_\_ OF, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:



# Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

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

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

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

As of 03/30/2018

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record 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.<sup>1</sup> 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 Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for 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.<sup>3</sup>

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



## DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.<sup>1</sup> Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.<sup>2</sup>
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.<sup>3</sup>

<sup>1</sup> La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).

**Applicant Privacy Rights  
Notification Signature Form**

**Applicant Notification and Record Challenge:**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

---

Signature

Print Name

Date