



**CITY OF HARLEM  
RENEWAL APPLICATION  
FOR CY 2024 ALCOHOL LICENSE**

ACCOUNT No. \_\_\_\_\_

Name of Business: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

CERTIFICATION AND AUTHORIZATION: I CERTIFY THAT:  
(FULL NAME OF LOCAL AGENT) \_\_\_\_\_ HAS AGREED  
TO CONTINUE TO SERVE AS OUR LOCAL AGENT, AND THAT HE/SHE IS A  
RESIDENT OF COLUMBIA COUNTY OR EMPLOYED AT THE LOCATION OF THE  
ALCOHOL PERMIT, AND HIS/HER HOME ADDRESS IS:

\_\_\_\_\_  
AND (IF AN EMPLOYEE), THEIR PHYSICAL ADDRESS IS:  
\_\_\_\_\_

**BEFORE SIGNING THIS STATEMENT, INITIAL NEXT TO ALL ANSWERS AND EXPLANATIONS AS THEY APPLY TO DETERMINE THAT ALL QUESTIONS HAVE BEEN ANSWERED FULLY AND CORRECTLY. EXECUTION OF THIS STATEMENT IS TO BE DONE UNDER OATH, IS SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND INCLUDES ALL ATTACHED SHEETS SUBMITTED HERewith:**

\_\_\_\_\_ NEITHER I NOR, TO MY KNOWLEDGE, NO PARTNER, OFFICER, DIRECTOR, SHAREHOLDER OR OTHER PERSON REQUIRED TO BE LISTED ON THE APPLICATION, HAVE BEEN CONVICTED OF, OR HAVE PLED GUILTY TO, OR ENTERED A PLEA OF *NOLO CONTENDERE* TO, ANY CHARGE INVOLVING A CRIME OF MORAL TRUPITUDE, GAMBLING, ILLEGAL POSSESSION OR SALE OF CONTROLLED SUBSTANCES OR ILLEGAL POSSESION OF ALCOHOLIC BEVERAGES WITHIN THE LAST TEN YEARS IMMEDIATELY PRIOR TO FILING THIS RENEWAL APPLICATION.

\_\_\_\_\_ ALL OF THE REQUIREMENTS OF THE CITY OF HARLEM CODE REGARDING MALT BEVERAGES AND WINE HAVE BEEN MET BY THE APPLICANT(S) AND ALL OTHER PERSONS REQUIRED TO BE LISTED ON THE APPPLICATION.

\_\_\_\_\_ I HAVE NOT BEEN CONVICTED OF, OR PLEADED GUILTY OR *NOLO CONTENDERE* TO ANY CHARGE UNDER ANY FEDERAL, STATE OR LOCAL LAW CONSTITUTING A FELONY WITHIN TEN YEARS OF THE DATE OF THIS APPLICATION.

\_\_\_\_\_ I HAVE NOT HAD A LICENSE, INCLUDING A LICENSE TO SELL ALCOHOLIC BEVERAGES, ISSUED UNDER THE POLICE POWERS OF THE CITY OR COUNTY, REVOKED WITHIN TWO YEARS OF THE DATE OF THIS APPLICATION.

\_\_\_\_\_ TO MY KNOWLEDGE ALL PERSON HAVE ANY OWNERSHIP INTEREST IN OR CONTROL OVER THE LAND OR BUILDING CONTAINING THE ESTABLISHMENT TO BE OPERATED PURSUANT TO THE LICENSE BEING APPLIED FOR, MEET THE SAME CHARACTER REQUIREMENTS AS THOSE SET FORTH FOR THE LICENSE.

I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_ HAVE FINANCIAL AND/OR OPERATIONAL INTEREST IN ANY HOTEL, RESTAURANT, OR OTHER BUSINESS WHERE ALCOHOL BEVERAGES ARE SOLD OTHER THAN THE BUSINESS FOR WHICH THIS APPLICATION IS SUBMITTED.

\_\_\_\_\_ THE ESTABLISHMENT COMPLIES WITH ALL APPLICABLE BUILDING AND FIRE CODES AND ALL APPLICABLE GOVERNMENT LAWS AND REGULATIONS.

\_\_\_\_\_ ALL TAXES OR FEES DUE BY ME TO THE CITY OF HARLEM, COLUMBIA COUNTY OR THE STATE OF GEORGIA HAVE BEEN PAID.

\_\_\_\_\_ I HAVE REQUESTED A PERSONAL BACKGROUND CHECK SECURED THROUGH THE HARLEM POLICE DEPARTMENT OF THE LOCAL MANAGER OF THE BUSINESS HOLDING THE ALCOHOL LICENSE.

\_\_\_\_\_ NO PERSONAL INFORMATION IF A SOLE PROPRIETOR, PARTNERSHIP INFORMATION IF A PARTNERSHIP, CORPORATE INFORMATION IF A CORPORATION, PRIVATE CLUB INFORMATION IF A CLUB, OR NON-PROFIT INFORMATION IF A NON-PROFIT CIVIC ORGANIZATION FOUND ON THE INITIAL ALCOHOL LICENSE APPLICATION OR FULL RENEWAL APPLICATION HAS CHANGED SINCE THE LAST LICENSE RENEWAL.

\_\_\_\_\_ THE LOCAL AGENT FOR THE HOLDER OF THE ALCOHOL LICENSE HAS NOT CHANGED.

\_\_\_\_\_ THERE HAVE BEEN NO PHYSICAL CHANGES TO THE STRUCTURE OR SITE AT WHICH ALCOHOL IS SERVED, OR ANY CHANGE IN PROPERTY OWNERSHIP, SINCE THE LAST LICENSE RENEWAL.

\_\_\_\_\_ THERE HAS BEEN NO SUBSTANTIAL CHANGE IN THE FINANCIAL STRENGTH OF THE ALCOHOL LICENSE HOLDER SINCE THE LAST LICENSE RENEWAL OR SUBSTANTIAL CHANGES IN THE FINANCIAL INSTITUTIONS OF THE

APPLICANT.

**DETERMINATION OF FEES**

(Use this Form if there is no change in the type of alcohol sold from Calendar Year 2022)

ADMINISTRATIVE FEE(S) AND INVESTIGATIVE FEE(S) (ADMINISTRATIVE AND INVESTIGATIVE FEES ARE TO BE PAID BY **CERTIFIED CHECK**)

ADMINISTRATIVE FEE(S) \$ \_\_\_\_\_

FOR: \_\_\_\_\_

INVESTIGATIVE FEE(S) \$ \_\_\_\_\_

FOR: \_\_\_\_\_

TYPE OF LICENSE (ONE ONLY) (LICENSE FEE IS TO BE PAID BY **SEPARATE CERTIFIED CHECK. FULL FEE IS REQUIRED, FEES ARE NOT PRORATED.**)

( ) BEER \$ \_\_\_\_\_

( ) WINE \$ \_\_\_\_\_

( ) BEER AND WINE \$ \_\_\_\_\_

( ) DISTILLED SPIRITS AND BEER AND/OR WINE \$ \_\_\_\_\_

OTHER FEES OR CHARGES: \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

**(CERTIFIED OR CASHIERS CHECK, MONEY ORDER, OR BUSINESS CHECK PAYABLE TO THE CITY OF HARLEM)**

**DOCUMENTATION FROM DEPARTMENTS RECEIVED (HARLEM USE ONLY)**

\_\_\_\_\_ TAX COMMISSIONER CERTIFICATION RECEIVED – PERSONAL PROPERTY

Notes: \_\_\_\_\_

\_\_\_\_\_ TAX COMMISSIONER CERTIFICATION RECEIVED – REAL PROPERTY

Notes: \_\_\_\_\_

\_\_\_\_\_ TAX COMMISSIONER CERTIFICATION RECEIVED – BUSINESS TAXES

Notes: \_\_\_\_\_

\_\_\_\_\_ TAX COMMISSIONER CERTIFICATION RECEIVED – INVENTORY TAXES

Notes: \_\_\_\_\_

\_\_\_\_\_ HARLEM ALCOHOL EXCISE TAXES HAVE BEEN PAID

Notes: \_\_\_\_\_

\_\_\_\_\_ CURRENT ON ALL FEES AND TAXES DUE TO THE CITY OF HARLEM

Notes: \_\_\_\_\_

# APPLICANT'S AUTHORIZATION TO RELEASE CERTAIN INFORMATION

THE UNDERSIGNED APPLICANT HAS APPLIED FOR AN ALCOHOL LICENSE IN THE CITY OF HARLEM, GEORGIA AND AUTHORIZES NATIONAL BACKGROUND CHECK INFORMATION TO BE RELEASED TO THE CITY OF HARLEM REGARDING THE APPLICANT'S BACKGROUND RECORDS.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME TELEPHONE NO.

\_\_\_\_\_  
BUSINESS TELEPHONE NO.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
**NOTARY**

MY COMMISSION EXPIRES \_\_\_\_\_

SEAL

## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of 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 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.
- 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 the 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>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-recordinformation-frequently-asked-questions>.
- 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.) 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-askedquestions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

## Privacy Act Statement

*This privacy act statement is located on the back of the FD-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 02/04/2021

I have received a copy of the Non-Criminal Justice Applicant's Privacy Rights notification as well as the Privacy Act Statement notification.

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Signature

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Date

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Printed Name

	<b>CITY OF HARLEM,          GEORGIA          BACKGROUND CHECK          SUBMISSION          INFORMATION</b>	320 North Louisville Street Post Office Box 99 Harlem, Georgia 30814 (706) 556-3448 Fax: (706) 556-3293 www.harlemga.org cityofharlem@harlemga.org
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Background check requests are processed at the Harlem City Hall, 110 W Milledgeville Road, Harlem, GA 30814 (706-556-6262).

I have been provided a copy of the Non-Criminal Justice Applicant's Privacy Rights form and the Privacy Act Statement and understand these rights. \_\_\_\_\_ (Initial)

Provide this form to the Reception Window when requesting a national background check.

A Government Issued Photo I.D. card is required.

Alcohol License Applicant Name: \_\_\_\_\_

Alcohol License Applicant Government Issued Photo ID Number: \_\_\_\_\_

When submitting the Applicant's national background check, use the following information:

- Reason Code: 3-3-2
- Reason Description: Alcohol / Liquor Licensee
- ORI Number: \_\_\_\_\_
- ORI Entity: City of Harlem (GA)

National Background Check Deputy:

- Print one background check report and have the officer contact David Jenkins, Community Development Director, City of Harlem at 706-556-0043 to physically retrieve the report.

National Background Check Request Authorized by:

\_\_\_\_\_  
 David Jenkins  
 Community Development Director

**NOT VALID WITHOUT RAISED  
 CITY OF HARLEM SEAL**

\_\_\_\_\_  
 Date



## O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Harlem, State of Georgia, the undersigned applicant verifies one of the following with respect to 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:

## Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

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

Section 1. Please check only one:

(A) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

Section 2. The employer has registered with and utilizes the federal work authorization program 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 user identification number and date of authorization are as follows:

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

\_\_\_\_\_  
Federal Work Authorization User  
Identification Number

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

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 202\_\_ 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 \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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

<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

**APPLICANT CERTIFICATION**

**I CERTIFY THAT TO MY KNOWLEDGE ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS CORRECT AND THAT I HAVE TRUTHFULLY AND AS COMPLETELY AS POSSIBLE RESPONDED TO ALL QUESTIONS AND REQUIREMENTS OF THIS APPLICATION.**

**I understand that the issuance of an alcohol license following this application shall be subject to a six-month probationary period. During said period, any violation of city ordinances or state law can result in the license or licenses being revoked by the city. Said revocation can be done exclusively by the city manager and does not require approval of the city council. However, the licensee can appeal the revocation to city council.**

**I CERTIFY THAT TO MY KNOWLEDGE ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION OF TEN (10) PAGES IS CORRECT AND THAT I HAVE TRUTHFULLY AND AS COMPLETELY AS POSSIBLE RESPONDED TO ALL QUESTIONS AND REQUIREMENTS OF THIS APPLICATION.**

\_\_\_\_\_  
(PRINTED NAME OF APPLICANT)

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

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

\_\_\_\_\_  
**NOTARY PUBLIC**

MY COMMISSION EXPIRES: \_\_\_\_\_

SEAL

**ALL PERSONAL HISTORY FORMS MUST FURNISH A NATIONAL BACKGROUND CHECK.**

City of Harlem Approvals:

\_\_\_\_\_  
Community Development Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Harlem City Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Clerk Certification

\_\_\_\_\_  
Date

(Cite Sec. 4-37 for addition of a license, license transfer, or previously approved location)