



ALCOHOL BEVERAGE LICENSE REGISTRATION CHECKLIST

- ❑ **Complete the Application.** The Alcohol Beverage License registration application must be completed in its entirety including the *Private Employer affidavit, Affidavit Verifying Status, and if applicable, the Sunday Sales affidavit* **must be notarized** (notary services are available in our office if needed, an *appointment is required*).
- ❑ **Background Check.** Applicants must register for criminal background fingerprints using the Georgia Applicant Processing Service(GAPS) through the Fieldprint website. Instructions for fingerprinting are attached. Once registered contact the Business Registration Office at hvillafana@pooler-ga.gov to request approval of your registration. Please 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 LOCAL & STATE LICENSES.
- ❑ **Appointment is Required.** Contact the Business Registration office, located on the second floor inside City Hall, to schedule an appointment at (912) 748-7261 ext. 109 or via email at hvillafana@pooler-ga.gov. If a representative from the business is not available to come in person then please email your application instead.
- ❑ **Payment Options.** Payment for new applications 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 for your fees. Please note, if applying after July 1st of any calendar year, the retail fees only are prorated for the remainder of the year.
- ❑ **Review Process.** Once the application is submitted and paid we will forward your application to the City of Pooler Building & Zoning Department and your criminal history report will be forwarded to the Police Chief. Both departments will review the application and provide recommendations for approval or denial. You will receive an email with their recommendations.
- ❑ **Approval Process.** The application will be forwarded to the City Clerk to be placed on the upcoming council agenda. You will be notified via email when that is scheduled so that a representative can be present. Final approval is given by the Mayor and Council only. Upon final 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.



NEW ALCOHOLIC BEVERAGE LICENSE APPLICATION

Finance Department 100 US Hwy 80 SW, Pooler, GA 31322 P: 912-748-7261

This application must be filled out for processing. Please answer all questions in black or blue ink.
Do not enter "Same", "N/A", "See below" or use white-out on this application.

Type of Business (please select appropriate one):

- Restaurant
 Bar/Lounge
 Hotel/Motel
 Caterer
 Event Venue
 Convenience/Gas/Drug Store
 Manufacturer/Distillery/Brewery
 Super Market/Grocery
 Wholesale/Distributor
 Package/Liquor Store
 Specialty Shop

BUSINESS INFORMATION			
LEGAL STRUCTURE OF ENTITY: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership			
LEGAL BUSINESS NAME:		DOING BUSINESS AS (DBA) NAME (if applicable)	
FEDERAL EMPLOYMENT ID NUMBER (FEIN):		GEORGIA SALES TAX ID NUMBER (STIN):	
BUSINESS ADDRESS (Physical Location):		CITY:	STATE: ZIP CODE:

APPLICANT INFORMATION					
APPLICANT FULL LEGAL NAME (Last, First, Middle):				ISSUING STATE/DRIVER LICENSE NUMBER:	
SOCIAL SECURITY NUMBER:			DATE OF BIRTH (mm/dd/yyyy):		PLACE OF BIRTH (City, State, Country):
RACE:	SEX:	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
PHYSICAL HOME ADDRESS:		CITY:	STATE:	ZIP CODE:	
MAILING ADDRESS: (if different)		CITY:	STATE:	ZIP CODE:	
HOME PHONE NUMBER:		MOBILE NUMBER:		EMAIL ADDRESS:	

OWNER INFORMATION (if other than applicant)					
OWNER FULL LEGAL NAME (Last, First, Middle):				ISSUING STATE/DRIVER LICENSE NUMBER:	
SOCIAL SECURITY NUMBER:			DATE OF BIRTH (mm/dd/yyyy):		PLACE OF BIRTH (City, State, Country):
PHYSICAL HOME ADDRESS:		CITY:	STATE:	ZIP CODE:	
MAILING ADDRESS: (if different)		CITY:	STATE:	ZIP CODE:	
HOME PHONE NUMBER:		MOBILE NUMBER:		EMAIL ADDRESS:	

ADDITIONAL OWNERS' INFORMATION <i>Please list all owners, if more than one, who have an ownership interest of 10% or more in the business. Use additional paper if needed.</i>		
BUSINESS OWNER NAME:	BUSINESS OWNER'S ADDRESS:	BUSINESS OWNER'S TELEPHONE NUMBER:



NEW ALCOHOLIC BEVERAGE LICENSE APPLICATION

CRIMINAL HISTORY

WARNING – Failure to make full disclosure in responses to these questions may result in denial or subsequent revocation of the license.

Has the applicant or any person connected with or having an interest in said business:

- a. Ever been convicted of any criminal violation or city ordinance violation? Yes No
(Other than a traffic violation)
- b. Ever served time in prison or other correctional institution? Yes No
- c. Ever had an alcoholic beverage license suspended or revoked at any time in any locality? *If yes, list details on separate sheet of paper.* Yes No
- d. Ever previously or currently held/hold a license to sell wine, beer and/or distilled spirits/liquor? *(If yes see question f, if no skip question f)* Yes No
- e. If yes to question e, were there any violations of any law, regulation or ordinance relating to such business? Yes No

NOTE: 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, describe circumstances in detail for each person. Please provide and attach a written explanation.

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.

Executed this _____ day of _____, 20_____.

Applicant’s Signature

Applicant’s Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON
THIS _____ DAY OF _____, 20_____.

Notary Public/Seal

My Commission Expires: _____

NOTICE: 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 applicant may be the General Manager charged with the regular operation of said business on the premises for which the license is issued. The applicant for an alcoholic beverage license, as well as every owner having 10% or more ownership, must submit to fingerprinting by using the GAPS system prior to submitting the application. Instructions for fingerprinting are attached.



NEW ALCOHOLIC BEVERAGE LICENSE APPLICATION

CLASSIFICATIONS							
RETAIL (new applications received after July 1 st rates are prorated to 50% off)							
CLASS	CLASSIFICATION	LIQUOR, BEER & WINE		BEER & WINE		BEER ONLY	TOTAL
A	Retail Package	1	\$1850	2	\$800	3 \$600	
B	Consumption On-Premises	1	\$2150	2	\$1000	3 \$750	
WHOLESALE							
CLASS	CLASSIFICATION		PRICE		TOTAL		
C	Liquor		\$3200				
D	Beer & Wine		\$1900				
MANUFACTURERS							
CLASS	CLASSIFICATION		PRICE		TOTAL		
E	Brewer, manufacturer of malt beverages		\$1075				
G	Manufacturer of wine		\$2250				
H	Distiller, manufacturer of distilled spirits		\$2250				
HOTELS, EVENT VENUES, & CATERERS							
CLASS	CLASSIFICATION		PRICE		TOTAL		
F1	Hotel		\$2500				
F2	Special event venue		\$2000				
L	Consumption off-premises, Caterer		\$1500				
SPECIAL EVENTS & COMPLIMENTARY ALCOHOL							
CLASS	CLASSIFICATION		PRICE		TOTAL		
I	Temporary/Private Event (max 2 days)		\$100/day				
J	Home Brew Special Event (max 2 days and 6 days per annum)		\$100/day	OUT-OF-CITY CATERERS \$50/day (+ 3% excise tax)			
K	Complimentary Beer & Wine		\$250				
ADD-ON LICENSES							
CLASS	CLASSIFICATION	APPLICABLE LICENSES		PRICE	TOTAL		
A	Brewpub	B1, B2, B3, E		\$850			
C1	Sunday Sales (Retail)	A1, A2, A3, C, D, E, F1, F2, G, H		\$750			
C2	Sunday Sales (11:00 a.m.)	B1, B2, B3, F1, F2		\$1000			
D	Tasting Event (must notify 5 days prior and 52 max events per annum)	A1, A2, A3		No fee			
NEW APPLICATION FEES							
CLASS		FEES		GRAND TOTAL (add all above selections and application fees)			
A1 - H & L		\$290					
I, J & K		\$20					

FOR OFFICE USE ONLY:

Rev'd:	By:	Amt Paid:	Lic#	Issued:
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**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 required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Name of Private Employer

Please check only one:

_____ On January 1st of the below-signed year, the individual, firm or corporation employed more than ten (10) employees.

The employer has registered with and 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 (E-Verify) User Identification Number

Date of Authorization

_____ On January 1st of the below-signed year, the individual, firm or corporation employed less than ten (10) employees.

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed this _____ day of _____, 20_____.

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON
THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC/SEAL

My Commission Expires: _____



AFFIDAVIT TO DISPENSE ALCOHOLIC BEVERAGES ON SUNDAY

The City of Pooler permits eating establishments (restaurants) 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, your establishment must:

- (1.) Be licensed by the City of Pooler to sell alcoholic beverages by drink for consumption on the premises; and
- (2.) Be a licensed establishment that derives at least 50 percent of its annual gross income from the rental of rooms for overnight lodging or
- (3.) 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.
- (4.) 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 an appropriate stove, refrigerator, food preparation area, sink, and other items required by the county health department and city inspections department for the preparation of food; and
- (5.) Have a printed or posted menu from which selections of prepared meals can be made; and
- (6.) Provide full food service to the public during its entire operating hours, including Sunday; and
- (7.) Complete the below affidavit and submit it along with the required Sunday Sales permit fee of \$1000.00.

Name of Business

Location

Telephone Number

I certify that the establishment named above: (1) is a bona fide public eating establishment that will actually and regularly prepare and serve food on the premises; (2) fully intends to derive at least 50% of its total annual gross food and beverage sales from the sale of prepared meals or food; and (3) will provide full food service along with a printed or posted menu to the public during operating hours. Further, I understand that I must submit a certified affidavit from my certified public accountant (CPA) or registered public accountant (RPA) upon my request for renewal each year if Sunday Sales of alcoholic beverages are to be continued.

Executed this _____ day of _____, 20_____.

Signature

Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON

THIS _____ DAY OF _____, 20_____.

Notary Public/Seal

My Commission Expires: _____



GEORGIA GAPS: Fieldprint Scheduling USER GUIDE

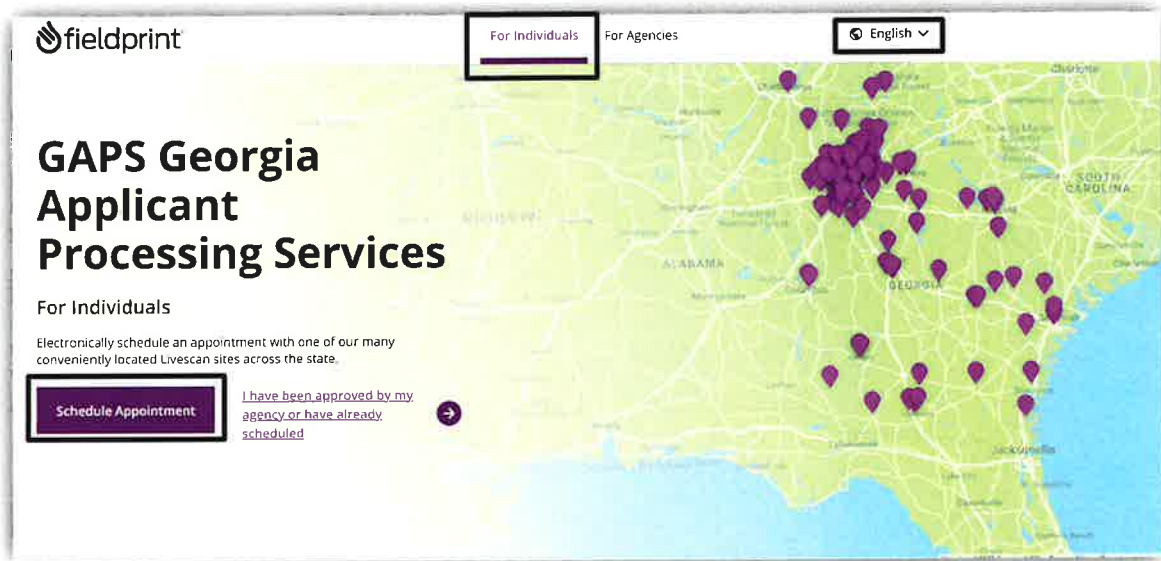
EMPOWERED BY  VERTICAL SCREEN

Proprietary information. Property of Fieldprint, Inc.
This confidential information is not to be shared with any party outside of
your department/company without the written consent of Fieldprint, Inc.

Fieldprint maintains a specific website to support Georgia’s Applicant Processing System. This site will not only allow applicants to register online and schedule a fingerprint appointment, but also guide entities through the necessary steps to sign up to become a requesting agency.

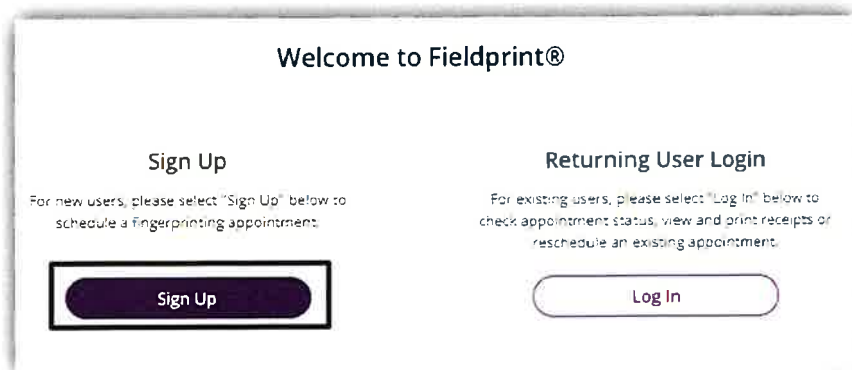
Getting Started

To begin scheduling go to <https://www.fieldprintgeorgia.com>, also viewable in Spanish by clicking the language dropdown. This site will provide valuable information about the fingerprinting process, helpful FAQs, and contact information. To get started, click **Schedule Appointment** under the **For Individuals** page.




Creating a User Profile

New users need to create a new user account by clicking **Sign Up**. The Sign Up wizard will walk you through the steps to set up an account, culminating in a verified account that will be used to schedule fingerprints. Returning users can simply **Log In**.



Read over the E-SIGN Act Disclosure and Consent (“Consent Agreement”) and click **I Agree**.

EnglishContact Us

E-SIGN Act Disclosure and Consent (“Consent Agreement”)

Pursuant to the Federal Electronic Signatures in Global and National Commerce Act (“E-Sign Act”), you have a right to receive any disclosures or notices in a non-electronic form. Before providing electronic signatures or obtaining legally required disclosures and notices electronically, please review and indicate your acceptance of the terms below. If you do not accept these terms or do not agree to the use of electronic disclosures and signatures, we will provide you with, or make available to you, any required disclosures on paper or non-electronic form at no additional charge to you.

1. Intent to Use Electronic Signatures

By clicking on the “I Agree” button below—which you hereby adopt as your electronic signature—you affirmatively consent and agree that you are signing this Consent Agreement electronically and your electronic signature on agreements and documents has the same effect as if you signed them in ink. You further agree that your electronic signature is the legal equivalent of your manual signature and will continue to be throughout the fingerprinting process. By clicking on the “I Agree” button below, you agree to the use of electronic signatures, such as your act of clicking, checking or otherwise manifesting your assent throughout the fingerprinting process. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar action, or in providing or making any agreement, acknowledgement, or consent constitutes your signature (hereafter referred to as “E-Signature”), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract.

2. Consent to Electronic Disclosures & Notices

By clicking on the “I Agree” button below, you consent to the electronic delivery of any disclosures, agreements, change notices, terms and conditions and any other documents throughout the fingerprinting process. Your consent applies to any disclosures and notices required to be provided to you in accordance with Federal or state law or regulations. You also agree that we do not need to provide you with additional paper (non-electronic) copies of the disclosures, agreements, change notices, terms and conditions and any other documents, unless specifically requested. If you would like to request additional paper copies of any of the aforementioned documents, you may do so at no additional charge to you by emailing CustomerService@fieldprint.com.

3. Withdrawal of Consent to Electronic Signatures & Electronic Disclosures

You may withdraw your consent to use electronic signatures or to receive electronic disclosures at any time by contacting us via email at CustomerService@fieldprint.com. Any withdrawal of your consent to receive electronic disclosures or to use electronic signatures will be effective only after we have a reasonable period of time to process your withdrawal. However, withdrawing your consent to this Consent Agreement will terminate your ability to provide electronic signatures and to receive disclosures and other documents electronically. Continuing to provide electronic signatures after withdrawing consent is reaffirmation of your consent to the use of electronic signatures under the E-SIGN Act.

4. You Must Keep Your Contact Information Current

In order for us to be able to provide you with important notices and other information from time to time, you must ensure that the contact information in your online profile is current. This includes, but is not limited to, name, address, phone numbers, and e-mail or other electronic addresses in order to update your information, contact us via email at CustomerService@fieldprint.com.

5. Hardware and Software You Will Need

To use our online processes, you will need Internet Browser software that supports at least 128 bit encryption, a current version of a program that accurately reads and displays PDF files (such as Adobe Acrobat Reader), a printer if you wish to print out and retain records, disclosures, etc. on paper, and a current and valid e-mail address. You are responsible for the installation, maintenance, and operation of the computer and browser software that you use for these online services.


By clicking on the “I Agree” button below, you acknowledge that you are able to access information in the electronic form that will be used to provide the information that is the subject of this Consent Agreement.

Please indicate your consent to the use of electronic signatures and your consent to receiving disclosures and notices electronically by clicking on the “I Agree” button below. By providing your consent, you are also confirming that you have the hardware and software described above, that you are able to provide electronic signatures, and that you have an active email account. You are also confirming that you are authorized to provide this consent.

By clicking on the I Agree button I agree to the use of electronic signatures and to receiving documents and disclosures electronically.

If you DO NOT AGREE to the use of electronic signatures and to receiving documents and disclosures electronically, then please contact Fieldprint Customer Service at the following email address to assist you with a non-electronic option: CustomerService@fieldprint.com or call [888-472-8918](tel:888-472-8918).

You can download the “Consent Agreement” as a PDF file

 Consent Agreement.pdf (120 K) [Download](#)

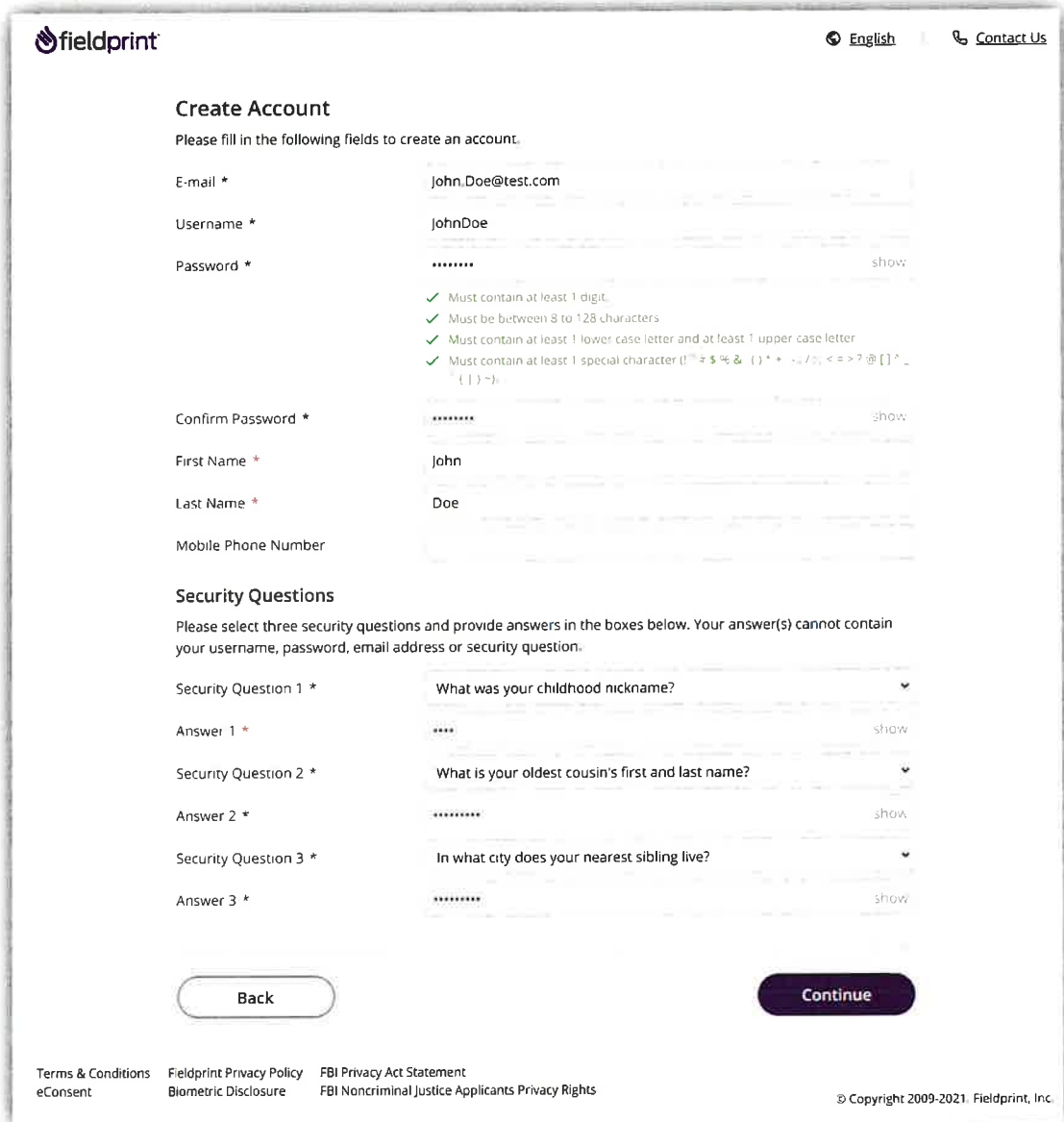
[Terms & Conditions](#) [Fieldprint Privacy Policy](#) [eConsent](#) [Fieldprint Privacy Policy](#) [Biometric Disclosure](#) [FBI Privacy Act Statement](#) [FBI Noncriminal Justice Applicants Privacy Rights](#)

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The next page will prompt you to create your account. You will need to enter your e-mail address, first name, and last name, and set your password. Passwords must be between 8-128 characters long, must contain one number, one capital letter, one lower case letter, and one special character. Passwords are case-sensitive. The password rules are provided on the Sign Up page for reference.

You will also be prompted to enter three security questions and their answers. This will be used to verify your identity in the event that you forget the password in the future. The questions must be from the preset list and you cannot provide the same question or answer twice.

Enter all required fields and click **Continue** to move forward.



fieldprint English Contact Us

Create Account

Please fill in the following fields to create an account.

E-mail * John.Doe@test.com

Username * JohnDoe

Password * ***** show

- ✓ Must contain at least 1 digit.
- ✓ Must be between 8 to 128 characters
- ✓ Must contain at least 1 lower case letter and at least 1 upper case letter
- ✓ Must contain at least 1 special character (!"#\$%&'()*+,-./:;<=>?@[]^_`{|}~).

Confirm Password * ***** show

First Name * John

Last Name * Doe

Mobile Phone Number

Security Questions

Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1 * What was your childhood nickname? ▾

Answer 1 * **** show

Security Question 2 * What is your oldest cousin's first and last name? ▾

Answer 2 * ***** show

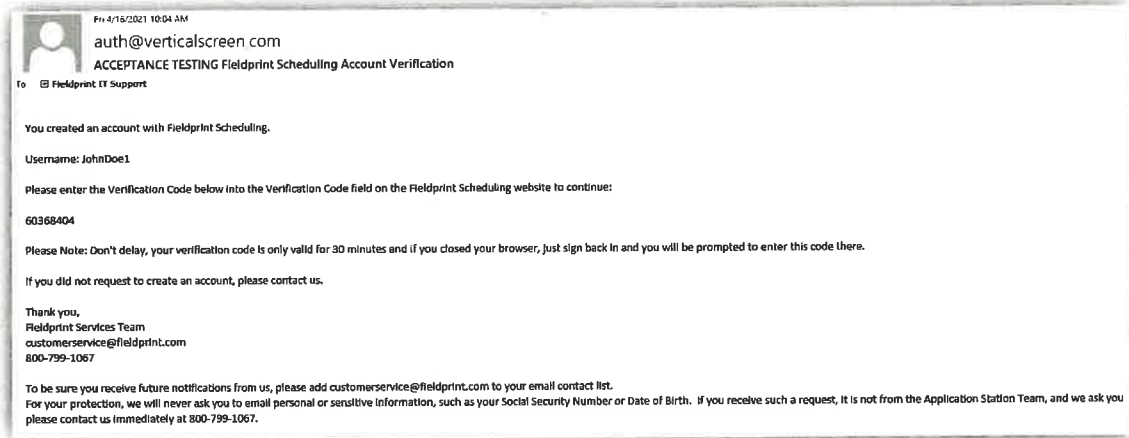
Security Question 3 * In what city does your nearest sibling live? ▾

Answer 3 * ***** show

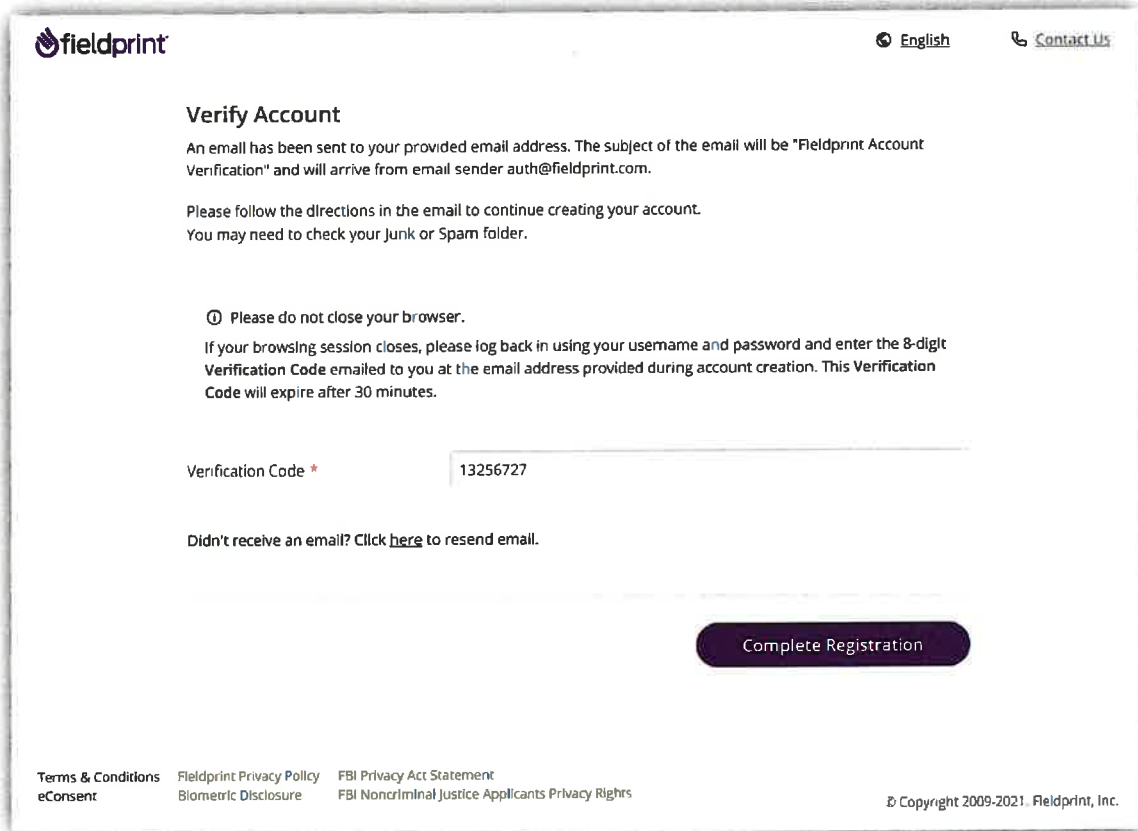
[Back](#) [Continue](#)

Terms & Conditions eConsent | Fieldprint Privacy Policy Biometric Disclosure | FBI Privacy Act Statement FBI Noncriminal Justice Applicants Privacy Rights | © Copyright 2009-2021. Fieldprint, Inc.

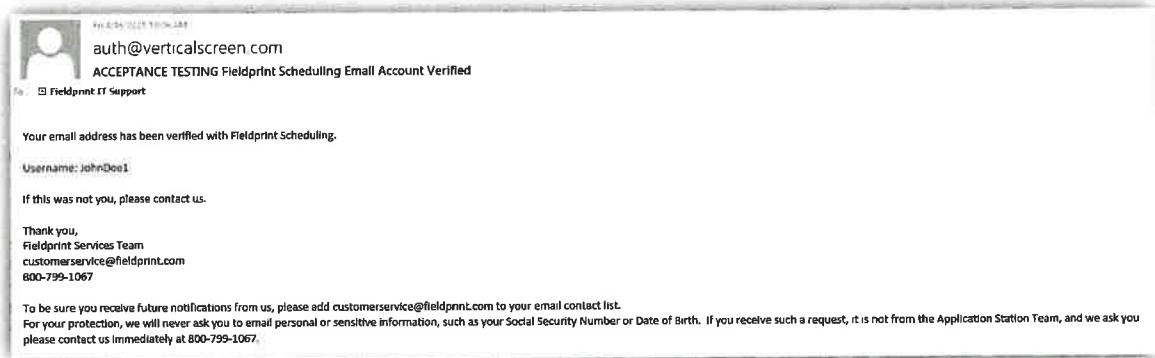
An email will be sent to your provided email address. Check your email for the verification code and enter it on the next page. Do not close your browser. The code will expire after 30 minutes. See below for an example of the email that will be sent.



Enter the code from the email and click **Complete Registration** to move forward.

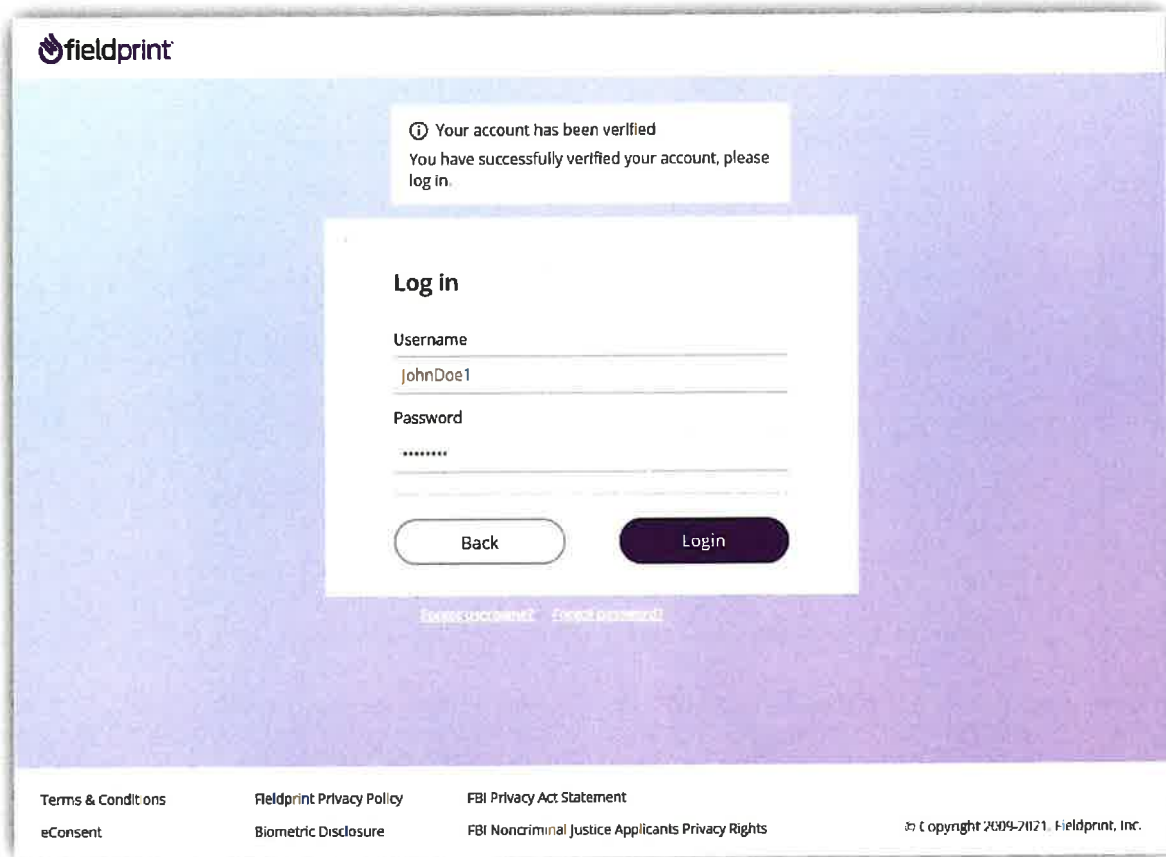


You will also receive an email confirming that your email address has been verified.



Once your account has been verified, you will be able to log in to the Fieldprint scheduling site using your credentials.

Please note: You may retrieve your username or password should you forget them by using the “Forgot username?” or “Forgot password” buttons.



New Applicant Registration

Continue with Fieldprint Code

If your organization has provided you with a Fieldprint Code, please enter it below to continue. ORI should NOT be entered here. An example ORI is GA922974.

















If you do not have a Fieldprint Code leave this field blank and scroll down to select the appropriate option for registration.

Fieldprint Code

[Continue with Fieldprint Code](#)

Don't have a Fieldprint Code?

To register for a background check, please select one of the options below.

 Georgia Court Services	 Department of Early Care & Learning (DECAL)
 Education Agencies	 Department of Behavioral Health & Developmental Disabilities (DBHDD)
 Secretary of State (SOS)	 Georgia State-only Background Checks
 Department of Community Health (DCH)	 Department of Driver Services (DDS)
 City/County Government & Law Enforcement Agencies	 Department of Public Health (DPH)
 Real Estate Commission Appraisers Board (GREC)	 Department of Banking & Finance (DBF)
 Office of Insurance Safety Fire Commissioner (OIC)	 Department of Human Services (DHS)
 Georgia Bureau of Investigation	 Department of Juvenile Justice (DJJ)

City/County Government and Law Enforcement Agencies

* — Required Fields

Alcohol and Liquor License	Courts
Firefighter	Law Enforcement Agencies
Local County Health Districts	Ordinances
Other	

Reason for Fingerprinting*

Alcohol/Liquor Licensee

Reviewing Agency ID*

GA923329Z

Requesting Agency ID

Back

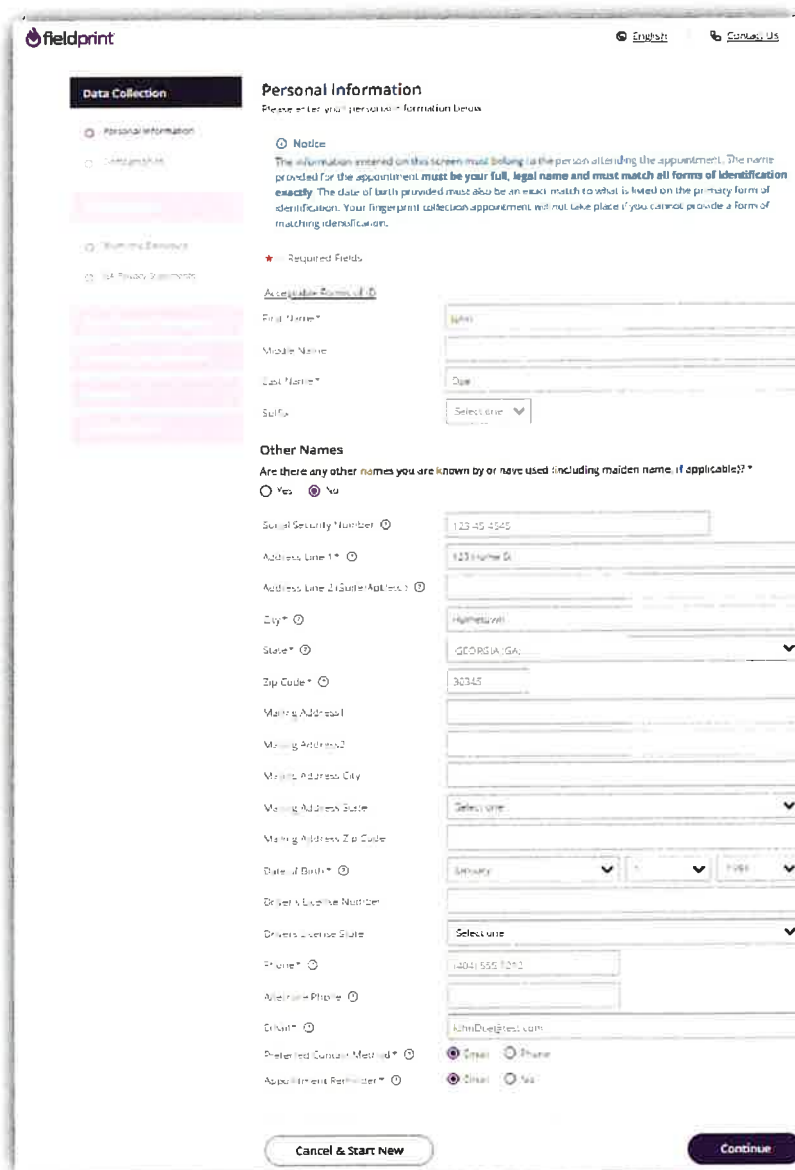
Continue



Data Collection

You will begin the Data Collection process by entering in all required **Personal Information**. Ensure that the information entered is consistent with the IDs you will be presenting at fingerprinting. A list of acceptable forms of ID is linked at the top of the page. This information should match what is on file with your Georgia agency, and discrepancies with this information could result in delays. Data fields are consistent with GBI and FBI standards.

You can enter in aliases by selecting Yes under Other Names. At the bottom, the preferred contact method will allow Fieldprint to reach you in the event of an issue. You may also elect to have an appointment reminder. Once all information is entered, click **Continue**.



The screenshot shows a mobile application interface for 'Personal Information' data collection. The form includes a sidebar with navigation options: Personal Information (selected), Appointment, Booking Services, and ID Photo Services. The main content area is titled 'Personal Information' and contains a 'Notice' about the accuracy of the information. Below the notice are 'Required Fields' and a link for 'Acceptable Forms of ID'. The form fields include: First Name, Middle Name, Last Name, Suffix, Social Security Number, Address Line 1, Address Line 2, City, State, Zip Code, Mailing Address (1-4), Date of Birth, Driver's License Number, Driver's License State, Phone, Alternate Phone, Email, and Appointment Reminder. At the bottom, there are 'Cancel & Start New' and 'Continue' buttons.

Next, enter all **Demographics** required for the fingerprint check.

Authorizations

You will next review the **Biometric Disclosure**. Click **I agree** and enter your full name to consent, and click **Continue** to move forward.



Identity delivered.

You will next review the **GA Privacy Statements**. Click the box next to "I acknowledge that I have read, understand, and agree to the above statements."

Data Collection

✓ Personal Information

✓ Demographics

Authorization

✓ Biometric Disclosure

GA Privacy Statements

GA Privacy Statements

To download this document click [GA Documents](#)

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 (5 U.S.C. 552a), United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 16.30, 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 afforded 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 decide to opt out 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 FBI website <https://www.fbi.gov/foia/foia-requests/submitting-a-foia-request>.

Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website <https://www.fbi.gov/foia/foia-requests/submitting-a-foia-request>.

- 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://www.gcic.ga.gov/foia/foia-requests/submitting-a-foia-request>. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.fbi.gov/foia/foia-requests/submitting-a-foia-request>. 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.

Privacy Act Statement

This privacy act statement is located on the back of the FD-256 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information/biometrics 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, across 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 one, criminal and arrest 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 this system and the FBI's Biometric 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, social, state, tribal, or federal law enforcement agencies, criminal justice agencies, and agencies responsible for national security, or public safety.

As of 02/04/2021

To download this document click [GA Documents](#)

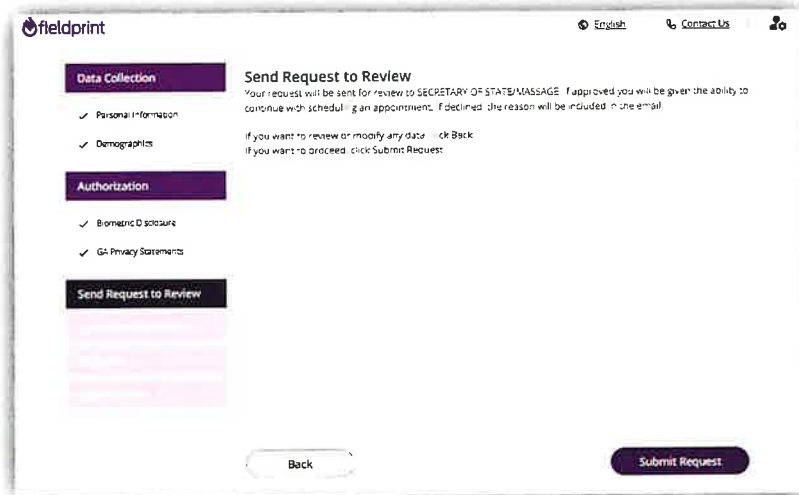
TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF PERJURY THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS, IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

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

Back
Continue

Send Request to Review

If you selected a Reason that requires Agency Approval, you will see the **Send Request to Review** page. Clicking **Submit Request** will submit your request for review by the Georgia organization or agency listed. Otherwise, you will proceed directly to the **Schedule Appointment** page.



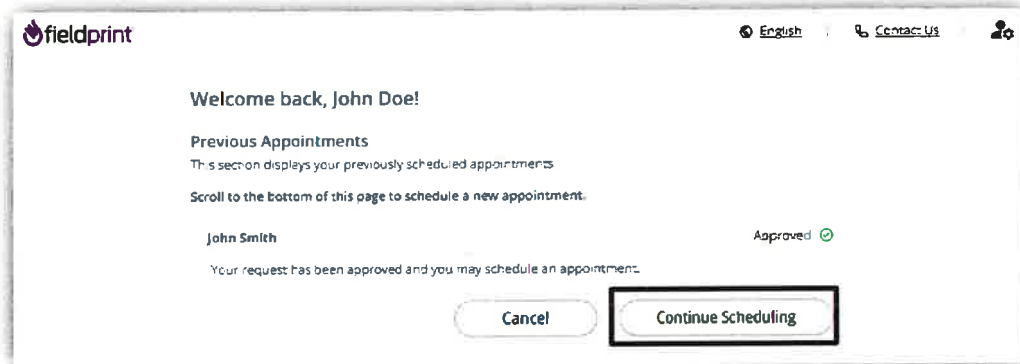
Submitting the request will put the request under review.



You will be notified once the organization or agency has reviewed and approved your request.

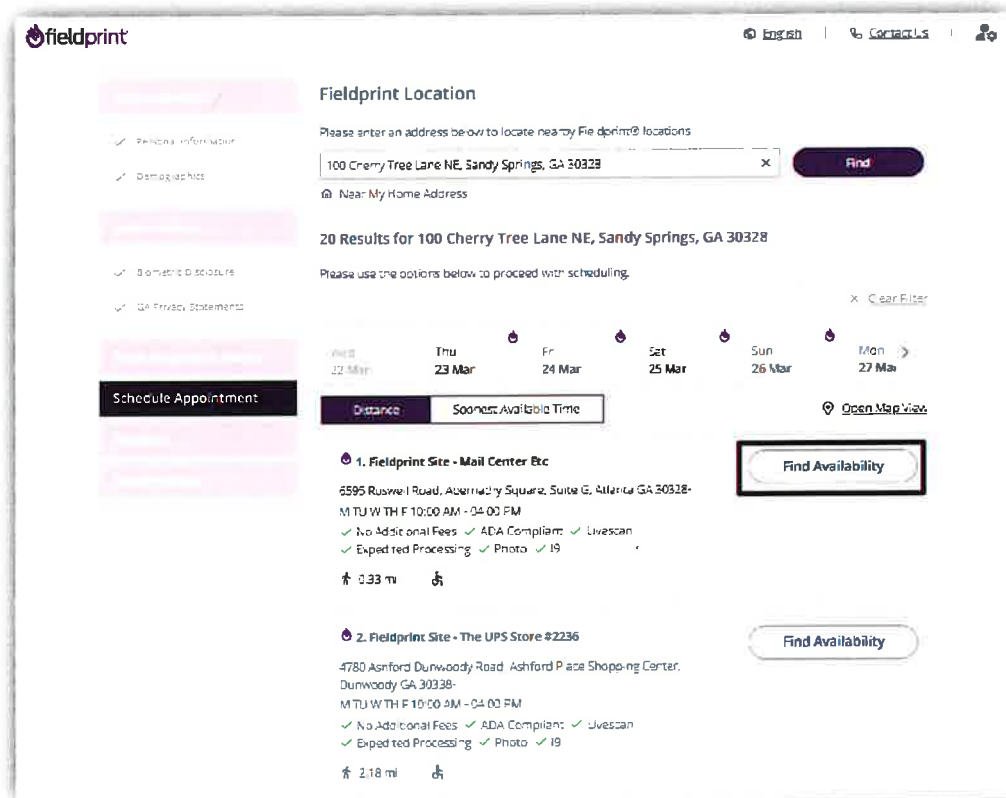


When you log back in, the system will prompt you to **Continue Scheduling**.

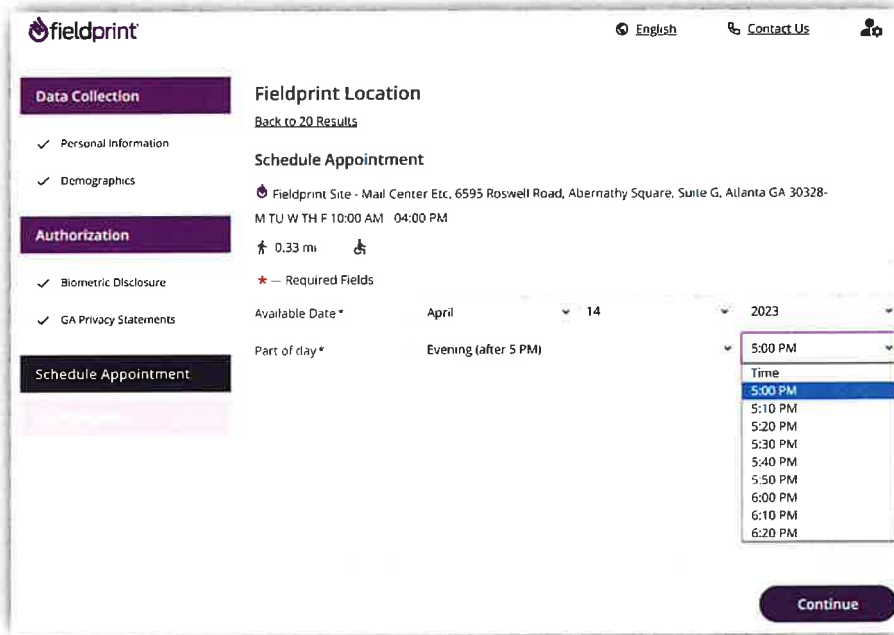


Schedule Appointment

Next you will select a location, date, and time for your Livescan fingerprint capture. The system will default to the home address entered, but you are able to change to another address that may be more convenient. Sites can be sorted by distance or soonest available time. Each entry will provide the address, hours of operation, and other key information about the site. Once you choose a site, click **Find Availability**.

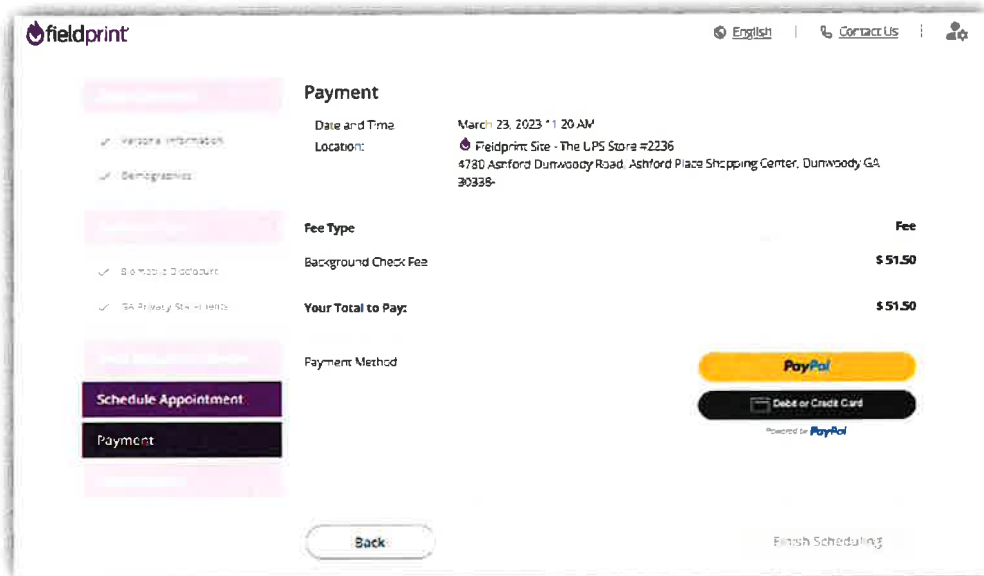


Using the dropdowns you will select the date and time for your appointment and click **Continue**.

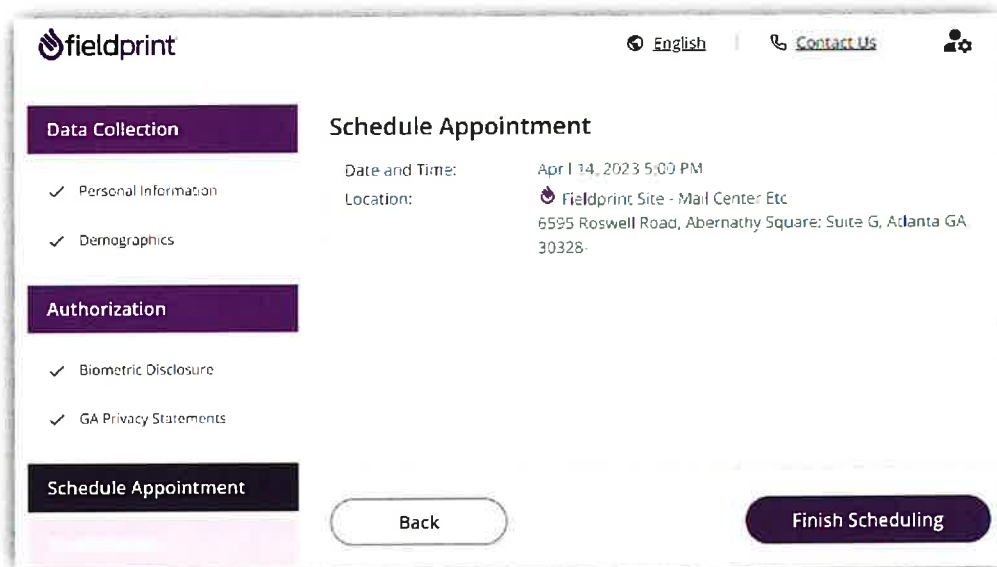


Payment

If you are required to pay for the fingerprint appointment, you will select your method of payment – either PayPal or debit / credit card. Cards accepted include MasterCard, Visa, American Express, and Discover.



If the agency is paying, you will click the **Finish Scheduling** button without seeing the Payment page.



Request Printcard Packet (If Applicable)

If a Livescan location is unavailable within the contracted range, the system will offer you the ability to request an ink card packet. This will also be the method used if you are located out of state. Clicking **Request Printcard Packet** will trigger a request to Fieldprint for a packet containing two barcoded fingerprint cards, instructions, and a return envelope to be mailed to your address.

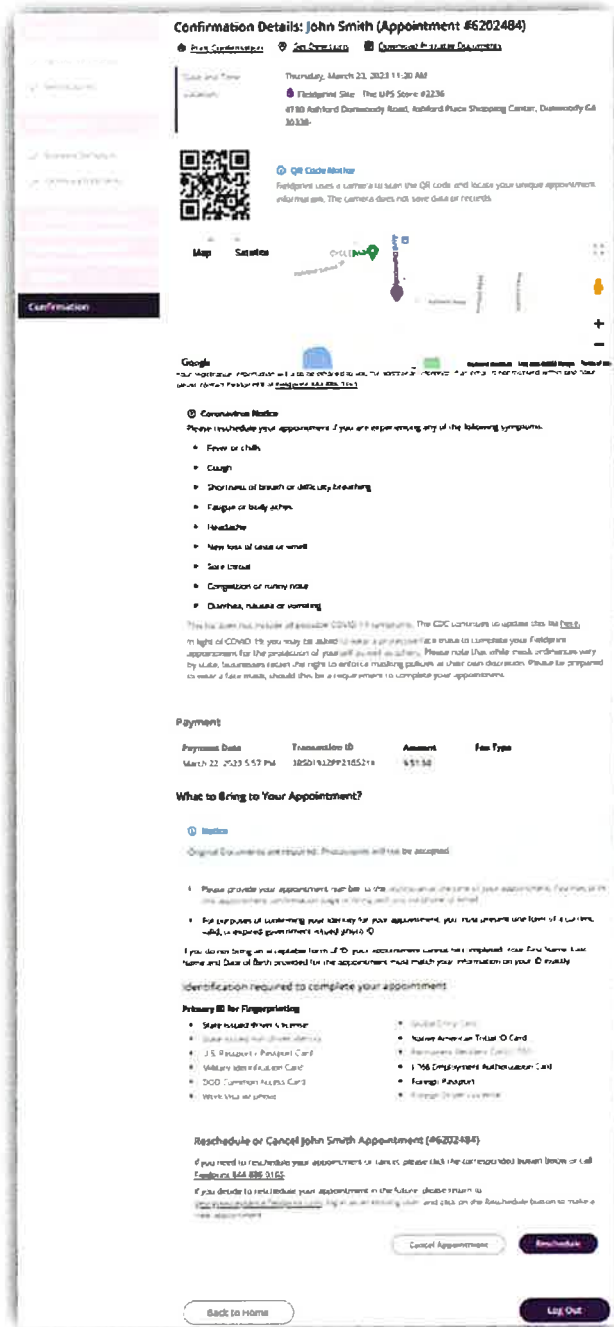
Completed packets should be returned to:

Fieldprint, Inc.
PO Box 407
Marlton, NJ 08053



Confirmation

After scheduling your appointment, you will receive a confirmation screen. The confirmation page will show your appointment number, location, date and time. There is important information noted on the confirmation page, displaying identification required for the appointment. **Be sure to bring the appropriate identification to your appointment.**




Appointment Management


Logging back in as a returning user will allow you to manage your appointment or create another. Click **Reschedule** to change the appointment location, date, or time. Clicking **Schedule Another Appointment** will take you to complete a new registration.



Welcome back,

Previous Appointments
This section displays your previously scheduled appointments.

Scroll to the bottom of this page to schedule a new appointment.

#6197473 Suzanne Sorgetest Appointment Scheduled 

Date and Time: May 1, 2023 9:00 AM
Location:  Fieldprint Site - Marietta, GA 2 (Foxx Laboratories)
2625 Sandy Plains Road Suite 101 Marietta, GA 30066-

 [Print Receipt](#)  [View Map](#)

[Cancel](#) [Reschedule](#)

You do not currently have a pending appointment. To begin scheduling a new appointment please click the button below.

[Schedule Another Appointment](#)


You will also have the ability to **Print Receipt** which contains appointment information, what to bring, and contact information to reschedule.

Receipt
You will find all needed information about your appointment here

John Smith Appointment Details (#6203991)

[Print Receipt](#)
 [Get Directions](#)
 [Download Printable Documents](#)


Date and Time: Friday, April 14, 2023 5:00 PM
Location: Fieldprint Site - Mail Center Etc
 6576 Roswell Road Abernathy Square, Suite G Atlanta GA 30328



QR Code Notice

Fieldprint uses a camera to scan the QR code and locate your unique appointment information. The camera does not save data or records.

Map Satellite



Coronavirus Notice
Please reschedule your appointment if you are experiencing any of the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose

This list does not include all possible COVID-19 symptoms. The CDC continues to update this list [here](#).

In light of COVID-19, you may be asked to wear a protective face mask to complete your Fieldprint appointment for the protection of yourself as well as others. Please note that while mask ordinances vary by state, businesses retain the right to enforce masking policies at their own discretion. Please be prepared to wear a face mask, should this be a requirement to complete your appointment.

What to Bring to Your Appointment?

Notice

Original Documents are required. Photocopies will not be accepted.

- Please provide your appointment number to the technician at the time of your appointment. You may print this appointment confirmation page or bring with you via phone or email.
- For purposes of confirming your identity for your appointment, you must present one form of a current, valid, unexpired government issued photo ID.

If you do not bring an acceptable form of ID, your appointment cannot be completed. Your First Name, Last Name and Date of Birth provided for the appointment must match your information on your ID exactly.

Identification required to complete your appointment

<ul style="list-style-type: none"> • State issued driver's license • State-issued non-driver identity • U.S. Passport / Passport Card • Military Identification Card • DOD Common Access Card • Work/Volunteer photo 	<ul style="list-style-type: none"> • Global Entry Card • Native American Tribal ID Card • Permanent Resident Card (I-551) • L-766 Employment Authorization Card • Foreign Passport • Foreign Driver's License
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Reschedule or Cancel John Smith Appointment (#6203991)

If you need to reschedule your appointment or cancel, please click the corresponded button below or call [Fieldprint 888-868-2165](tel:888-868-2165).

If you decide to reschedule your appointment in the future, please return to go.getpass.com/fieldprint.com, log in as an existing user, and click on the Reschedule button to make a new appointment.

International Applicants

If you are an **international applicant**, you will not be able to use the Fieldprint Scheduling Website. Instead, you will use the following International Applicants process explained below:

1. The Georgia agency will provide you with the Originating Agency Identifier (ORI) and Reason for Fingerprinting (RFP) and then direct you to call Fieldprint at **844-886-0165**.
2. A Fieldprint representative will send you an email with the Georgia Privacy Statements waiver.
3. Once you return the waiver, the Fieldprint representative will create order in Hank (Fieldprint's fingerprint processing system).
4. While you are on the phone, Fieldprint will create an order based on the ORI/RFP provided and capture your Personal and Demographic information.
5. You will provide Fieldprint with payment.
6. Fieldprint will mail you a Printcard packet. The packet will contain two barcoded fingerprint cards, instructions and a return envelope. This packet will be mailed to the address you provide.
7. You will need to be fingerprinted on the cards and mail them back to Fieldprint.
8. Fieldprint will then scans the print cards into system and electronically submits them to GBI-AFIS.