



CHATHAM COUNTY

DEPARTMENT OF BUILDING SAFETY
AND REGULATORY SERVICES

P.O. Box 8161

Savannah, GA 31412-8161

912-201-4300 | Fax 912-201-4301

<http://buildingsafety.chathamcounty.org>



Gregori S. Anderson, CBO
Director

Clifford Bascombe, CBO
Assistant Director

Alcoholic Beverage (GBI) Background Check Process

REVIEWING AGENCY IDENTIFICATION (ORI): #GA923382Z

ALCOHOL APPLICATION:

1. Print Alcoholic Beverage application:

<https://buildingsafety.chathamcountyga.gov/LicensingDivision/AlcoholicBeverage>

2. All applications must be completed in order to receive a Background Check at the Chatham County Police Record's Department, located on 295 Police Memorial Drive off Chatham Parkway between 1:30pm and 4:30pm on Tuesdays and Thursdays ONLY. You may contact CCRD at 912-652-6988.

3. The following items must be submitted to the Chatham County Police Record's Department along with your application: **Uncompleted applications will not be processed.**

Please submit the following:

1. Completed & notarized Alcoholic Beverage Application
2. Copy of current Driver's License or State Identification
3. Affidavit Verifying Status
4. Private Employer Affidavit
5. Sunday Sales require a separate Affidavit Application (only if applicable)
6. All applicable fees (*see Guideline*)

4. Upon completion of the background check, Chatham County Occupational Tax Section will schedule an appointment with applicant to submit Alcoholic Beverage Fees.

(Please include a valid telephone number or email address of applying applicant).

5. Please note applications may take up to 45 days for approval

**PLEASE DO NOT SUBMIT ALCOHOL LICENSE FEES TO THE CHATHAM COUNTY
POLICE RECORD'S DEPARTMENT**

GUIDELINES FOR FEES

| | |
|---------------------------------|--------------------------|
| APPLICATION FEE | \$25.00 (NON-REFUNDABLE) |
| AD FEE | \$15.00 (NON-REFUNDABLE) |
| GBI BACKGROUND FEE | \$45.00 (NON-REFUNDABLE) |
| POLICE ADMIN. FEE (Fingerprint) | \$5.00 (NON-REFUNDABLE) |
| BUSINESS NAME CHANGE | \$25.00 (SAME OWNERSHIP) |

RETAIL

| | <u>YEARLY FEE</u> | <u>½ YEAR FEE AT 50% OF YEARLY</u> | <u>50% LATE PENALTY</u> |
|--------|-------------------|--|-------------------------|
| BEER | \$ 580.00 | \$ 290.00 | \$ 290.00 |
| WINE | \$ 580.00 | \$ 290.00 | \$ 290.00 |
| LIQUOR | \$2,400.00 | \$1,200.00 | \$ 1,200.00 |
| | <u>\$3,560.00</u> | <u>\$1,780.00</u> | <u>\$1,780.00</u> |

- FAILURE TO RENEW BY JANUARY 31ST SHALL INCUR A 50% LATE FEE PURSUANT TO CHATHAM COUNTY CODE SECTION 17-105, 1.
- BUSINESS ENGAGING AFTER JULY 1ST A FEE AT 50% OF REGULAR RATE PURSUANT TO CHATHAM COUNTY CODE SECTION 17-106, 9.

POURING & PACKAGE SHOPS

SAME AS RETAIL FEES (ABOVE)

PACKAGE/POURING DIFFERENTIAL

| | |
|--|-------------|
| Package Store & Establishment Selling By The Drink Under One Roof: | \$ 3,500.00 |
| Otherwise License fee For Each: | \$ 2,355.00 |

WHOLESALE (NO REDUCTION IN ANNUAL FEE FOR WHOLESALERS)

| | |
|--------|-------------|
| BEER | \$ 1,500.00 |
| WINE | \$ 1,500.00 |
| LIQUOR | \$ 5,000.00 |

SUNDAY SALES

| | | |
|---------------------------|-----------|------------------------------|
| APPLICATION FEE: | \$ 25.00 | (NON-REFUNDABLE) |
| SUNDAY SALES LICENSE FEE: | \$ 200.00 | (REFUNDABLE IF NOT APPROVED) |

Senate Bill 17 (SB 17) allows restaurants with a current Sunday Sales license to serve alcoholic beverages on Sundays starting at 11 a.m. rather than 12:30 p.m. However, this new law does not permit Georgia consumers to purchase alcohol before 12:30 p.m. from grocery, retail or liquor stores.

Retail Establishments: Mon-Sat 9-2am, Sun 9am-2:55am

Retail Package: Mon-Sat 9-2am, Sun 12:30pm-11:30pm

ALL LICENSES EXPIRE ON 31 DECEMBER EACH YEAR.

Reviewing Agency Identification (ORI): #GA923382Z

CHATHAM COUNTY ALCOHOLIC BEVERAGE LICENSE APPLICATION

1117 Eisenhower Drive, Suite D, Savannah, Georgia 31406
P.O. Box 8161, Savannah, Georgia 31412
Phone: 912.201.4302 Fax: 912.201.4301



ACCEPTANCE OF PAYMENT BY THE COUNTY DOES NOT CONSTITUTE FINAL APPROVAL OF THE LICENSE APPLICATION THIS APPLICATION IS SUBJECT TO ALL NECESSARY APPROVALS SAID LICENSE FEE SHALL BE REFUNDED IN THE EVENT THAT FINAL APPROVAL IS NOT GRANTED (\$25 ADMIN. & \$15 AD FEES ARE NON-REFUNDABLE.) *ALL RENEWALS ARE DUE ANNUALLY, ON OR BEFORE JANUARY 31ST

THIS ALCOHOLIC BEVERAGE APPLICATION IS FOR: [] NEW [] RENEWAL [] SPECIAL EVENT

THIS LICENSE IS FOR: [] RETAIL [] POURING [] WHOLESALE TYPE: [] BEER [] WINE [] LIQUOR [] ALL

TYPE OF ESTABLISHMENT: [] RESTAURANT [] SERVICE STATION [] LOUNGE [] PACKAGE SHOPS [] PRIVATE CLUB
[] GROCERY STORE [] CONVENIENCE STORE [] OTHER: _____

***REQUIRED: NAME, ADDRESS & CONTACT NUMBER OF WHOLESALE DISTRIBUTOR (ATTACH TO APPLICATION)**

P.I.N. #: _____ - _____ - _____ - _____

1. BUSINESS NAME _____
(AS ADVERTISED)
2. CORPORATION NAME: _____
3. BUSINESS LOCATION: _____ CITY _____ ST _____ ZIP _____
(PHYSICAL STREET ADDRESS)
4. APPLICANT'S NAME: _____ PHONE (____) _____
5. HOME ADDRESS: _____ CITY _____ ST _____ ZIP _____
6. SOCIAL SECURITY/FED. TAX I.D # _____ SEX _____ RACE _____ DATE OF BIRTH _____
7. DRIVER'S LICENSE #: _____ STATE ISSUED: _____ GA. SALES TAX # _____
8. HAVE YOU EVER BEEN ARRESTED? [] YES [] NO IF YES, GIVE DATE AND OFFENSE: _____

BY SIGNING BELOW, I HEREBY AUTHORIZE ANY AGENT OF CHATHAM COUNTY TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY

DATE LICENSE APPLIED FOR: _____

SIGNATURE OF APPLICANT _____

NOTARY PUBLIC:

SUBSCRIBED TO AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____, SEAL

NOTARY SIGNATURE _____

COMMISSION EXPIRES: _____

*****OFFICE USE ONLY*****

CASH [] CREDIT CARD [] CHECK/M.O. # _____ RECEIPT # _____ DATE PAID _____

ZONING: THIS AREA [] IS [] IS NOT PROPERLY ZONED FOR THE PROPOSED BUSINESS. ZONING DISTRICT: _____

ZONING ADMINISTRATOR _____ DATE _____

FIRE PREVENTION: THIS PROPOSED BUSINESS & LOCATION [] DOES [] DOES NOT MEET LOCAL FIRE CODES

FIRE INSPECTOR _____ DATE _____

POLICE APPROVAL: DISTANCE TO NEAREST SCHOOL: _____ CHURCH _____

TYPE OF NEIGHBORHOOD: RESIDENTIAL [] COMMERCIAL [] NUMBER OF SIMILAR ESTABLISHMENTS IN VICINITY: _____

WILL TRAFFIC BE A FACTOR: [] YES [] NO IF YES, EXPLAIN _____

PREVIOUS POLICE DEPARTMENT COMPLAINTS: [] YES [] NO FBI RECORD: [] YES [] NO

IF YES, EXPLAIN: _____

THIS BUSINESS AND/OR APPLICANT: [] IS [] IS NOT APPROVED BY POLICE DEPARTMENT

POLICE DEPARTMENT _____ DATE _____

ALCOHOL LICENSE # _____ - _____



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**O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status
for County Public Benefit Application**

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in **O.C.G.A. § 50-36-1**, from the Department of Building Safety and Regulatory Services, the undersigned applicant verifies **ONLY** one of the following with respect to my application for public benefit:

- 1) _____ I am a United States citizen: **or**;
- 2) _____ I am a legal permanent resident of the United States. **or**;
- 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 _____.**
**(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)*

The undersigned applicant also hereby verifies that he or she is 18 years 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 be classified as _____
(such as: state issued driver's license, state issued identification, passport, etc.

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:

Date

Printed Name of Applicant

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS**

_____ DAY OF _____, 20_____

My Commission Expires:

NOTARY PUBLIC

SEAL



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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 employs **more than ten (10)** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any approved subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

10 or less circle "Exempt" (circle if exempt and complete form)

(E-Verify No.)

Federal Work Authorization User Identification Number
THIS IS NOT YOUR FEDERAL TAX IDENTIFICATION NUMBER

Date of Authorization

Name of Private Employer (NAME OF BUSINESS)

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

____ DAY OF _____, 20____

My Commission Expires:

NOTARY PUBLIC

SEAL



NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-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.

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. The Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- 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 officials deny you the employment, license, or other benefit based on information in the criminal history record.

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.

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>.

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. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency 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.)

Applicant's Signature: _____

Date: _____

Applicant's Printed Name: _____

1 Written notification includes electronic notification, by excludes oral notification.

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

3 See 25 CFR 50.12(b).

4 See 5 U.S.C. 552a(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



PRIVACY ACT STATEMENT

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

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

Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after 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 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 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.



**Georgia Crime Information Center
Reference Materials
Non-Criminal Justice**

Applicant Privacy Notification Policy

Notification

The Chatham County Department of Building Safety and Regulatory Services issues alcohol licenses and as a part of the process conducts fingerprint based background checks through the Georgia Crime Information Center. Prior to fingerprinting each individual must complete an application and receive a copy of both the Applicant Privacy Rights and the Privacy Act Statement. The Department of Building Safety and Regulatory Services provides the applicant with the privacy rights. A copy is provided as part of the application packet

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

Record Challenge/Correction

If an applicant chooses to challenge the accuracy of the criminal history record or needs to correct or update a record they will be given 30 days to do so. The applicant is notified that the procedures for challenging an FBI record are set forth in 28 CFR 16.30 through 16.34 and the procedures for challenging a Georgia record can be found on the GBI website. The applicants will be given a copy of the criminal history record

Appeal Process

The applicant is provided an opportunity to appeal an adverse decision based on the criminal history record information provided from the fingerprint based on background check. The procedures for the appeal process are as follows:

- Chatham County Police Department will review the Criminal History Record Information and render their opinion in closed door session with the Department of Building Safety & Regulatory staff.
- The applicant is aware prior to the hearing that CHRI may be disclosed;
- The applicant is not prohibited from being present at the hearing CHRI is not disclosed during the hearing if the applicant withdraws from the application process.