



CITY OF BRUNSWICK  
 601 GLOUCESTER STREET  
 P. O. BOX 550  
 BRUNSWICK, GA 31521-0550  
 (912) 267-5539

**APPLICATION FOR RETAIL PACKAGE STORES:**

NAME OF BUSINESS \_\_\_\_\_  
 OWNER'S NAME \_\_\_\_\_  
 MANAGER'S NAME \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 FEDERAL ID # \_\_\_\_\_ E VERIFY # \_\_\_\_\_  
 PHONE # \_\_\_\_\_

<input type="checkbox"/> RETAIL PACKAGE STORE (BEER ONLY)	405.00
INITIAL ADMINISTRATION/INVESTIGATION FEE	<u>290.00</u>
	<u>695.00</u>
<input type="checkbox"/> RETAIL PACKAGE STORE (BEER AND WINE)	690.00
INITIAL ADMINISTRATION/INVESTIGATION FEE	<u>290.00</u>
	<u>980.00</u>
<input type="checkbox"/> RETAIL PACKAGE STORE (BEER, WINE, DISTILLED SPIRITS)	2,875.00
INITIAL ADMINISTRATION/INVESTIGATION FEE	<u>290.00</u>
	<u>3,165.00</u>

PERSONALLY APPEARED BEFORE ME \_\_\_\_\_, WHO FIRST BEING  
 DULY SWORN, SAYS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE  
 BEST OF HIS/HER KNOWLEDGE AND BELIEF.

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

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

✓  
 \_\_\_\_\_  
 APPLICANT

DATE APPLICATION GRANTED BY COMMISSION \_\_\_\_\_

\_\_\_\_\_  
 CODE ENFORCER

\_\_\_\_\_  
 CITY MANAGER





# Brunswick Police Department

206 Mansfield Street  
Brunswick, Georgia 31520  
Phone: (912) 267-5559 – Fax: (912) 267-5526  
[www.brunswickpolice.org](http://www.brunswickpolice.org)



## REQUEST FOR CRIMINAL HISTORY

TO: DEPUTY MARSHAL

FROM: FINANCE DEPARTMENT      APPLICANT: ALCOHOL LICENSE: NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

Name: Last		First		Middle	
Address:					
City:			State:		Zip Code:
Sex: <input type="checkbox"/> Male	Race	Height:	Weight:	Color of Eyes:	Color of Hair:
<input type="checkbox"/> Female					
Social Security Number:			Date of Birth: (mm/dd/yyyy)		
Nickname(s), Maiden Name, other names by which you have been known:					
List below all states in which you have resided and all states that have issued you a driver's license:					
OTHER INFORMATION (INCLUDES ANY IDENTIFICATION NUMBERS, ARREST DATA OR CIRCUMSTANCE WHICH MIGHT ASSIST IN IDENTIFYING SUBJECT.)					
SID#:		FBI#:		MUN#:	

### THIS BLOCK IS FOR DEPARTMENT USE ONLY

I certify that the information applied for is necessary in the interest of the due administration of the laws, and not for the purpose of assisting a private citizen in carrying on his personal interests or in maliciously or uselessly harassing, degrading or humiliating any person.

\_\_\_\_\_  
Signature of Officer or Other Person Requesting Information

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**\*\*\* THIS DOCUMENT/PROCESS MUST BE COMPLETED BY OWNERS AND MANAGERS.**

**PLEASE MAKE ADDITIONAL COPIES AS NEEDED.\*\*\***

**A LEGIBLE COPY OF DRIVER'S LICENSE MUST ACCOMPANY THIS FORM**

**\*\*FORM MUST BE SIGNED BY APPLICANT\*\***



COGENT  SYSTEMS  
Georgia Applicant Processing Services

#### Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: \_\_\_\_\_

Date: \_\_\_\_\_

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GAPS Information List

Print your answers

Last Name:	Address
First Name:	City:
Middle Name:	State:
Suffix: ( Jr,Sr.)	ZIP:
Date of Birth:	Phone:
Place of Birth:	Reason For Prints:
Sex:	Payment: Credit Card or Money Order
Race:	
Eye Color:	
Hair Color:	
Height:	
Weight:	
Country of Citizenship:	
Drivers License Number:	
State of Drivers License:	

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# GAPS INSTRUCTIONS

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Follow the instructions below for electronic fingerprinting required for your City of Brunswick Alcohol License background check. If you have any questions, please contact Deputy Marshal, Len Schmauch, Code Enforcement, 912-267-5583.

1. You must have access to a computer with internet connection. You will need a credit card in order to pay for the GAPS on the website.
2. Go to [www.cogentid.com](http://www.cogentid.com)
3. Click on Georgia GAPS
4. Click on Applicant Registration
5. Click on City/County Government and Law Enforcement Agencies
6. Click on Alcohol and Liquor License
7. Read Privacy Rights statement and click box at bottom of page signifying that you have read and accepted the privacy right terms
8. Click continue
9. Applicant registration page: complete **all** yellow highlighted blocks **and** the social security and driver's license # blocks. You will need the code **GA0630100** for the **Reviewing Agency ID** block. For the **Reason** block, click on the down arrow and choose "Alcohol/Liquor License". **Do Not** click the box beside "Fingerprint Card User". Only accept electronically scanned fingerprints will be accepted.
10. Click continue at bottom of page and you will have the opportunity to review information before continuing on to the payment screen.
11. Complete the payment information and print out the payment confirmation.
12. Take the payment confirmation and to the UPS store located at 139 Altama Connector across from WalMart. Fingerprinting hours are Mon – Fri 8:30 to 6:00 and Sat 9:30 to 3:30. The UPS store phone number is 912-265-3155.
13. The UPS store will electronically scan your fingerprints.
14. You will be given a **TCN number** by the UPS store. Call Deputy Marshal Schmauch's number (912-267-5583) and give the TCN number to him or if he is unavailable, leave the number on his answering machine.

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