



## **City of Monroe—Alcoholic Beverage License Application**

Please print or type application and answer all questions!

Do not leave any sections blank. If it does not apply mark sections N/A

### **ALCOHOLIC BEVERAGE LICENSE TYPES & FEES—CHECK ALL LICENSE TYPES YOU ARE APPLYING FOR**

#### **Consumption On Premise Licenses**

- Beer & Wine:

\_\_\_\_\_ Restaurant Beer & Wine: Fee \$1,000.00

\_\_\_\_\_ Non-profit Private Club Beer & Wine: Fee \$1,000.00

\_\_\_\_\_ Special Event Facility Beer & Wine: Fee \$1,000.00

- Distilled Spirits:

\_\_\_\_\_ Restaurant Distilled Spirits: Fee \$3,000.00

\_\_\_\_\_ Non-profit Private Club Distilled Spirits: Fee \$3,000.00

\_\_\_\_\_ Special Event Facility Distilled Spirits: Fee \$3,000.00

#### **Package Licenses**

\_\_\_\_\_ Beer / Wine: Fee \$2,000.00

\_\_\_\_\_ Hotel / Motel In-Room Service: Fee \$250.00

\_\_\_\_\_ Growlers: Fee \$2,000.00

\_\_\_\_\_ Brew-Pub: Fee \$750.00

\_\_\_\_\_ Wine Shop: Fee \$750.00

#### **Manufacturer Licenses**

\_\_\_\_\_ Distilleries or Micro-Distilleries: Fee \$3,000.00

\_\_\_\_\_ Brewery or Micro-Breweries: Fee \$1,000.00

#### **Alcohol Beverage Caterer**

\_\_\_\_\_ Alcohol Beverage Caterer Beer / Wine: Fee \$1,000.00

\_\_\_\_\_ Alcohol Beverage Caterer Distilled Spirits: Fee \$1,000.00

**Wholesale Dealers**

\_\_\_\_\_ Principal Place of Business in City Beer / Wine: Fee \$1,500.00

\_\_\_\_\_ Principal Place of Business in City Distilled Spirits: Fee \$2,000.00

**Other Fees**

\_\_\_\_\_ Annual registration for Special Event Facility: Fee \$300.00

\_\_\_\_\_ First-time Application Administrative: Fee \$250.00

Total Fees Submitted: \_\_\_\_\_

NOTE: **FOR NEW APPLICATIONS ONLY** THERE IS A \$250.00 NON-REFUNDABLE ADMINISTRATIVE FEE FOR ALL LICENSES EXCEPT A BEER/WINE AMENITIES LICENSE FOR WHICH THE FEE IS \$200.00; ADMINISTRATIVE FEES NOT APPLY TO RENEWALS

**Application Information:**

1. Full Name of Business: \_\_\_\_\_

DBA: \_\_\_\_\_

Is the business is a proprietorship, partnership, or corporation? Domestic or Foreign? \_\_\_\_\_

\_\_\_\_\_

2. Address: A) Physical: \_\_\_\_\_

B) Mailing: \_\_\_\_\_

3. Phone: \_\_\_\_\_ Beginning Date of Business in City of Monroe \_\_\_\_\_

4. \_\_\_\_\_ New Business \_\_\_\_\_ Existing Business Purchase

\*\*\*IF change in ownership, enclose a copy of the sales contract and closing statement.

5. Federal Tax ID Number \_\_\_\_\_ GA Sales Tax Number \_\_\_\_\_

6. Is business within the designated distance of any of the following:

CHURCH, SCHOOL GROUNDS, COLLEGE CAMPUS (See Land Survey Requirements)

Beer and Wine 100 Yards Yes \_\_\_\_\_ No \_\_\_\_\_

Liquor 100 Yards (Church) or 200 Yards (School) Yes \_\_\_\_\_ No \_\_\_\_\_

7. Full name of Applicant \_\_\_\_\_

Full Name of Spouse, if Married \_\_\_\_\_

Are you a Citizen of the United States or Alien Lawful Permanent Resident? \_\_\_\_\_

Birthplace \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Number of Years at present address \_\_\_\_\_

Previous address (If living at current address less than 2 yrs).

\_\_\_\_\_

Number of years at previous address \_\_\_\_\_

8. If new business, date business will begin in Monroe \_\_\_\_\_

If transfer or change of ownership, effective date of this change \_\_\_\_\_

**If transfer or change of ownership, enclose a copy of the sales contract and closing statement.**

Previous applicant & D/B/A \_\_\_\_\_

9. What is the name of the person who, if the license is granted, will be the active manager of the business and on the job at the business? List address, occupation, phone number, and employer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Has the person, firm, limited liability company, corporation, applicant, owner/owners, partner, shareholder, manager or officer been arrested, convicted or entered a plea of nolo

contendere within ten (10) years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States, or any municipal ordinance involving moral turpitude, illegal gambling or illegal possession or sale of controlled substances or the illegal possession or sale of alcoholic beverages to minors in a manner contrary to law, keeping a place of prostitution, pandering, pimping, public indecency, prostitution, solicitation of sodomy, or any sexually related crime. If yes, describe in detail and give dates.

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11. Has the applicant been convicted under any federal, state or local law of any felony, within fifteen (15) years prior to the filing of application of such license? \_\_\_\_\_

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12. Do you own the land and building on which this business is to be operated? \_\_\_\_\_

13. Does this establishment have a patio/open area intended to be used for consumption of alcoholic beverages? [ ] yes or [ ] no

14. If operating as a corporation, state name and address of corporation, when and where incorporated, and the names and addresses of the officers and directors and the office held by each.

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15. If operating as a corporation, list the stockholders (20% or more) complete addresses, area code and telephone numbers, residential and business, and the amount of interest of each stockholder.

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16. If operating as a partnership, list the partners with complete addresses, area code and telephone numbers, residential and business, and the amount of interest or percent of ownership of each partner. \_\_\_\_\_

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17. If partnership or individual, state names of any persons or firms owning any interest or receiving any funds from the corporation. \_\_\_\_\_

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18. Does applicant receive any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? If yes, explain. \_\_\_\_\_

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19. Does the applicant have any financial interest in any manufacturer or wholesaler of alcoholic beverages? If yes, please explain.

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20. State whether or not applicant, partner, corporation officer, or stockholder holds any alcoholic beverage license in other jurisdiction or has ever applied for a license and been denied. (Submit full details) \_\_\_\_\_

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21. Does you or your spouse or any of the other owners, partners or stockholders have any interest in any liquor store or wholesale liquor business?

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**22. If a retail grocery business in existence for more than six (6) months:**

A statement from the applicant with documentary evidence provided that the business has had or will have gross sales of merchandise, other than malt beverages and wine, of more than three thousand dollars (\$3000.00) per month average for six (6) successive months preceding the filing of the application for this license or renewal thereof.

**If a retail grocery business in existence for less than six (6) months:**

A statement from the applicant with documentary evidence provided, that the business has had or will have gross sales of merchandise, other than malt beverages and wine, of more than three thousand dollars (\$3000.00) per month average for six (6) successive months from its inception; and within ten (10) days upon completion of six (6) months' verifying the statement required herein; and upon failure to provide such verification as prescribed herein, the license shall be suspended until such verification is made.

23. If a club, a statement that the club has been organized or chartered for at least one (1) year; a statement that during the past year the club has held regular monthly meetings; and a statement that the club has at least fifty (50) members.

24. Character References: (For the applicant)

1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Telephone

2. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Telephone

3. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Telephone

This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature Applicant)  
\_\_\_\_\_  
(Title i.e. Partner, General Partner, Manager, Owner, etc.)  
\_\_\_\_\_  
(Print Name)

Or: \_\_\_\_\_ (Signature of Corporate Officer)  
\_\_\_\_\_  
(Printed Name and Title of Corporate Officer)

Signed, sealed and delivered in the presence of: \_\_\_\_\_

Notary Public:

Executed: \_\_\_\_\_

# CITY OF MONROE

## REGISTERED AGENT INFORMATION FORM

I, \_\_\_\_\_, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors of and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Monroe, Georgia. I understand the basic purpose is to have and continuously maintain a Registered Agent upon, which any process, notice, or demand required or permitted by law or under said ordinance to be served upon the licensee or owner may be served upon the licensee or owner. I understand that the Registered Agent must be a citizen of the United States of at least 21 years of age and a resident of the City of Monroe. I further certify that I will notify the City of Monroe of any changes affecting my status and/or position with this company.

Name of Business/Company \_\_\_\_\_

Signature of Agent \_\_\_\_\_

Type or Print Name of Agent \_\_\_\_\_

Type of Print Agent's Home Address \_\_\_\_\_

Type or Print City, State, and Zip Code \_\_\_\_\_

Type or Print Area Code and Telephone Number \_\_\_\_\_

Type or Print Date Moved into the Above Address \_\_\_\_\_

Type or Print Driver's License Number \_\_\_\_\_

Type or Print Date of Birth \_\_\_\_\_

**Subscribed and sworn to me**

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

\_\_\_\_\_  
(Clerk/Notary Public)

\_\_\_\_\_  
(Signature of Named Individual)

**My Commission expires:** \_\_\_\_\_



Private Employer E-Verify Affidavit for City of Monroe  
Pursuant to O.C.G.A § 36-60-6(d)  
(For new applications beginning July 1, 2013)

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[business license, occupational tax certificate, or other document required to operate a business] as referenced in  
O.C.G.A § 36- 60-6(d), the undersigned applicant representing the private employer known as

\_\_\_\_\_ [printed name of private employer] verifies one of the  
following with respect to my application for the above-mentioned document:

- (a) \_\_\_\_\_ The individual, firm, or corporation employs more than (10) employees and 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 and deadlines established in O.C.G.A § 13-10-90.  
The undersigned private employer also attests that its federal work authorization user identification number  
and date of authorization are as listed below:

\_\_\_\_\_ Federal Work Authorization User Identification Number (Company ID Number)

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

OR

- (b) \_\_\_\_\_ The individual, firm, or corporation employs ten (10) or less employees and therefore, 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 § 19-10-90.

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 allowed by such statute.

Executed on the \_\_\_\_ day of \_\_\_\_\_, 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: \_\_\_\_\_

(IMPORTANT: Front and back copy of ID used must be enclosed!)





**Affidavit Verifying Status for  
City of Monroe  
Public Benefit Application  
Pursuant to O.C.G.A. §50-36-1(e)(2)**

By executing this affidavit under oath, as an applicant for a(n).

\_\_\_\_\_ (type of public benefit), as referenced in  
O.C.G.A. § 50-36-1, 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: \_\_\_\_\_**

**(IMPORTANT: Front and back copy of ID used must be enclosed!)**



## **City of Monroe—Alcohol Server Certifications**

### **Per Chapter 6, Article 1, Section 6-32 of the Code of Ordinances for the City of Monroe:**

Subsection 1: Any licensee for consumption on the premises shall require all persons employed as managers, servers, bartenders, doorpersons, or any other employee, agent or subcontractor with the responsibility for handling, serving, mixing or dispensing alcoholic beverages to obtain a server certification with proper training from a third-party vendor approved by the city no later than three days after commencement of his or her employment. The licensee or the employee of the licensee shall pay a fee as provided for by the third-party vendor for such server certification. (See the Code of Ordinances Section 6-32, for subsections 2-7)

### **Approved Third-Party Vendors for Alcohol Server Certifications**

1. Training Institute for Responsible Vendors ([www.tirv.net](http://www.tirv.net))
2. TIPS (Training for Intervention Procedures) Alcohol Certification Training ([www.gettips.com](http://www.gettips.com))
3. ServSafe ([servesafe.com](http://servesafe.com))
4. Evindi Alcohol Compliance ([www.evindi.com](http://www.evindi.com))
5. Learn2Serve ([www.learn2serve.com](http://www.learn2serve.com))
6. Darden Restaurants Responsible Alcohol Service Training Online
7. Susan Nelson ([sw.nelson58@gmail.com](mailto:sw.nelson58@gmail.com))

**RETAILERS AND CONSUMPTION ON PREMISES LIQUOR LICENSE**

**PERFORMANCE AND TAX LIABILITY BOND**

GEORGIA DEPARTMENT OF REVENUE  
ALCOHOL AND TOBACCO DIVISION  
P.O. Box 49512  
ATLANTA, GA 30359-1512



STATE OF GEORGIA

BOND NO. \_\_\_\_\_

CALENDAR YEAR \_\_\_\_\_

COUNTY OF \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That, we \_\_\_\_\_  
(NAME OF LICENSEE AS SHOWN ON APPLICATION)

and \_\_\_\_\_, AS PRINCIPAL  
(NAME OF CORPORATION OR PARTNER(S) AND / OR OWNERS AND D/B/A)

and \_\_\_\_\_  
(NAME OF SURETY COMPANY EXECUTING BOND)

a surety company incorporated and existing under the laws of the State of \_\_\_\_\_, and licensed and authorized to execute bonds and undertakings as a surety in the State of Georgia, AS SURETY, are held and firmly bound unto the State Revenue Commissioner of the State of Georgia, and his successor in office, for the use and benefit of said State, AS OBLIGEE, in the sum of TWO THOUSAND and FIVE HUNDRED (\$2,500.00) DOLLARS, for the payment of which, we bind ourselves, our heirs, executors, administrators and successors, as the case may be, jointly, severally and firmly by these presents.

Signed with our hands and sealed with our seals, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WHEREAS, the above-named Principal has applied to the State Revenue Commissioner of the State of Georgia for a license to engage in business at

\_\_\_\_\_ as a retailer or consumption on premise of distilled  
(LOCATION OF BUSINESS)  
spirits under the provisions of the Georgia Alcoholic Beverage Code, (Section 3-4-22 O.C.G.A. and as hereafter amended), for a period beginning \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ending December 31, \_\_\_\_\_, inclusive.

NOW, THEREFORE, the conditions of this bond are such that if the Principal shall promptly pay to the Obligee all sums which may be due by said Principal as taxes, license fees, rental charges, or otherwise, including penalties and interest, by reason of the operation of said business, together with expenses incurred by the State in the collection of amounts due the State, the nature and amount of such expenses to be determined by the Obligee but not to exceed ONE HUNDRED (\$100.00) DOLLARS for the period covered by this bond, and shall, in the operation of said business, faithfully comply with all provisions of said Act, as amended, and with all rules and regulations now, or hereafter, promulgated by the State Revenue Commissioner under the authority of said Act, as amended, for the enforcement and administration of said Act, and with such other conditions as the State Revenue Commissioner may require in rules and regulations, then this bond shall be void, otherwise, it shall remain of full force and effect and shall be construed as a bond of forfeiture.

This bond may be cancelled by the Principal, the Surety or the Obligee by giving sixty (60) days' notice in writing to each of the other parties hereto at their last known address, but no such cancellation shall affect the liability of either the Principal or the Surety occurring before the expiration date of such notice.

This bond shall be in force for the period beginning on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, through the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, inclusive, and shall not be construed as a renewal or continuation of any other bond executed by said Principal and Surety to Obligee for any other period.

IN WITNESS WHEREOF, the said Principal has hereunto set his hand and affixed his seal, and the said Surety has caused these presents to be duly executed by its duly authorized officials, or its duly authorized attorney in fact, and its corporate seal to be hereunto affixed, the day and year first above written.

COUNTERSIGNED:

\_\_\_\_\_  
(LOCAL AGENT)

PRINCIPAL \_\_\_\_\_ (L.S.)  
(SIGNATURE OF LICENSEE)

\_\_\_\_\_  
(ADDRESS)

PRINCIPAL \_\_\_\_\_ (L.S.)  
(PARTNER(S) )

Approved this \_\_\_\_\_ day of \_\_\_\_\_

PRINCIPAL \_\_\_\_\_  
(OWNERS)

\_\_\_\_\_  
(STATE REVENUE COMMISSIONER)

SURETY \_\_\_\_\_  
(ATTORNEY IN FACT)

NOTE: The official or attorney in fact signing for Surety shall attach to the original bond a certified copy of authority or power to bind the Surety. It shall show that the power is in force and effect at the time of the execution of the bond.

**FOR LIQUOR LICENSE ONLY**

FOR ALCOHOL  
LICENSE

Georgia Bureau of Investigation  
Georgia Crime Information Center  
Consent Form

I hereby authorize \_\_\_\_\_  
to receive any Georgia criminal history record information pertaining to me which may be in the  
files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex                      Race                      Date of Birth                      Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

One of the following must be checked:

\_\_\_\_\_ This authorization is valid for 90/ 180 /      (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above named to perform  
periodic criminal history background check.

City of Monroe  
ORI # GA923234Z

Please take this form to the Monroe Police Department for  
processing

## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- 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.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI 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 agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency 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 state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

## 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 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.