

Alcohol Beverage Package or Consumption License Application

The City of Dunwoody has established the following application to allow for the lawful pouring of alcohol in accordance with the City of Dunwoody's Alcohol Beverages, Chapter 4 as it pertains to Alcohol Beverage Privilege Licenses.

An Alcohol Beverage Privilege License is required for any establishment selling Alcohol Beverages for consumption on or off premises within the city limits of Dunwoody.

In order to sell, offer for sale, or otherwise dispense any alcohol beverages within the City, the establishment must first obtain a license from the City of Dunwoody.

Alcohol Beverage Privilege Licenses are issued to individual establishments at the specific address. The License is not transferable to a new owner or new address. The Alcohol Beverage Privilege License will expire each year on December 31st. It is the establishment's responsibility to renew the license each following year.

The City Manager reserves the right to revoke any license that is not in compliance with the law at any time without refund. Should he choose to do so there will be written notification sent to the licensee.

Please submit the following Alcohol Beverage Privilege License Application and required supplemental materials in person (detailed in the following checklist) to the Finance Department located at 4800 Ashford Dunwoody RD, Dunwoody, GA 30338. If you have questions, please do not hesitate to contact the Finance Department at 678.382.6700.

Alcohol Beverage Package or Consumption License Checklist

Application Requirements:

- Applicant/Licensee Information
- Personnel Statements for the applicant/licensee, and all officers of the company
- Signed & Notarized Affidavit from Applicant (Notarized)
- 2 Passport photos for all Personnel Statements
- Copy of Menu (If Applicable)
- Registered Agent
- 2 Passport photos of the Registered Agent
- SAVE Affidavit Form (Notarized)
- Background Check Consent Form for Licensee
- Background Check Consent Form for Registered Agent
- Background Check Consent Form for any and all owners or partners with 10% or more ownership (If Applicable)
- Occupational Tax Registration
- Alcohol Excise Tax Acknowledgement (If Applicable)
- Copy of the lease to the premises, or proof of ownership of the premises, or proof of authorization for use of the premises
- Legal Land Survey (New Applicants—see description on following page)
- Floor Plan Drawing
- Review by Zoning Department
- Certificate of Occupancy
- Fire Department Approval
- Health Department Approval
- Copy of FOG (Fats, Oils, Grease) Compliance Inspection from DeKalb County Dept. of Watershed (Restaurants only)
- Patio Permit (If Applicable)
 - For consumption on premise with outdoor seating. Form is located on website.
- Pouring Permits required for all Managers/Supervisors (If Applicable)
 - For consumption on premise licenses. Form is located on website.

Application Required Attachments:

- Payment in Full (Cash in person, Cashier's Check or Money Order ONLY)
- Signed Authorization for Criminal Background Check
- Fingerprinting by the City of Dunwoody Police Department (Tuesdays & Thursdays: 9:00am-10:45am or 1:00pm-2:45pm)
- Photographing by the City of Dunwoody Police Department (Tuesdays & Thursdays: 9:00am-10:45am or 1:00pm-2:45pm)

The following items may be required, if applicable:

- Arrest and Conviction Information, including:
 - date(s) of conviction or arrest
 - charge(s)
 - location(s)
 - dates served in jail
 - dates served on probation or parole

Description of an accepted Legal Land Survey


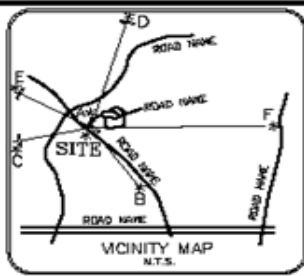

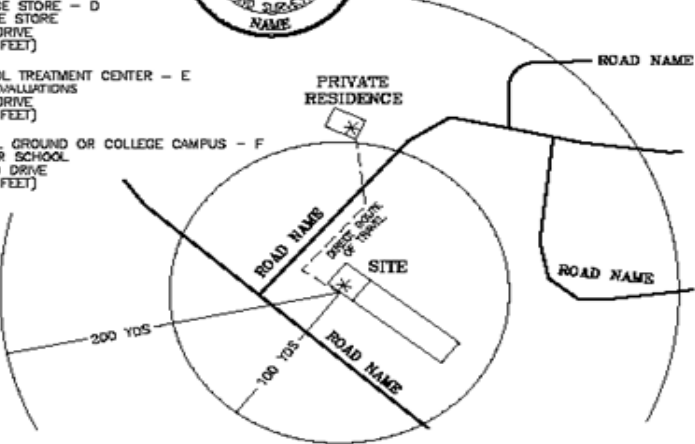
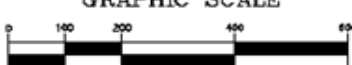
A valid legal land survey must meet the requirements detailed in the City of Dunwoody Chapter 4 Alcoholic Beverage Ordinance, Section 4-99 Distance from churches, school, etc., which can be found in the Code of Ordinances on our website at www.dunwoodyga.gov or by calling the Finance Department at 678.382.6700.

****Please note, all legal land surveys must be certified by a registered surveyor****

Distances shall be clearly indicated on the legal land survey and measured using the most direct route of travel on the ground by measuring:

- (1) From the front door of the structure from which alcoholic beverages are sold or proposed to be sold; and
- (2) In a straight path to the front door of the building or to the nearest portion of the grounds.

An example of an acceptable legal land survey is below:

<p>APPLICANT: Mr. John Doe XXXX-XXXX-XXXX</p> <p>SITE ADDRESS: NONAME FOOD MART XXXX NONAME ROAD - SUITE X DUNWOODY, GA. XXXXX</p>		 <p>VICINITY MAP N.T.S.</p>																																								
<p>SEE VICINITY MAP FOR LOCATIONS</p> <p>NEAREST PRIVATE RESIDENCE - A XXXX PRIVATE DRIVE XXX FEET ALONG DIRECT PATH OF TRAVEL</p> <p>NEAREST CHURCH - B NONAME CHURCH OF GEORGIA XXXX WORSHIP RD. 0.X MILES(XXXX FEET)</p> <p>NEAREST ADULT ENTERTAINMENT - C NONAME ADULT ENT. XXXX ADULT DRIVE 0.X MILES(XXXX FEET)</p> <p>NEAREST PACKAGE STORE - D NONAME PACKAGE STORE XXXX PACKAGE DRIVE 0.X MILES(XXXX FEET)</p> <p>NEAREST ALCOHOL TREATMENT CENTER - E NONAME DRUG EVALUATIONS XXXX ALCOHOL DRIVE 0.X MILES(XXXX FEET)</p> <p>NEAREST SCHOOL GROUND OR COLLEGE CAMPUS - F NONAME CHARTER SCHOOL SCHOOL GROUND DRIVE 0.X MILES(XXXX FEET)</p>																																										
																																										
																																										
<p>GRAPHIC SCALE</p>  <p>(IN FEET) 1 inch = 200 ft.</p>																																										
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Alcoholic Beverage License Application

Business Information	Business Name:		Business Address:		City/State/Zip:	
	Business Telephone:		Mailing Address:		City/State/Zip:	
	Check One: () New Location () New Licensee () New Ownership Other -Specify Type of Change					
	Type of Business:		<input type="checkbox"/> Restaurant		<input type="checkbox"/> VFW	
<input type="checkbox"/> Convenience/Grocery		<input type="checkbox"/> Nightclub/Bar		<input type="checkbox"/> American Legion Post		
<input type="checkbox"/> Grocery with Gas		<input type="checkbox"/> Package/Liquor Store		<input type="checkbox"/> BPOE (Elks Club)		
<input type="checkbox"/> Super Market		<input type="checkbox"/> Country Club		<input type="checkbox"/> Other		
Type of License:						
<input type="checkbox"/> Consumption on Premise						
<input type="checkbox"/> Retail/Package						
License Information			Monthly Fees	# of Months	License Fee Due	
	<input type="checkbox"/>	Admin: Beer and/or Wine	\$100.00	=	_____	
	<input type="checkbox"/>	Admin: Liquor	\$200.00	=	_____	
	<input type="checkbox"/>	Beer Only	\$50.00	X _____	=	_____
	<input type="checkbox"/>	Wine Only	\$50.00	X _____	=	_____
	<input type="checkbox"/>	Beer & Wine	\$75.00	X _____	=	_____
	<input type="checkbox"/>	Liquor-Retail or COP	\$333.00	X _____	=	_____
	<input type="checkbox"/>	Additional Movable Bars	\$25.00	X _____	=	_____
	<input type="checkbox"/>	Additional Fixed Bars	\$50.00	X _____	=	_____
	<input type="checkbox"/>	Sunday Sales	\$91.66	X _____	=	_____
<input type="checkbox"/>	Patio Permit	\$50.00	_____	=	_____	
Total Fee Due with Administrative Fee: _____						
New Establishments are given up to six (6) months to comply with the minimum food sales requirements. Food sales must be at least 60% of total annual food and alcohol sales for eating establishments with Sunday Sales.						
APPLICANT/LICENSEE NAME						
Last:		First:		Middle:		
Aliases / Stage Names:				Social Security Number: - -		
County of Residence:		Home Address:		City/State/Zip:		
Type of Ownership:						
() Single Proprietor () Partnership () Association () Corporation or LLC						
Corporate Name:		Corporate Address:		Date of Incorporation/State of Inc.		
Corporate Officers or Partners	Home Address	City/State/Zip	% of Interest	Social Security #		

Affidavit	<p>This application must be executed under oath and the applicant is subject to criminal penalties for false swearing. The application includes all attachments and forms that are required for processing of this application. I, _____ the Licensee, do solemnly swear that the answers and statement on this application are true and correct and that no false or fraudulent statements are made herein to obtain an alcoholic beverage license.</p>					
	Signature of Applicant/Licensee:		Date:		Seal:	
	Signature of Notary Public:		Date:			
Additional Information	Will you have entertainment? If Yes, Describe in Detail.					
	Does the Licensee, Partner, Corporation or owner have any ownership interest in any other licensed alcoholic beverage business in the state of Georgia? If Yes, give the name of that person, name of business, and complete address:					
	List the full name, Address and other pertinent information for each person having any ownership interest in this business:					
	Name	Address	City/State/Zip	Social Security #	Date of Birth	%Interest
	List the Name and address of owners of the building and land and the name and address of the lessor or sub lessor:					
	Owner Building: _____					
Owner Land: _____						
Lessor: _____						
Sub-Lessor: _____						
How much money is being invested in the business and by whom?						
Total amount of money paid _____						
Name of Person	Home Address	City/State/Zip	Amount of Money			
How Much of the Money is being borrowed and by whom?						
Total amount borrowed _____						
Name of Bank, Business or Person	Street Address	City/State/Zip				

	Name and Home Address of the Manager:
	Have you attached a copy of the floor plans of this business showing inside layout of the store, including entrance(s) and exit(s). Night clubs and restaurants needs to show kitchen, bathrooms, dining areas, entertainment area and any offices. () Yes () No
	Have you attached two (2) registered agent forms with pictures of the agent? () Yes () No
	<p>If you are a gas station that is selling beer and wine, applying to sell liquor:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you submitted as built plans to the Community Development department showing that there are no common storage areas or doors, or common cash registers to the area of the store selling products other than distilled spirits. (Yes/No) <input type="checkbox"/> Have you registered a second and separate legal address for the area of the store selling products of than distilled spirits. (Yes/No) <input type="checkbox"/> Have you submitted an personnel statement proving separate employees for each location. (Yes/No)
	*** Please note any application that does not submit all of the above requirements will be denied.
	Have you received a copy of the City of Dunwoody Alcoholic Beverage Ordinance? () Yes () No
	No application may be processed without acknowledgement of receipt of this document.

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:



Personnel Statement

Applicant Information	NAME Last:		NAME First:	NAME Middle:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Aliases / Stage Names:	Social Security Number:
	Home Address:			City/State/Zip:
	Date of Birth / /		Phone:	BIRTHPLACE City: State:
	Are you a U.S. Citizen?		Naturalized? Provide Certificate No.(Yes/No)	Date, Place, Court.
	Petition Number		Derived Parents Certificate No.	Alien Register No.
	*** Note a copy of Resident Alien Card and Drivers License must be provided at the time of application. The application will not be accepted without this documentation.			
	Native Country		Date of Entry	Port of Entry
	Marital Status		If Married, Spouse's Name:	Spouse's SS No.
	Spouse's Date of Birth:		Spouses Employer:	Address of Spouse's Employer:
Business Information	Business of Employment:			
	Job Title:		Supervisor:	
	Street Address:			
	Phone:		Length of Employment:	
	% Ownership if any:		Salary or Annual Compensation:	
Additional Information	Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages: (Yes/No) If Yes, give names and locations of interest in each.			
	1) _____			
	2) _____			
3) _____				
Have you ever had any financial interest in an alcoholic beverage business which was denied a license? (Yes/No) If so give details.				
Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? (Yes/No) If so, give Details.				



Residences for the Past Ten Years
 Employment Record (Most Recent First)

If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved).

Have you ever been denied bond by a commercial security company? (Yes/No) If Yes, give details.

Have you ever been arrested or held by Federal, State, or Other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinances? A criminal background investigation will be conducted to verify this information. (Do not include traffic violations. All other charges must be included even if they were dismissed.

Reason Charged or Held	Date	Place of Charge
Reason Charged or Held	Date	Place of Charge

No Arrests? (Yes/No) Attached additional Arrests? (Yes/No)

Please list any other names used by the applicant (maiden name, names by former marriages, former names, aliases, nicknames, etc) Specify which and show dates used.

From		To		Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
Month	Year	Month	Year				

Dates		Street	City	State
From	To			



Personnel Statement Affidavit

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, _____ County. I
_____ do solemnly swear, subject to the penalties
of false swearing, that the statements and answers made by me as the applicant in the foregoing
personnel statement are true and correct.

Applicant's Signature: _____

I hereby certify that _____ signed his name to the
foregoing application stating to me that he knew and understood all statements and answers made
therein, and, under oath actually administered by me, has sworn that said statements and answers
are true and correct.

Please Attach Original
Photograph (front view)
taken within the past
year (copies are not
acceptable).

Sworn and Attested before me on this _____ day of _____, 20_____.

Notary Signature/Seal: _____

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:



Registered Agent Form

Agent Information	NAME Last:	NAME First:	NAME Middle:
	Date of Birth: / /		Social Security Number: - -
	Home Address:		City/State/Zip:
	Are you a U.S. Citizen?	Home Telephone Number:	Business Telephone Number:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHPLACE City:	BIRTHPLACE State:
Business	Business Name:		
	Street Address:		City/State/Zip

City of Dunwoody Code Chapter 4, Article 2, Section 33(i) requires every business applying for or holding an alcoholic beverage license to have and continuously maintain a registered agent for service of process of any notice permitted by law under the alcoholic beverage ordinance. **The registered agent must live in DeKalb County.** The owner can be their own registered agent if they live in DeKalb County.

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors of the above business and to perform all obligations of such agency under the provisions of City of Dunwoody Code Chapter 4, Article 2, and Section 33(i). **I also consent to the required criminal background investigation in order to serve as a registered agent.**

Signature of Agent: _____ Date: _____

The owner(s) or an officer of the corporation must authorize the person shown above to be their agent. **It is the owner's responsibility to maintain a registered agent who lives in DeKalb County.** Please attach a cashier's check or money order for \$50.00 payable to City of Dunwoody to cover the background investigation. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcoholic beverage license.

Agent Information	Licensee Name		Two Pictures taken within the last year are required. Attach one picture of the agent here on each form.
	Licensee's Signature	Date	
	Owner's Name		
	Owner's Signature	Date	
	Officer's Name	Title	
	Officer's Signature	Date	



**O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit
Verifying Status for City Public Benefit**

****This form is required for ALL LICENSES/PERMITS by State Law****

By executing this affidavit under oath, as an applicant for an alcohol license, as referenced in O.C.G.A. § 50-36-1, from the City of Dunwoody, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen
(Must include copy of either current State Driver’s License, Passport, or Military ID)
- 2) _____ I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver’s License and either a copy of your Permanent Resident Card or Employment Authorization Card)
- 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.**
(Must include a copy of your current State Driver’s License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**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

Date

Printed Name of Applicant

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

My Commission Expires: _____

NOTARY PUBLIC/SEAL



Alcohol Excise Tax Acknowledgement

Pursuant to the Chapter 4 Alcoholic Beverage Ordinance, all licensed businesses in the City of Dunwoody that hold a valid City of Dunwoody Alcoholic Privilege License to serve **liquor for consumption on premises** must be responsible for submitting their monthly Alcohol Excise Tax returns. Below is an excerpt of Article 8 Excise Tax from the Chapter 4 Alcoholic Beverage Ordinance.

Tax Imposed on Sale of Drinks Containing Distilled Spirits

There is imposed upon the retail sale of drinks containing distilled spirits in the City a tax in the amount of three per cent (3%) of the purchase price of the drink to the consumer. A record of each sale shall be made in writing and maintained for inspection by any authorized agent of the City.

Licensee to Collect and Remit

Every consumption on the premises licensee shall collect the tax imposed by this article from purchasers of drinks containing distilled spirits. The licensee shall furnish such information as may be required by the City of Dunwoody to facilitate the collection of the tax.

Payment and Returns by Licensee

- (a) Each licensee shall pay over the amount of taxes collected and coming due under this Article in any calendar month to the City not later than the **twentieth day of the following calendar month**.
- (b) On or before the twentieth day of each month, a return for the preceding month shall be filed with the City of Dunwoody by each licensee liable for the payment of tax under this article. Returns shall be in such form as the City may specify and shall show the licensee’s gross receipts from the sale of drinks containing distilled spirits and the amount of taxes collected or coming due thereon.

Any amounts collected in excess of three per cent (3%) of the taxable sales shall be reported and paid to the City.

- (c) Licensees shall be allowed a percentage of the tax due and accounted for and shall be reimbursed in the form of a deduction in submitting, reporting, and paying the amount due, if said amount is not delinquent at the time of payment. The rate of deduction shall be the same rate authorized for deductions from State sales and use tax under O.C.G.A. § 48-8-50.

Alcohol Excise forms can be found on our website at www.dunwoodyga.gov. Please sign and date below acknowledging that you understand your responsibility to report your monthly Alcohol Excise Taxes to the City of Dunwoody.

Signature: _____

Date:

Business Name: _____
Phone: _____

<p align="center">Contact for Excise Taxes Nikki Wilson 678.382.6760 Nikki.Wilson@dunwoodyga.gov</p>
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Background Check Consent Form

*****PLEASE NOTE: Background Checks are only performed between the hours of 9AM-10:45AM and 1PM-2:45PM on Tuesdays and Thursdays.**

I authorize the **Dunwoody Police Department** to receive any background record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia. I also acknowledge that I received a copy of my privacy rights in accordance to both Federal and State regulations.

Print Full Name: _____

Maiden Name/Previous Name/Alias Info: _____

Date: _____ Telephone Number: _____

Driver's License No: _____ DL State: _____

Are you a U.S. Citizen? Yes _____ No _____

If no, you will need to have your Green Card available. Country of Birth: _____

Date of Birth: _____ Race: _____ Sex: _____ Social Sec#: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Business Name: _____

Business Address: _____

Signature of Applicant: _____

For Finance Dept Use Only:

- Only Background Check & Fingerprints (No Permit Required)
- Only Background Check (No Permit Required)
- Return Results to Finance Department

Employee Completing: _____ Date Complete: _____

Meets Permit/License Requirements: _____ Does Not Meet Permit/License Requirements: _____

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 noncriminal 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 §35-335(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>).

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-recordinformation>).



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.

2018-05 Attachment B