



New Alcohol License Application Checklist

DATE: _____

BUSINESS NAME: _____

Please note that all applicants must provide the following:

1. Completed Occupation Tax Application
 2. Certification of Incorporation, LLC
 3. Completed Alcoholic Beverage Application
 4. Completed Registered Agent Form
 5. Copy of Lease Agreement or Proof of Ownership for Building
 6. Live Fingerprint Scan & Completed Criminal History Background Check – Must be done at City of Monroe Police Department, using form included.
 7. Affidavit Verifying Status within the United States
 8. Private Employer E-Verify Affidavit
 9. Copy of Driver's License, Passport, or Permanent Resident Card
 10. Bonded Insurance Policy – if applying for Liquor License
 11. All Fees Paid in Full. This includes a \$250 Administrative Fee (Non-Refundable).
- Payments must be in the form of a Certified Check.

A Representative must attend the Council Meeting (6PM) at Monroe City Hall, 215 N. Broad St.

Signature of Applicant



OCCUPATIONAL TAX APPLICATION

CITY OF MONROE

PO Box 1249 - Monroe, GA 30655
770-207-4674 – hbrookshire@monroega.gov

Business Contact Information

Business Name: _____
DBA: _____
Physical Location: _____
Inside DDA (Downtown Development Authority) Boundary? Y or N _____
Mailing Address: _____
Email: _____
Business Phone: _____

Ownership Type (select only one)

- ☐ Corporation
- ☐ LLC
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Non-profit

Business Owner Contact Information

Owner(s) Name: _____
Owner's Email: _____ Owner's Phone: _____
Local / Emergency Contact: _____ Phone: _____
Property Owner's Name: _____ Phone: _____

Business Information

Business Description: _____
Residential or Commercial? _____
NAICS Code (<https://www.census.gov/naics>): _____
Start Date: _____
Federal Tax ID (EIN): _____
GA State & Use Tax: _____
GA Professional State License Number(s): _____
Exempt from E-Verify?: _____
If no, list E-Verify Number _____

Reason for Application (select one)

- ☐ New Business
- ☐ Change of Ownership
- ☐ DBA Change
- ☐ Change of Address
- ☐ Change of Business Activity
- ☐ Short Term Rental

Gross Receipts: (Estimated from start of business to end of calendar year): _____
OR Number of Practitioners*: _____

***Under O.C.G.A. 48-13-9(c)1-18 practitioners have the right to pay \$400 per practitioner and practitioners are defined as Lawyers; Physicians; Osteopaths; Podiatrists; Dentists; Optometrists; Psychologists; Veterinarians; Landscape Architects; Land Surveyors; Practitioners of Physiotherapy; Public Accountants; Embalmers; Funeral Directors; Civil, Mechanical, Hydraulic, or Electrical Engineers; Architects; Marriage and Family Counselors; Social Works, and Professional Counselors.**

IF applying as a Non-Profit: Under O.C.G.A. § 48-13-13, nonprofit organizations are exempt from any occupation tax, regulatory fee, or administrative fee. If applying for an occupation tax certificate as a nonprofit, please provide proof of nonprofit status.

Number of Employees

1. Number of Full-Time Employees: _____
2. Number of Part-Time Employees: _____
3. On average, how many hours do ALL the part-time employees work in one week? _____

Full-Time Equivalent

- A. Answer from #1 _____
B. Answer from #3 divided by 40 _____
C. Add lines A and B: _____

Questions

1. In the past five years have you been convicted of, or pled guilty or nolo contendere to any sexual offense as set out in O.C.G.A. § 16-6-1 et seq., or to any offense involving the lottery, illegal possession or sale of narcotics or alcoholic beverages or possession or receiving of stolen property? _____
2. For Commercial Businesses, will a sign be installed on the building or property? (permit required) _____

I, _____, do solemnly swear that the information on this application is true, correct to the best of my knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupational tax certificate. I understand that if I provide false or misleading information in this application, I may be subject to criminal prosecution and/or immediate revocation of my business occupational tax certificate issued as a result of this application. I understand that I must comply with any and all ordinances of the City of Monroe.

Signature

Print Name

Date

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public Signature and Seal: _____

Any false statement, misrepresentation of fact(s) or omission may be cause for criminal prosecution.

O.C.G.A. § 16-10-20



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

- _____ Sunday Sales: NO FEE

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 *NON-REFUNDABLE*

Total Fees Submitted: _____

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.

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? _____

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.

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.

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. _____

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

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

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

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) _____

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? _____

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: _____

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

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.

Registered Agent MUST live within Walton County, GA.

Name of Business/Company _____

Signature of Agent _____

Print Name of Agent _____

Print Agent's Home Address _____

Print City, State, and Zip Code _____

Print Area Code and Telephone Number _____

Print Date Moved into the Above Address _____

Print Driver's License Number _____

Print Date of Birth _____

Subscribed and sworn to me

This ____ day of _____ 20____

(Clerk/Notary Public)

(Signature of Named Individual)

My Commission expires: _____



Affidavit Verifying Status for
City of Monroe
Public Benefit Application
Pursuant to O.C.G.A. §50-361(e)(2)

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

- 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: _____



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 _____
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!)

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 Obligor 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 Obligor 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 Obligor 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 Obligor 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)

(ADDRESS)

Approved this _____ day of _____

(STATE REVENUE COMMISSIONER)

PRINCIPAL _____ (L.S.)
(SIGNATURE OF LICENSEE)

PRINCIPAL _____ (L.S.)
(PARTNER(S))

PRINCIPAL _____
(OWNERS)

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



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)
2. TIPS (Training for Intervention Procedures) Alcohol Certification Training (www.gettips.com)
3. ServSafe (servesafe.com)
4. Evindi Alcohol Compliance (www.evindi.com)
5. Learn2Serve (www.learn2serve.com)
6. Darden Restaurants Responsible Alcohol Service Training Online
7. Susan Nelson (sw.nelson58@gmail.com)

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>).

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>).

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.