



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

Dear Applicant

Re: Fingerprinting

The Board of License Commissioners of Kent County requires applicants for alcoholic beverages licenses to be fingerprinted, for obtaining criminal records from the Central Repository. The Central Repository transmits fingerprints to the Federal Bureau of Investigation for a national criminal history records check. The cost is \$50.00 per applicant, checks should be made payable to the County Commissioners of Kent County, Maryland.

Submit LIVESCAN pre-registration application with payment to the address below:

KATE Office
Attention: Inspector
400 High Street
Chestertown, MD 21620

As soon as your pre-registration application and payment are processed, you will be contacted directly to arrange an appointment to be fingerprinted at the Kent County Government Center, 400 High Street, Chestertown, MD 21620. **You must bring photo identification with you the day of your appointment.** All new liquor license applicant(s) must be fingerprinted prior to the hearing date.

You may request a copy of your identification record by providing a current state issued photo ID. You will be provided with the opportunity to complete or challenge the accuracy of the information in the record. Procedures for obtaining a change, correction or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34, and are available upon request. You are granted seven days to correct the record or decline.

Sincerely,

Bonnie Pearsall

Bonnie Pearsall, Inspector
Kent Alcohol and Tobacco Enforcement

Enclosure



STATE OF MARYLAND
 DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
 INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name:					
Date of Birth:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: ft. in.	Weight: lbs.	Eye Color:		Hair Color:	
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other					
Place of Birth:			Citizenship:		
Street Address:					
City:				State:	Zip Code:
Phone Number:		Driver's License Number:		Email Address:	

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

- Gold Seal/Adoption (Enter Authorization Number if applicable) _____
- Gold Seal/Letter/VISA
- Immigration/VISA
- Individual Challenge
- Individual Review
- Attorney/Client (Written Authorization Required)

Mailing Information:

Name:			
Street Address:			
City:		State:	Zip Code:

AGENCY

Please select from the following (*ORI Required):

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Dependent Care | <input type="checkbox"/> Government Employment* | <input type="checkbox"/> Private Party Petition** |
| <input type="checkbox"/> Child Care* | <input checked="" type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Criminal Justice* | <input type="checkbox"/> Maryland State Police Licensing* | |

Agency Authorization Number:
9700075184

*ORI Number:
MD015013Z

**Position Applied:
Alcoholic Beverage License