

The Board of License Commissioners of Kent County

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CHESTERTOWN, MD

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R. Clayton Mitchell, Jr.
Kent County Government Center
400 High Street
Chestertown, Maryland 21620
TELEPHONE 410-778-7435

www.kentcounty.com/alcoholic-beverage

SHELLEY L. HELLER
COUNTY ADMINISTRATOR

THOMAS N. YEAGER
COUNTY ATTORNEY

BRANDON MCFAYDEN,
INSPECTOR
KENT ALCOHOL AND TOBACCO
ENFORCEMENT

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 the 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 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,

Brandon McFayden

Brandon McFayden, Inspector
Kent Alcohol and Tobacco Enforcement

Enclosure





STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:			
Date of birth:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height: ft. inches	Weight: lbs.	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <i>(Please check)</i>			
Place of Birth:	Citizenship:		
Current address:			
City:	State:	ZIP Code: -	
Daytime Phone:	Evening Phone:	Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 9700075184	
ORI # (if required): MD015013Z	Reason fingerprinted? Kent County Board of License Commissioners

Position Applied for: Alcoholic Beverage License

Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care	<input checked="" type="checkbox"/> Government Licensing or Certification-STATE&FBI
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: **S. Martin Hale**

Address: **400 High Street**

City, State, Zip code: **Chestertown, MD 21620**
