



TOWN OF DINOSAUR

TOWN OF DINOSAUR
PO BOX 238
DINOSAUR CO 81610
MOFFAT

PHONE: 970-374-2286
FAX: 970-374-2223

Date:

02-29-2022

To: All Marijuana Business Applicants

From: Larry Elarton, Town Manager

I would like to thank you for your interest in the Town of Dinosaur for a future business opportunity. The Dinosaur Community is surrounded by recreational opportunities, is the Gateway to the Dinosaur National Park (the better views are on this side in our opinion!) and we have visitors passing through Highway 40 all year long!

As you complete your Marijuana application be sure to address all submittal requirements on the first page. Most of our applicants, who have had issues, have forgotten to address all the listed requirements. While we will try to assist you through the application, if your business is in the lottery draw system (retail sales currently), incomplete applications are not accepted.

The lottery draw is held when we have a limited license for the amount of applications such as the upcoming single retail license. We also have 4 Testing, 4 Manufacturing, 3 Grows and 4 Medical which are also open.

If you have any questions, please do not hesitate to contact us.

Thank you!

Larry

Larry Elarton
Town Manager
Town of Dinosaur
lelarton@townofdinosaur.org
970-374-2296



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MEDICAL/RETAIL MARIJUANA SUBMITTAL REQUIREMENTS AND PROCESSING INFORMATION

The following documents/information **MUST** be submitted as part of the Retail/Medical Marijuana License application:

- Application & Filing fee
- Lease or proof of ownership which must be valid for the duration of the term of the license (conditional lease or conditional sales contract not permitted).
- Property Owner Affidavit (if applicable)
- Area map drawn to scale depicting a ¼ mile radius from the boundary of the facility property to the boundary of all schools, childcare facilities or public parks.
- Description of products and services to be made, sold, or grown by the facility.
- Description of the maximum amount of Medical/Retail Marijuana or Medical/Retail Marijuana-Infused Products that may be on business premises at any one time.
- For Retail Marijuana Testing Facility or Retail Marijuana Manufacturing Facility, a plan that specifies all means to be used for extraction, heating, washing or otherwise changing the form of the marijuana plant and verification of compliance with all applicable state and local laws for ventilation and safety for each process.
- Floor plan drawn to scale showing layout of Medical/Retail Marijuana facility & principal uses of each area.
- Description of the ventilation system, lighting system, storage system, and system for the control of marijuana odors for the premises.
- A lighting plan depicting the illumination of the outside area of the Medical/Retail Marijuana establishment for security purposes.
- Clear description of plan for disposal of any Medical/Retail Marijuana that is not sold or is contaminated and unfit for human consumption.
- Detailed security plan indicating how the applicant will comply with Ordinance No. 2, Series of 2017 and/or Ordinance No. 3, Series of 2017.
- A description of all toxic chemicals, flammables or other materials regulated by the federal government that may be stored on site.
- Fingerprints and Background Checks for all owners and parties having a financial interest in the proposed Medical/Retail Marijuana establishment.
- Proof of workers compensation insurance complying with the Workers Compensation Act of Colorado.
- Proof of comprehensive general liability insurance showing minimum limit of one million dollars each occurrence and two million dollars aggregate, applicable to all premises and operation.



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Date Received by Town Clerk ____/____/____
Application Fee Paid: ____/____/____ (See fee schedule below)
Operating Fee Paid: ____/____/____ (To be paid upon issuance)
Application Received By: _____

Retail Marijuana Facility Fee Schedule

New application for retail marijuana store	\$5,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
New license for retail marijuana cultivation facility	\$4,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
New license for retail marijuana manufacturing facility	\$4,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
New license for retail marijuana testing facility	\$3,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
Renewal of existing retail marijuana establishment license	\$2,500.00
Annual Operating Fee	\$2,000.00 (1/2 of such operational fee shall be refunded if initial application is withdrawn or if initial license is not issued by Town)

Medical Marijuana Center Fee Schedule

New license application for medical marijuana center	\$5,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
New license application for optional premises cultivation operation	\$4,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
New license for medical marijuana-infused manufacturing operation	\$4,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
Renewal of existing medical marijuana business license	\$2,500.00
Transfer of Ownership	\$5,000.00

Medical/Retail Marijuana Facility License Application

Please choose ONE of the following:

☐ Retail Marijuana Store ☐ Retail Cultivation Facility ☐ Retail Product Manufacturing Facility
☐ Retail Testing Facility ☐ Transfer Retail License/Ownership ☐ Renewal of Retail License
☐ Optional Premises Cultivation Operation (Medical) ☐ Medical Marijuana Center (Dispensary)
☐ Medical Marijuana-Infused Product Manufacturer ☐ Transfer Medical License/Ownership
☐ Renewal of Medical License ☐ Modification of Premises

Name of Applicant: _____ **DOB:** _____
Last First Middle

(If applicant is a corporate entity, LLC or partnership, please list the name of said entity and the name(s) of the manager or Primary Caregiver who will be responsible for operating the medical/retail marijuana business. Also list the names and addresses of any person(s) that has an interest therein. Please see required attachment list for documentation requirements.)

Social Security Number: _____ Home Phone Number: _____

Cell Phone Number: _____

Home Address: _____ Zip Code: _____
Street City State

E-mail Address: _____@_____

If the applicant is a naturalized citizen, when did he or she become a resident of the State of Colorado? _____

The Applicant shall present one (1) of the following forms of identification:

- An identification card issued in accordance with Section 42-2-302 C.R.S.;
- A valid Colorado Driver's License;
- A valid driver's license containing a picture issued by another state;
- A United States military identification card;
- A valid passport; or
- An alien registration card.

Trade Name (d/b/a) of Establishment: _____

Address of Establishment: _____ Zip Code: _____
Street Unit #

Business Phone: _____ Mailing Address _____

Colorado Sales Tax I.D. Number _____

Are the premises owned or rented? _____

If rented, name of property owner: _____

Lease Expiration Date: _____ Property Owner's Phone Number _____
(Please see required attachment list for premises documentation requirements.)

Name of Operating Manager or Proposed Manager: _____

Home Phone Number: _____

Cell Phone Number: _____

Home Address: _____ Zip Code: _____
Street City State

Is the applicant or associated partners (if a partnership); Member or Manager (if a limited liability company); officers, stockholders or directors (if a corporation); facility manager, or employees under the age of twenty-one?

- ☐ YES
- ☐ NO

Has the applicant or associated partners (if a partnership); Member or Manager (if a limited liability company); officers, stockholders or directors (if a corporation); facility manager, or employees ever:

-Been denied a medical/retail marijuana license of any kind? If so, explain:

-Had a license suspended or revoked? If so, explain:

-Been convicted, entered a plea of nolo contendere or entered a plea of guilty in conjunction with any crime (felony, misdemeanor, petty offense or traffic offense which carries 8 points or more) if so, describe the charge and disposition of the case:

(Please see required attachment list for Affidavit Concerning Criminal History requirements.)

Applicant **must list** all persons having a financial interest in a medical/retail marijuana business. If Applicant is a corporation, partnership, association or limited liability company, Applicant **must list** ALL OFFICERS, DIRECTORS, PARTNERS, MEMBERS AND MANAGING MEMBERS OF THE ENTITY, AS APPLICABLE TO THE PARTICULAR ENTITY, AS WELL AS EACH PERSON HAVING A FINANCIAL INTEREST IN THE ENTITY. For purposes of this requirement and the following question regarding felony convictions, a "financial interest" means any ownership interest including, without limitation, a membership, directorship, officership or any creditor interest, whether or not such interest is evidenced by any written document.

ALL PERSONS LISTED BELOW MUST COMPLETE A MEDICAL/RETAIL MARIJUANA BUSINESS LICENSE BACKGROUND CHECK AND MUST BE FINGERPRINTED by a Police Department. If necessary, provide additional information on a separate sheet.

NAME	HOME ADDRESS, CITY, STATE, ZIP	DOB	POSITION	%OWNED

Applicants' initials indicate acknowledgement that the Town accepts no legal liability in connection with the approval and subsequent operation of the Medical Marijuana Center, Optional Premises Marijuana Cultivation Operation, or Retail Marijuana Cultivation Facility.
 Initials _____

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application and all required attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Retail Marijuana Code, Article 43.4 of Title 12, C.R.S. (if applicable), the Colorado Medical Marijuana Code, Article 43.3 of Title 12, C.R.S. (if applicable) and Ordinance No. 2, Series of 2017 and/or Ordinance No. 3, Series of 2017, that will affect my license.

Applicant Signature: _____

Date: _____

Title: _____



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MEDICAL/RETAIL MARIJUANA BUSINESS ATTACHMENT TO LICENSE APPLICATION

PROPERTY OWNER AFFIDAVIT

Name of Applicant: _____

Business name: _____

Proposed business location: _____

I, _____ hereby state that I am the owner of record of the property located at _____, Dinosaur Colorado, and further acknowledge that by signing this Affidavit I authorize the submission of the application for a Medical/Retail Marijuana License at said location.

Signature of Property Owner

Date

STATE OF _____)

)ss.

COUNTY OF _____)

Sworn to before me this _____ day of _____, 20____,

By _____

Notary Public

My commission Expires: _____



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MEDICAL/RETAIL MARIJUANA LICENSE INDEMNIFICATION AGREEMENT AND AFFIDAVIT OF ACKNOWLEDGEMENT

As an applicant for a Medical/Retail Marijuana Business License, I hereby acknowledge and agree to the following:

_____ I have obtained and examined a copy of Ordinance No. 2, Series of 2017 and/or Ordinance No. 3, Series of 2017 of the Town of Dinosaur, pertaining to zoning and licensing and I agree to abide by and conform to all of the conditions of the Medical/Retail Marijuana Business License requirements.

_____ I understand and acknowledge that the approval of the Medical/Retail Marijuana Business License, if granted, shall in no way permit any activity contrary to the Ordinances of the Town of Dinosaur or any activity which is in violation of any applicable laws.

_____ I understand that the applicant and the employees of the Medical/Retail Marijuana Business Licensee may be subject to prosecution under federal marijuana laws.

_____ I understand that the Town of Dinosaur accepts no legal liability in connection with the approval and subsequent operation of the Medical/Retail Marijuana business.

_____ I understand that if a Medical/Retail Marijuana Business License is issued, it is valid for a period of one (1) year from the date of issuance. I further understand it is the Licensee's responsibility to submit an application for renewal of the License no later than forty-five (45) days and no sooner than ninety (90) days prior to the date of expiration if such renewal is desired.

Applicant's Signature: _____ Date: _____



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AFFIDAVIT CONCERNING CRIMINAL HISTORY

I, _____, swear or affirm;

My date of birth is _____ and

I certify that I have not been convicted, entered a plea of nolo contendere or entered a plea of guilty of any criminal offense excluding minor traffic offenses of less than eight (8) points but including any traffic offense in which drugs or alcohol were involved.

(Initial) _____

OR

I certify that I have been convicted of the following criminal offenses. List offense, date of conviction, court and case number, and state and county of the court. (Minor traffic offenses of less than eight (8) points need not be listed if no alcohol or drugs were involved.)

(Initial) _____

Offense: _____

Date of Conviction: _____

Court & Case Number: _____

State & County of the Court: _____

Under penalty of perjury, I swear/affirm that the information provided above is true.

Signature and Date

STATE OF COLORADO)
) ss.
COUNTY OF MOFFAT)

Subscribed and sworn to before me on this _____ day of _____ 20____.

Notary Public

My commission expires: _____



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REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY

THE LOCAL LICENSING AUTHORITY HEREBY AFFIRMS THAT EACH PERSON REQUIRED HAS:

Been fingerprinted: YES NO

Been subject to a thorough background investigation, including NCIC/CCIC check for outstanding warrants: YES NO

That the Local Licensing Authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and is aware of Ordinance No. 2, Series of 2017 and/or Ordinance No. 3, Series of 2017, regarding codes and stipulations of proper operations of a Medical/Retail Marijuana Facilities. YES NO

The foregoing application, premises, business to be conducted, and character of the applicant have been examined and are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Ordinance No. 2, Series of 2017 and/or Ordinance No. 3, Series of 2017 of the Town of Dinosaur and all State Medical /Retail Marijuana Rules.

Therefore, this application is approved.

LOCAL LICENSING AUTHORITY FOR THE TOWN OF DINOSAUR, COLORADO

TELEPHONE NUMBER: _____

SIGNATURE: _____ PRINT: _____

TITLE: _____ DATE: _____

SIGNATURE: _____ PRINT: _____

TITLE: _____ DATE: _____

Town of Dinosaur

INVESTIGATION AUTHORIZATION/AUTHORIZATION TO RELEASE

I, _____ as an authorized agent for the Applicant, hereby authorize the Town of Dinosaur Colorado ("Town") to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Town to provide any and all such information deemed necessary by the Town. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Town a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan application, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Town a complete and accurate record of any and all tax information or records relating to me. I authorize the Town to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Town to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records if arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Town reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Town may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the Town shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the Town, its agents and employees for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclose, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Town, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Authorized Signature (must be witnessed)	Print Name	Title	Date
Witness Signature	Witness Printed Name	City	State

Town of Dinosaur

Applicant's Request to Release Information

- 1) I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the applicant named below to furnish such information to a duly appointed agent of the Town of Dinosaur ("Town"), whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
- 2) I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Town to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
- 3) I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Town to obtain, receive, review, copy, discuss and use any such information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
- 4) If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/We hereby authorize and request that a duly appointed agent of the Town be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
- 5) I/We do hereby make, constitute, and appoint any duly appointed agent of the Town, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
 - a. To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/We might;
 - b. To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request; and
 - c. To place the name of the agent presenting this request in the appropriate location on this request.
- 6) I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/We might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
- 7) This power of attorney ends twenty-four (24) months from the date of execution.
- 8) The above named applicant has filed with the Town an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
- 9) I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
- 10) I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
- 11) A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Authorized Signature (must be witnessed)	Print Name of Applicant - Print Name of Signing Party	Title	Date
Witness Signature	Witness Printed Name	City	State
Signature of Town agent presenting Request:		Date:	



Town of Dinosaur

Fingerprinting for Marijuana/Liquor Licenses

In fall 2018 the State implemented a new fingerprinting system called CABS (Colorado Applicant Background Services). This means that the Moffat County Sheriff's Department is no longer able to offer fingerprinting services.

There are two companies currently authorized by the State to do fingerprints for background checks:

IdentoGO (aka Idemia)

- <https://uenroll.identogo.com>

Liquor License Code: 25YQ6K

Marijuana License Code: 25YQ8H

The City's CBI account number is CONCJ5826

- 844-539-5539 (toll free)

Colorado Fingerprinting:

- <http://www.coloradofingerprinting.com/cabs>

Liquor License Code: 5826LLQH

Marijuana License Code: 5826POTI

The City's CBI account number is CONCJ5826

- 720-292-2722 or 833-224-2227

Here are the steps you will take:

- Online registration-Enter name, address, date of birth, method of contact.

On second page, enter the Town of Dinosaur CBI # CONCJ5826

- Schedule location and time
- Fingerprints are electronically sent to the State.
- Background check results will be sent to Town of Dinosaur.
- Additional fees may be due to the Town and State related to your marijuana/liquor license application. Please contact Larry Elarton, Town Manager for information at 970-374-2296.
- Please read the attached Noncriminal Justice Applicant's Privacy Rights and Privacy Act Statement.

Government issued identification will be required- contact your vendor of choice to ensure you have acceptable identification.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a 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 officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials 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 federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

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.