

CITY OF CLARKESVILLE
SPECIAL EVENT
ALCOHOLIC BEVERAGE PERMIT APPLICATION

FOR OFFICE USE ONLY:

License Number _____ Date filed _____ Date issued _____ Date(s) of Event _____

State Permit Number _____ State Issue Date _____

INSTRUCTIONS: Every question shall be fully answered (**TYPEWRITTEN** or printed in ink, **LEGIBLY AND NEATLY**). If the space provided is not sufficient, answer the question on a separate page and indicate in the space provided that such separate page is attached. When completed, this application must be **DATED, SIGNED, AND VERIFIED, FILED WITH THE CITY CLERK'S OFFICE, together with a CHECK, CASHIER'S CHECK, OR CASH FOR THE EXACT FEE OF \$25.00.** The application shall be submitted to the City Clerk for approval at least 25 working days prior to advertising and/or conducting a Special Temporary Event alcoholic beverage service/sale.

Organization Name: _____

Address: _____

FEI# _____ **Sales Tax #** _____

Name of Person Responsible for the event: _____

Soc. Security No. _____ **Work Phone#** _____ **Alt. Phone** _____

If Organization is incorporated, indicate the following:

Corporate Name	Date of Incorporation	Place of Incorporation
_____	_____	_____

List Officers and Residence Addresses:

1. _____
2. _____
3. _____

Location of Event: _____

Address: _____

Date(s) and Time(s) of Event: _____

1. Has Organization previously held a special event permit? _____
2. If you answered yes to #1, When? _____
3. Wholesaler(s) delivering alcoholic beverages for the event: _____

4. Products to be served: BEER_____, WINE_____, DISTILLED SPIRITS_____.
5. Will there be any charges or admission fees to participants of the event? _____
6. Will the event be conducted with, or in any way connected with a wholesaler, retailer, importer, or manufacturer of alcoholic beverages, or persons associated with such wholesaler, retailer, importer, or manufacturer? _____
7. If you answered yes to #6, you must have prior written approval from the Georgia Dept. of Revenue, and a copy of the approval must be attached to this application.
8. A copy of the Organization's tax-exempt status-(501 C3 letter) from the I.R.S. must be attached to this application if nonprofit, charitable, or civic Organization.

NOTE: All laws and regulations relating to the sale of alcoholic beverages must be complied with. It is understood that the person named herein is in charge and responsible for the event, and all officers of the Organization may be held liable and responsible for any violation of any law or regulation. Georgia sales tax must be remitted to the state on all sales at this event. Mixed Drink Tax must be remitted to the City of Clarkesville for any distilled spirits served. If the Organization does not hold a Georgia sales tax number, the Organization must file a miscellaneous sales tax return.

IMPORTANT!!!! PLEASE NOTE: TWO PERMITS ARE REQUIRED.

This application must be presented to the City Clerk at least 25 working days prior to the date of the event because the City of Clarkesville must approve this application and furnish you with a Letter of Permission which you must then submit along with an application for a State license to the Georgia Department of Revenue at least 15 working days prior to the event. If you have not already done so, you should contact the Georgia Department of Revenue immediately and obtain an application form from the state and prepare it for submission as soon as the City Clerk issues your local Letter of Permission.

Georgia Department of Revenue
Registration Unit
P.O. Box 49512
Atlanta, Georgia 30359-1512
(404)417-4490

OATH OF APPLICANT:

_____, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a Special Temporary Alcoholic beverage sales/service event are true and complete, and that no false or fraudulent statement or answer is made herein; that I do understand that any permit issued pursuant to this application is conditioned upon the truth of the answers and statements made herein.

I fully understand that a Temporary alcoholic beverage sales/service event must comply with all local and state laws and regulations pertaining to the sale and distribution of alcoholic beverages in Georgia and the City of Clarkesville; and that I have been given a copy of that part of the City of Clarkesville Alcohol Ordinance which pertains to Special Events and have read and fully understand the requirements to hold such alcoholic beverage sales/service event.

Signature of Applicant

Name of Organization

Sworn to and subscribed
Before me this _____ day of _____, 20____.

Notary Public

O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for:

(Check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> State Alcohol License | <input type="checkbox"/> State Alcohol Permit | <input type="checkbox"/> Alcohol Special Event License |
| <input type="checkbox"/> State Tobacco License | <input type="checkbox"/> State Tobacco Permit | <input type="checkbox"/> Motor Fuel Distributor License |

as referenced in O.C.G.A § 50-36-1, from the Georgia Department of Revenue, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 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 AFFIDAVIT
PURSUANT TO O.C.G.A. §36-60-6 (d)
****REQUIRED****

If your business employs fewer than ten (10) employees, please check this box ☐ sign and notarize below.

By checking this box and signing this form below you are stating affirmatively that your business employs fewer than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

If your business employs more than ten (10) employees, please complete the information below.

Effective July 1, 2012, if you are an employer (including any individual, firm, or corporation) employing more than one hundred (100) employees, you must complete a "Private Employer Affidavit". If you are an employer (including any individual, firm, or corporation) employing more than ten (10) employees, on or after July 1, 2013, you must complete a "Private Employer Affidavit."

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation 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. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

I hereby declare under penalty of perjury that the foregoing is true and correct

Executed on _____, _____, 20____ (City)_____ (State)

Federal Work Authorization User Identification Number:_____ **(E-Verify #)**

Date of Authorization _____ **Name of Private Employer**_____

Signature of Authorized Office or Agent

NOTARY PUBLIC

Printed Name and Title of
Authorized Officer or Agent

MY COMISSION EXPIRES:

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

Telephone:
706-754-4216



P.O. Box 21
Clarkesville, GA 30523

Date: _____

To Whom it May Concern:

The City of Clarkesville has granted permission to _____
to serve _____ at a special event, _____
to be held _____ on _____
from _____ a.m. - _____ p.m.

If you need further information from the City of Clarkesville in order to issue their
Temporary State License, please feel free to contact me.

Sincerely,

Glenda Smith, City Clerk
cityhall@clarkesvillega.com or
gsmith@clarkesvillega.com

A Gentle-Friendly Place

CITY OF CLARKESVILLE

SPECIAL EVENT ALCOHOL PERMIT

ISSUED TO _____

LOCATION TO BE HELD _____

ADDRESS _____

DATE(S) OF EVENT _____

TYPES OF ALCOHOL BEING SERVED _____

NAME OF LICENSEE _____

APPROVED BY CLARKESVILLE CITY MANAGER _____

SIGNATURE

DATE

ISSUED THIS _____ DAY OF _____, _____

PERMIT FEE

CITY CLERK