

**APPLICATION FOR ONE DAY OR SPECIAL EVENT ALCOHOL BEVERAGE PERMIT**

PRODUCTS TO BE SOLD: <input type="checkbox"/> BEER <input type="checkbox"/> WINE <input type="checkbox"/> LIQUOR HOURS OF SERVING: _____		PERMIT FEE: \$75 NON-REFUNDABLE ONE DAY ONLY	TYPE OF EVENT: <input type="checkbox"/> NONPROFIT <input type="checkbox"/> CLOSED PRIVATE WHAT IS THE EVENT: _____ DATE & TIME OF EVENT(OFFICIAL START/END TIME)	ISSUE DATE / /
ORGANIZATION OR APPLICANT NAME			DATE & TIME OF EVENT(OFFICIAL START/END TIME)	
MAILING ADDRESS			PLACE OF EVENT-STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY	STATE      ZIP CODE
APPLICANT DATE OF BIRTH/AGE:		SOCIAL SECURITY NUMBER	TELEPHONE NO.	
			CELL: (    )      HOME : (    )	
NAME OF PERSON RESPONSIBLE FOR EVENT (IF DIFFERENT FROM APPLICANT)			SOCIAL SECURITY NUMBER	
MAILING ADDRESS			CITY	STATE      ZIP CODE
			TELEPHONE NO.	
			CELL: (    )      HOME : (    )	

*Qualified Non-Profit Civic Organizations must provide a copy of corporate charter and by-laws and a copy of the tax exempt CERTIFICATION from IRS.*

Are you a U.S. Citizen?   YES \_\_\_\_\_      NO \_\_\_\_\_

Has the applicant or designee been convicted of any crime(s) in the past 5 years? YES \_\_\_\_\_ NO \_\_\_\_\_

***If "Yes", attach a detailed explanation to this application, and be sure to provide the date, jurisdiction, offense, and circumstances of the arrest/conviction.***

Has the applicant or designee EVER been denied an alcoholic beverage license? YES \_\_\_\_\_ NO \_\_\_\_\_

***If "Yes", attach a detailed explanation to this application, and be sure to provide the date, County or City, and circumstances of the denial.***

Has the applicant or designee EVER had an alcoholic beverage license suspended or revoked?

YES \_\_\_\_\_      NO \_\_\_\_\_

***If "Yes", attach a detailed explanation to this application, and be sure to provide the date, County or City, and circumstances of the suspension or revocation.***

What type of security (if any) will be provided: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

Application is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ for a one day or special event alcoholic beverage permit as stated above. I agree to abide by all laws and regulations relating to the sale, dispensing and furnishing of alcoholic beverages. I understand that I and the persons named herein are responsible for the event, and all officers of the organization may be held liable and responsible for any violation of law or regulation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

OFFICIAL OFFICE USE

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED                      DATE:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED                      DATE:
SHERIFF OF BULLOCH COUNTY	CHAIRMAN, BULLOCH CO BOARD OF COMMISSIONERS

Please return application, appropriate documentation, and fees made payable to:  
Bulloch County Board of Commissioners' Office  
Clerk of the Board  
115 North Main Street  
Statesboro, GA 30459

Date Paid: \_\_\_\_\_

Method of Payment:     Cash             Check (Check No. \_\_\_\_\_)