

**BULLOCH COUNTY BOARD OF COMMISSIONERS**  
**Catering Event Permit Application**

<b>Request Date:</b> _____
<b>License Type:</b> Alcohol Catering Event: Beer ( ) _____ Wine ( ) _____ Liquor ( ) _____ License # License# License#

**Applicant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Applicant's Telephone No.** \_\_\_\_\_

**Name of Event Host/Sponsor (if different from applicant):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Location of Event:**  
\_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Event Start-Time:** \_\_\_\_\_ **Event End-Time:** \_\_\_\_\_

*\*Please provide a copy of your retail alcohol license, alcoholic beverage caterers license, and a copy of your current state alcohol licenses.*

Please sign and date this application acknowledging your responsibilities as the license holder to ensure all state and local laws governing the dispensing of alcohol, including the prohibition against serving to minors, are strictly enforced. An application fee of **\$75.00** must be paid at the time you submit your application.

**Signature of Applicant:** \_\_\_\_\_ **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 115 North Main Street Statesboro, GA 30458**

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