



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: \$100 NON-REFUNDABLE ONE DAY ONLY	TYPE OF EVENT: <input type="checkbox"/> NONPROFIT <input type="checkbox"/> CLOSED PRIVATE WHAT IS THE EVENT: _____	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"/> <i>Approved</i> <input type="checkbox"/> <i>Denied</i> Date: _____	<input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Denied</i> Date: _____
Sheriff of Bulloch County	Chairman, Bulloch County Board of Commissioners

Please return the completed application, appropriate documentation, fees made payable to:
Bulloch County Board of Commissioners. The office is located at 115 North Main Street Statesboro, GA
30458.

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