



# Douglas County Application for Temporary Alcohol Permits

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# Douglas County Temporary Alcohol Permit Ordinance

## Temporary alcohol permits authorized

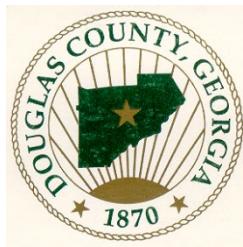
### (a) Outdoor or special events

1. *No alcohol may be served and/or sold at any outdoor or special event location unless the owner or operator of the location has an alcohol license or unless the host receives a temporary alcohol license. If the outdoor or special event is utilizing a facility or location where an alcohol license has already been issued and that license is currently active, the host must utilize the services of the on-site license holder for purposes of serving/selling alcohol. No additional Temporary Alcohol Permits will be issued.*
2. *If the outdoor or special event host is utilizing a facility with no current County issued alcohol license, the applicant shall complete and submit a Temporary Alcohol Permit application with a Temporary Event Permit application. The Temporary Alcohol Permit application and Temporary Event Permit application must be submitted at least 30 days in advance of the event.*
3. *The Occupational Tax Department will forward a recommendation to the Chairman of the Board of Commissioners for approval or denial of the application. No Temporary Alcohol Permit will be approved unless the associated Temporary Event Permit application is first approved by Planning and Zoning, Douglas County Department of Transportation, Douglas County Sheriff's Department, and Douglas County Fire Department.*

### (b) Fees, duration and other requirements

1. *The fee for a temporary alcohol license fee shall be \$25.00 per event where alcohol (beer, wine, and/or distilled spirits) is served, for applicants that are non-profit organizations. Applications for such temporary permit must include a copy of an official document such as a nonprofit certification by the Internal Revenue Service, or constitution and bylaws of the organization, or corporate charter which clearly states the purpose of the organization as being charitable or nonprofit. The maximum number of temporary alcohol permits in any calendar year for any organization is four (4).*
2. *For all other applicants, the temporary alcohol license fee shall be \$50.00 for beer or wine; \$50.00 for distilled spirits; \$100 for beer and wine; and \$150.00 for beer and wine and distilled spirits. The fees are per event where alcohol is served. The maximum number of events in any calendar year for any organization or individual is four (4).*
3. *The maximum number of temporary alcohol licenses for any one location is four (4). The owner of any one location desiring additional alcohol licenses will be required to obtain regular alcohol license(s) and pay the associated fees.*
4. *The applicant must obtain a license to serve alcohol at the outdoor or special event from the State of Georgia, and must supply the County with a copy of said license no later than three business days prior to the outdoor event.*

5. *No location that has had an alcoholic beverage sales license suspended shall be approved as a permitted location under the provisions of this ordinance during the period of such suspension.*
6. *No organization or individual that has had an alcoholic beverage sales license suspended shall be approved for a temporary alcoholic beverage permit under the provisions of this ordinance during the period of such suspension.*
7. *Any applicant seeking to obtain an alcoholic beverage license in the county must provide proof of attendance at, and completion of, a responsible alcohol sales and service (RASS) workshop that has been approved by the development services director. Such workshop shall be attended by the applicant prior to the issuance of any alcohol license and shall be at the applicant's expense. If, at the time the application is considered by Douglas County, the applicant has not provided evidence to the board that the applicant has successfully completed an approved RASS workshop, the license shall be denied. Once the license is granted, the licensee will be required to meet the remaining requirements set forth in this section. RASS certification must be renewed every two (2) years.*



## APPLICATION FOR TEMPORARY ALCOHOL PERMIT

DATE FILED:	RECEIVED BY:	
LICENSE FEE: \$	DATE REC'D:	BY:

**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 under oath by the applicant and filed with the County, together with all supporting paper, Check & Money Order.

*The fee for a temporary alcohol license fee shall be \$25.00 per event where alcohol (beer, wine, and/or distilled spirits) is served, for applicants that are non-profit organizations. Applications for such temporary permit must include a copy of an official document such as a nonprofit certification by the Internal Revenue Service, or constitution and bylaws of the organization, or corporate charter which clearly states the purpose of the organization as being charitable or nonprofit. The maximum number of temporary alcohol permits in any calendar year for any organization is four (4).*

*For all other applicants, the temporary alcohol license fee shall be \$50.00 for beer or wine; \$50.00 for distilled spirits; \$100 for beer and wine; and \$150.00 for beer and wine and distilled spirits. The fees are per event where alcohol is served. The maximum number of events in any calendar year for any organization or individual is four (4).*

I hereby certify by filing this application, as applicant, that I have received, read and understand Douglas County, Georgia's regulations controlling Open Area Sales and Outdoor Special Events and herein make application.

DATE: \_\_\_\_\_ SIGNATURE & TITLE: \_\_\_\_\_

### INDIVIDUAL APPLICANT

NAME OF BUSINESS:	STATE TAXPAYER ID #:	
STREET ADDRESS	CITY, STATE, ZIP	
NAME OF LICENSEE:	SOCIAL SECURITY #:	DATE OF BIRTH:
STREET ADDRESS	CITY, STATE, ZIP	

## PARTNERSHIP

If a partnership, list the name, address, telephone number, date of birth and social security number of each partnership ( Attach Certificate of Limited Partnership, if applicable):

PARTNER NAME (1):	SOCIAL SECURITY #:	DATE OF BIRTH:
STREET ADDRESS	CITY, STATE, ZIP	
PARTNER NAME (2):	SOCIAL SECURITY #:	DATE OF BIRTH:
STREET ADDRESS	CITY, STATE, ZIP	

## CORPORATION

If a corporation, please list the following:

NAME OF CORPORATION:	FEDERAL TAX ID #:
LOCAL STREET ADDRESS	CITY, STATE, ZIP
CONTACT NUMBER	DATE & LOCATION OF INCORPORATION
REGISTERD AGENTS NAME	ADDRESS

## NAMES OF CURRENT OFFICERS & DIRECTORS

1) \_\_\_\_\_

3) \_\_\_\_\_

2) \_\_\_\_\_

4) \_\_\_\_\_

## NON-PROFIT ORGANIZATION

If applicant is applying on behalf of a non-profit organization, as recognized by the Internal Revenue Service, please complete the following:

NAME OF ORGANIZATION:	FEDERAL TAX ID #:
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## DATE AND PLACE OF CHARTER

CONTACT NUMBER	HAS A FEDERAL TAX FORM 990 BEEN FILED FOR SAID ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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APPLICANT'S OFFICE AND DUTIES IN SAID ORGANIZATION: (Attach copy of 501c3)

**LICENSE INFORMATION****TYPE OF LICENSE (Check one)** **OUTDOOR SPECIAL EVENT** **SPECIAL DAY ALCOHOL PERMIT** **OTHER (Specify)** \_\_\_\_\_

List all registered business functions at this location:

1. \_\_\_\_\_

2. \_\_\_\_\_

**What is the straight line distance from the proposed location of this business to the nearest: measurements to be taken as required by ordinance.**

**School/College** \_\_\_\_\_

**Day Cares** \_\_\_\_\_

**BACKGROUND INFORMATION**

ATTACH BACKGROUND CHECK

**Do you own the property on which the Event will be operated?  YES  NO**, please list the name and address of the property owner and/or building owner, if separate. A Copy of the lease agreement is also required.

OWNERS NAME:	SOCIAL SECURITY NUMBER:
ADDRESS	CITY, STATE, ZIP

**Has any individual, firm, partnership, or corporation previously applied for a Douglas County alcoholic beverage license at the address where the business is to be conducted?  NO  Do Not Know**  
 YES, please complete the following :

NAME OF FORMER APPLICANT:	DATE OF APPLICATION:
LICENSE NUMBER:	DISPOSITION:

**NAME THE PERSON(S) WHO WILL BE MANAGER(S) OF THE BUSINESS OR CONTROL THE DAILY AFFAIRS OF THE EVENT FOR WHICH THIS APPLICATION IS FILED. STATE HOW HE/ THEY WILL BE COMPENSATED, THE HOURS HE/ THEY WILL BE ON THE PREMISES.**

1. \_\_\_\_\_ HOURS ON PREMISES \_\_\_\_\_

2. \_\_\_\_\_ HOURS ON PREMISES \_\_\_\_\_

3. \_\_\_\_\_ HOURS ON PREMISES \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

I \_\_\_\_\_ hereby authorize Douglas County Sheriff's Department to receive and release to Douglas County any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

**Full Name (Printed)**

**Address**

<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security #</b>
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**Signature**

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

My Commission Expires: \_\_\_\_\_

**FINGERPRINTS FURNISHED TO SHERIFF'S DEPARTMENT ON** \_\_\_\_\_  
**(DATE)**

## **OATH AND CONSENT STATEMENT**

I \_\_\_\_\_ declare under penalty of perjury that this statement has been examined by me, and to the best of my knowledge and belief, it is true, correct, and complete. I further acknowledge that any false information contained herein shall be grounds for rejection of the application.

The applicant consents and agrees that all necessary investigative reports on the applicant and any employees in the applicant's business, including but not limited to, credit reports and reports from law enforcement agencies may be obtained by Douglas County and the applicant will be responsible for the costs thereof. Upon request, the applicant shall also obtain these consent forms from each employee who will be employed in the applicant's business. Douglas County may also require fingerprints and/or photographs of the applicant's employees for the purpose of conducting the investigation.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is personally known to me, that said applicant signed the forgoing application after stating to the personal knowledge and understanding of all statements and answers made herein, and, under oath actually administered by me, has sworn that said statements and answers are true.

**Sworn to and subscribed before me**  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

**Notary Public**

My Commission Expires: \_\_\_\_\_

**Each application shall be verified and acknowledged under oath to be true and correct by:**

- a. If the applicant is an individual, the individual;**
- b. If by a partnership, by the manager or general partner;**
- c. If by a corporation, by the president of the corporation;**
- d. If any other organization or association, by the Chief Administrative Official.**

Please attach the Temporary Event Permit from Planning & Zoning. It is also required along with the Alcohol Permit.