



South Fulton Police Department
5539 Old National Highway
College Park, Georgia 30349
(470) 809-7372



Alcoholic Beverage Off Premises Catering/Ancillary Tasting Event Notification Form

City of South Fulton Alcoholic Beverage License Information			
Business Name		COSF Alcohol Beverage License #	
Business Address with Suite/Unit		City	State Zip Code
Licensee/Registered Agent Name		Licensee/Registered Agent Phone Number	
Licensee/Registered Agent Email			
Owner Name		Owner Phone Number	
Owner Email			
Type of Alcoholic Beverage License Held: <i>(check all that apply)</i>			
Consumption on the Premises: ☐ Malt Beverages ☐ Wine ☐ Distilled Spirits			
Retail Package Sale: ☐ Malt Beverages ☐ Wine ☐ Distilled Spirits			
Quantity of Alcoholic Beverages to be Transported from Primary Location to Event:			

Event Information		
Name of Event:		
Purpose of Event:		Projected Attendance:
Location of <i>(Address, Suite/Unit & Zip Code)</i> :		
Dates of Event:	Beginning Time of Event*	Ending Time of Event*

Rules and Regulations

COSF resident caterers and businesses that hold either an Annual Alcohol Catering License or Ancillary Beer and Wine Tasting License must utilize this form to inform the City and Police Department of any events held in relation to use of said licenses.

- ✓ Excise taxes must be paid and submitted to finance in the amounts set forth in the Alcoholic Beverage Ordinance of the City of South Fulton.
- ✓ *Sunday sales.* All off-premises events must comply with the requirements of state law with respect to the service of alcoholic beverages on Sunday.

The Following Must be Attached for Complete Submittal: (Check-Off)

- ☐ A copy of COSF Off Premise Catering License (*resident caterers only*), or a copy of COSF Ancillary Beer & Wine Tasting License.
- ☐ A copy of any other required City special event approvals from the COSF Department of Community & Regulatory Affairs.

AFFIDAVIT

Georgia, Fulton County

I, (print name) _____ under oath, do hereby solemnly swear that (a) I have read and understand the requirements set forth above and otherwise provided pursuant to Title 16 of the City of South Fulton, Georgia, Alcoholic Beverage Ordinance, in order to procure this license/permit, and the licensee and/or licensed premises presently meet all of the requirements to be eligible to obtain this license/permit. I further swear that the information I have provided herein or otherwise to the City is true, and that I have made no knowingly false or fraudulent statement to the City in order to procure the granting of this license/permit. In making the foregoing representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in this 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.

Signature of Applicant

Subscribed and sworn to before me

This the _____ day of _____, 20_____.

(Signature of Notary Public)

Printed Notary Name

My commission expires: _____

For Office Use Only

☐ Notification Meets all Requirements for License Type Held

☐ Notification does **NOT** meet Requirements for License Type Held

Notification Received by Investigator _____ Date Received _____
Print Name Time Date Stamp

Received by Investigator _____
Signature Name