City of Peachtree City
151 Willowbend Road
Peachtree City, GA 30269
Phone: 770-487-7657
Fax: 770-631-2505
PeachtreeCityGA.gov

Office of the City Clerk

ENTERTAINMENT DISTRICT LICENSE – INSTRUCTIONS/CHECKLIST

_____**1.** **Application Form and Fee:** **$500.00 (new license/non-refundable)**

_____**2.** **Site & Signage Map** – Map must show the following;

- ☐ **Defined district Boundary lines**
- ☐ **Location of 3 Participating establishments with a valid on-premises consumption license**
- ☐ **Entry/exit points**
- ☐ **Signage locations**
- ☐ **Adequate outdoor Lighting**
- ☐ **Public restrooms provided by the plaza/shopping center**
- ☐ **Outdoor shared pedestrian areas**

_____**3.** **List of Participating Businesses** – List must include the company's name, the address with suite number, and licensee contact information. (A minimum of three businesses must hold a valid alcohol license.)

_____**4.** **Proof of Ownership or Authorization from Property Owner**

_____**5.** **Operations Plan** – Plan must provide the following;

- ☐ **Hours of Operation (must comply with Sec. 6-123 (Hours of Sale) of the Peachtree City Code of Ordinances)**
- ☐ **A copy of the notice to the licensed establishments, informing them that the name or logo of the licensed establishment or district must be on the approved, non-glass containers**
- ☐ **Detailed security measures**
- ☐ **Waste Management and Maintenance Information**

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Application for Entertainment District License

Plaza/Shopping Center Name:	Location:	Number of Consumption on Premises Licenses:
Zoning Classification:	Mailing Address:	Business Phone Number:
Name of Property Owner:	Address:	Home/Cell Phone Number:
Name of Designated District Manager:	Title:	Home/Cell Phone Number:

			Type of License Currently Held			
Name and address of Establishment	**License Representative**	**Contact Number**	**Wine**	**Malt Beverages**	**Distilled Spirits**	**Sunday Sales**
			Y/N	Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N	Y/N

As the Designated District Manager, I agree, as outlined in the attached plan, to provide continuous maintenance, sufficient security and waste management, and management oversight of the district. Additionally, I will coordinate directly with city law enforcement on district operations and fully comply with all city ordinances pertaining to alcohol.

_____ _____ _____

Signature of Designated District Manager **Printed name of Designated District Manager** **Date**