



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



Non-Profit Civic Organization Alcohol Special Event Permit Application

Group/Organization/Association Producing the Event Information:			Alcohol Event Permit #:	
Organization Name:		Primary Contact Name & Phone Number:		
Organization Mailing Address with Suite/Unit:		City:	State:	Zip Code:
If Using a Caterer, Provide Caterer Information Below: (Provide copies of licenses to include current business)				
Caterer Name:		Contact Name & Phone Number:		
Location Address with Suite/Unit:		City:	State:	Zip Code:
Alcohol Beverage License Number:	Jurisdiction License Issued By:		License Expiration Date:	
Alcohol Beverage Catering License / Permit Number:	Type of Authorized Sales:		License / Permit Expiration Date:	
State Alcohol Beverage License Number:	Type of Authorized Sales:		License Expiration Date:	
Quantity of Alcoholic Beverages for Transport from Primary Location to Event:				
Event Information:				
Name of Special Event:				
Purpose of Special Event:			Projected Attendance:	
Location of Special Event (Address, Suite/Unit & Zip Code):				
Date of Special Event:	Beginning Time of Event:		Ending Time of Event:	
Type of beverages to be sold:	Expected Beverage Delivery Date:		Expected Beverage Pickup Date:	

Rules and Regulations

- ✓ Special event means an occurrence taking place somewhere other than on an COSF alcohol licensed premise.
- ✓ The applicant must represent a bona fide nonprofit civic organization, the term "bona fide nonprofit civic organization" means an entity which is exempt from federal income tax pursuant to the provisions of 26 U.S.C. Sections 501(c), 501(d), or 501(e).
- ✓ A nonprofit authorization letter must be produced.
- ✓ This application is to allow for alcohol to be served at your special event, applicant is still responsible for obtaining any other required City special event approvals from the COSF Department of Community & Regulatory Affairs.
- ✓ Pursuant to state law, a non-profit special event permit shall authorize the organization to sell alcoholic beverages for consumption only on the premises for a period not to exceed three (3) days, subject to all laws and ordinances regulating the time for selling such beverages; the alcohol special event permit shall be valid only for the place specified in the permit; and no more than six (6) such permits may be issued to the applicant organization in any one calendar year.
- ✓ The permit holder of a nonprofit special event permit shall supervise all aspects of the special event pertaining to the handling and storage of alcoholic beverages and the distribution of alcoholic and the distribution of alcoholic beverages to consumers.
- ✓ The permit holder shall be responsible for compliance with all aspects of COSF Title 16 Alcoholic Beverage Ordinance and state law, and liable for infractions thereof.
- ✓ Applicant is required to pay alcohol excise tax in accordance with City of South Fulton Ordinance, Title 16 Alcoholic Beverages, and failure to pay excises taxes imposed by this ordinance will be grounds for suspension or revocation of my alcohol license and/or permit.
- ✓ In addition to COSF alcohol special event permit, applicant must also obtain a State special event permit before any alcoholic

beverage can be served or sold in the City of South, (this includes Alcoholic Beverage Manufacturers). The state special event permit is obtained **after** the city alcohol special event is obtained. State special event permit can be obtained by contacting the Georgia Department of Revenue.

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

- ☐ Application accompanied by a nonrefundable \$150 application and special event fee \$50.
- ☐ Copy of non-profit Federal Determination Letter.
- ☐ Nonprofit Authorization Letter.
- ☐ Copies of contract/agreement or written permission from owner to use location.
- ☐ Permit holder to be fingerprinted and pass a background check. There is a \$55 fingerprinting fee.
- ☐ Copy of Administrative/Special Event Permit issued by the City's Community Development & Regulatory Affairs Department required, if applicable.
- ☐ Copy of State/Government Issued Photo identification.
- ☐ Citizenship Affidavit for Public Benefits and E-Verify Affidavit.
- ☐ Copy of any advertisements for event and proposed event schedule.

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 Code of the City of South Fulton, Georgia, in order to procure this license, and (b) the licensee and/or licensed premises presently meet all of the requirements to be eligible to obtain this license. 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. 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 Clerk/Notary Public)

Printed Notary Name

My commission expires: _____

For Office Use Only

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

☐ Application Meets all Requirements for License ☐ Application does **NOT** meet Requirements

Application

☐ **APPROVED**

☐ **DENIED**

Chief of Police Signature

Date

Edmunds Receipt Invoice # _____ Alcohol Special Event Permit #: _____



Save Affidavit
Affidavit Verifying Status for City Public Benefit
Pursuant to O.C.G.A. § 50-36-1(e)(2)



By executing this affidavit under oath, as an applicant for a(n) alcohol license
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from City of South Fulton [name of government entity],
the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act
with an alien number issued by the Department of Homeland Security or other federal
immigration agency.

My alien number issued by the Department of Homeland Security or other federal
immigration agency is _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least
one secure and verifiable document, as required by O.C.G.A.
§ 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes
a false, fictitious, or fraudulent statement or representation in an 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.

Executed in _____ (city) _____ (state)

Applicant Signature of

of Applicant Printed Name

SUBSCRIBED AND SWORN BEFORE ME
ON THE
____ DAY OF _____, 20__

NOTARY PUBLIC
My Commission Expires:



E-Verify Affidavit Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)



By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1.

Please check only one:

(A) _____ On January 1st of the below signed year, the individual, firm, or corporation employed more than ten (10) employees.

(B) _____ On January 1st of the below signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If the employer selected Section1(A), please fill out Section 2 below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on this day _____ of _____, 20__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____