



2665 Buford Hwy
Atlanta, GA 30324
Main 404-637-0500
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www.brookhavenga.gov

Special Event Temporary Alcohol Applicant's Certification/Affidavit

Property Details

Name of Owner: _____

Owner's Address: _____

Email: _____ Telephone Number: _____

Note: The Special Event Temporary Alcohol Permit shall be issued only to an individual person, the business owner/sponsor of the event. In this case, business owner/sponsor means the person responsible for planning, producing, and conducting the special event. If a group, organization, association, or other entity is sponsoring the special event, a designated agent shall be named for purposes of the permit, and that individual shall be solely and fully responsible for compliance with all provisions of the Special Event Temporary Alcohol Permit.

I hereby agree that as a condition to the issuance of a Special Event Temporary Alcohol Permit, the business owner/sponsor of the Event shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with the event.

I hereby solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Special Event Temporary Alcohol Permit, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such permit.

I hereby state and understand that should a complaint be filed against the owner/sponsor of the Event for violation of any regulation associated with the application for the City of Brookhaven Special Event Temporary Alcohol Permit, the permit issued for the event will immediately become void and will not reissue for the same location.

Owner/Sponsor Signature: _____

Sworn and Attested before me on this _____ day of _____, 20____.

Notary Signature/Seal: _____

Staff Use Only	
Permit #:	Administrative Fees: N/A
FA Processed By:	FA Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date: