CITY OF Albany GEORGIA

ALBANY-DOUGHERTY CODE

240 Pine Avenue, Suite 150, Post Office Box 447
Albany, Georgia 31702-0447

LICENSE FEE: $25.00

ONE-DAY ALCOHOL LICENSE APPLICATION

Date of Application _____

INSTRUCTIONS: All questions must be fully answered. When completed it must be dated, signed and verified, under oath by the applicant and filed with all supporting documents and a money order, cashiers or certified check for the exact fee with the License Inspector at the address above one (1) month prior to your event. Any final reports for a prior event must be on file prior to the issuing of the one-day license. ***No license will be issued for Sundays***

I. CHARITABLE ORGANIZATION

Name: _____

Address: _____
(Street, Road, Box Number)

Business Phone: _____ City: _____ State: _____ Zip Code: _____

I.R.S. Tax Exempt Number: _____

And

( ) Nonprofit Corporation by I.R.S. Exemptions

( ) Formal Organization, With Constitution/Bylaws, Board of Directors

President: _____ Secretary: _____

Vice President: _____ Treasurer: _____

II. ORGANIZATION REPRESENTATIVE

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

III. ACTIVITY

Type of Activity: _____

_____

Name of Facility: _____

Address of Facility: _____

Date of Activity: _____ Time: _____

IV. CHARITABLE PURPOSE

( ) Relief of the Indigent
( ) Medical Research
( ) Education; including Youth Education
( ) Historical Preservation
( ) Crime Prevention & Rehabilitation
( ) Fine Arts
( ) Libraries
( ) Zoos
( ) Scientific Research & Development
( ) Community Development
( ) Industrial & Commercial Recruitment
( ) Recreation

(OVER)

V. ALCOHOLIC BEVERAGE

( ) Consumption (Liquor/Mixed) ( ) Beer ( ) Wine

VI. FINAL REPORT (Submitted within 30 days after conclusion of activity)

A Statement of Gross Receipts: _____

Expenses Paid: _____

Net Proceeds Remaining: _____

Statement of how, to whom and for what purposes said net proceeds were distributed:

OATH

I (we) do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a City License as a dealer in alcoholic beverages and liquors are true and complete and no false or fraudulent statement or answer is made herein to procure granting of license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application. Such change must be reported as an amendment to this application within 2 days. The failure to make such amendment shall be cause for the revocation of any license issued.

Sworn to and described before me

this_____day of_____20_____

_____
Signature

_____
Notary Public

FOR OFFICE USE ONLY

1. Organization met all criteria: Yes: No:

2. Location conforms to all regulations: Yes: No:

_____
Director/ Inspector

_____ Approved / Disapproved _____

City Manager

Date