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

Alcoholic Beverage Off Premise Catering License/Permit Application

(For Resident Caterers Only)

City of South Fulton Alcoholic Beverage Licensee 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: *(check all that apply)* Consumption on the Premises: ☐ Malt Beverages ☐ Wine ☐ Distilled Spirits			
Quantity of Alcoholic Beverages to be Transported from Primary Location to Event:			

Select type applying for:

☐ **Off Premise Annual Alcohol Catering License $200.00**
(For resident caterers who have multiple events throughout the year and wish to obtain catering license. Licenses issued between July 1st and December 31st are will be prorated at $100)

☐ **Off Premises One-Time Alcohol Catering Permit $50.00 per event**
(For resident caterers who wish to obtain alcohol permits as needed throughout the year. You will complete application for every event with this option.

Rules and Regulations

License/Permit Requirements - Resident Caterers

- √ Any alcoholic beverage retailer possessing a valid license from the City of South Fulton to sell malt beverages, wine or distilled spirits by the drink at a fixed location within the city may apply for an off-premise license that authorizes sales at authorized catered event(s) or function(s).
- √ Off-premises catering license/permit as authorized may be issued on annual or per event basis.
- √ The fee for annual catering license is $200 and $50 for permit.
- √ It shall be unlawful for any person to engage in, carry on or conduct the sale or distribution of alcoholic beverages off premises and in connection with a catered event or function *without first having obtained a license/permit as provided herein.*
- √ The quantity of alcoholic beverages to be transported from the licensee's primary location to the location of the authorized catered event(s) or function(s)
- √ The original off-premises event permit shall be kept in the vehicle transporting the alcoholic beverages to the catered event(s) or function(s).
- √ 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.
- √ A licensed alcoholic beverage caterer may sell or otherwise dispense only that which is authorized by their current COSF alcoholic beverage license.
- √ *Sunday sales.* An alcoholic beverage caterer wishing to cater an event or function on Sunday must comply with the requirements of state law with respect to the service of alcoholic beverages on Sunday.
- √ 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)

- ☐ Completed Application
- ☐ Nonrefundable Application $150 and Catering License or Permit fee listed above
- ☐ Alcohol Off Premises Event Permit Application (There is no additional application fee for this application)
- ☐ Copy of Administrative/Special Event Permit issued by the City's Community Development and Regulatory Affairs if applicable.
- ☐ Citizenship Affidavit for Public Benefits and E-Verify Affidavit
- ☐ Schedule of proposed events and any advertisements.
- ☐ Copy of Contract/Rental Agreement for location.
- ☐ Copy of State Issued Photo Identification

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

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

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

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Application ☐ **APPROVED** ☐ **DENIED**

_____ _____
Chief of Police Signature **Date**

Edmunds Receipt Invoice #_____ Catering License/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)

_____ Signature of Applicant

_____ Printed Name of Applicant

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: _____