City of BAINBRIDGE GEORGIA

APPLICATION FOR LICENSED ALCOHOLIC BEVERAGE CATERING EVENT PERMIT

Complete the following application and return to the City of Bainbridge, City Clerk's Office
101 S. Broad St OR P. 0. Box 158, Bainbridge, GA 39818

No application shall be processed no less than fourteen (14) days prior to the event.

NOTE: The City of Bainbridge accepts NO liability for this event.

LICENSE FEE $50.00

Name of Event: _____ Actual Date of Event: _____

Type of Event: Wedding Reception: _____ Family Reunion: _____ Party (Type): _____ Other: _____

Assembly Time for Event Participants: _____ A.M. or P.M. _____ A.M. or P.M.

Actual Start Time of the Event: _____ A.M. or P.M. **Open Bar** ☐ Yes ☐ No

Actual End Time of the Event: _____ A.M. or P.M. **Cash Bar** ☐ Yes ☐ No

Location of Event: _____

Alternative Location: _____

Alcoholic Beverage License #: _____ **Are you a U.S. Citizen?** ☐ **Yes** ☐ **No**

Host or Sponsor Making Application:

Name: _____ Res. Phone: _____

Residence Address: _____ Bus. Phone: _____

Business Address: _____ Fax #: _____

Occupation: _____ Email: _____

Host or Sponsor in Charge of Event: (Caterer)

Name: _____ Res. Phone: _____

Residence Address: _____ Bus. Phone: _____

Business Address: _____ Fax #: _____

Occupation: _____ Email: _____

Name of Organization: _____

Is proposed event to be held by, or on behalf of, or for any person other than the applicant? ☐ Yes ☐ No

(If yes, please fill in Name, Address, and Phone Number of Person whom event is for)

_____

_____

Estimated quantities of Malt Beverages, Wine, and Distilled Spirits: _____

Estimated Number of People: _____ Legal Age: _____ Not Legal Age: _____

Has applicant provided a plat or sketch showing the service area where alcoholic beverages will be served?

☐ Yes ☐ No

Has applicant provided security and parking enforcement plans? ☐ Yes ☐ No

Any additional information that should be considered:

_____

_____

I have carefully read the foregoing application and swear that every statement made therein is true and correct to the best of my knowledge and belief.

(Signature is required before approval will be granted.)

_____ _____

Applicant's Signature Date

_____ _____

Alcoholic Beverage Coordinator/Sylvia Bivins Date

NOTE: The City of Bainbridge accepts NO liability for this event.

_____ ☐ Approved _____

Roy Oliver, Assistant City Manager ☐ Denied Date

_____ ☐ Approved _____

Chris Hobby, City Manager ☐ Denied Date