

**CRISP COUNTY BOARD OF COMMISSIONERS
CATERER SPECIAL EVENT ALCOHOL PERMIT
APPLICATION**

Date of Application: _____

All questions must be fully answered, typewritten or printed in ink. When completed the form must be dated, signed and verified under oath by the applicant. All supporting documents along with a \$50.00 money order, cashiers or certified check must be filed with Crisp County Finance Department, 210 S 7th Street, Suite 309 Cordele GA 31015, three weeks prior to the date of the event.

1. CATERER

Name: _____

Address: _____

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

Business (Caterer's) License Number: _____

Check Number - \$50.00 fee: _____

2. REPRESENTATIVE

Name: _____ Age: _____ D.O.B. _____

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

Phone: _____ Race: _____ Sex: _____

3. ACTIVITY

Type of Activity: _____

Name of Activity: _____

Address of Facility: _____

Date and Time of Activity: _____

Duration of Event: _____

4. ALCHOLIC BEVERAGE () LIQUOR () BEER () WINE

AUTHORIZATION FORM

Date: _____

I, _____ of _____ (Business)

acknowledge that all requirements have been met for a Caterers Special Event Alcohol Permit in Crisp County and I shall comply with all provisions of O.C.G.A. § 3-11-4 and with the Department of Revenue Regulations Chapter 560-2-10.

I understand I must also contact the Georgia Department of Revenue www.dor.ga.gov to finalize my application.

(Signature)

(Print Name)

(Address)

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ Day Of _____ 20_____

Notary Public Seal

My Commission Expires