

This is not an official application, it is a draft for research purposes



Licensed Event Permit Application

City of Cedartown

201 East Ave - P.O. Box 65

Cedartown, GA 30125

(770) 748-3220 – Fax (770) 748-8962

**Fee Structure *

Application Processing Fee (non-refundable): \$100.00**

(This fee will be applied toward User Fee if the event is approved and not cancelled)

User Fee (per day): 1 day - \$250.00**

2 days- \$350.00**

3 days- \$450.00**

4 days- \$550.00**

Security Deposit: \$100.00

Per Police Staff: \$ 40.00 per hour (Minimum - 2 officers/4-hours)

*Fees may also be assessed for additional city services including, but not limited to, clean-up, maintenance, streets, Police and traffic control, electricity, etc.

**Non-Profit organizations can receive a 50% reduction on the Application Processing Fee and User Fee(s) when proof of 501(c)3 status is given (form must be submitted).

1. Name of Licensee _____

2. License Number _____

3. Address of Licensed Premises _____

4. Contact Person _____

5. Contact Telephone # _____

6. For what type of event is this Permit sought? _____

7. Location of premises where affair will be held:

Name _____

*drafted and modified by Agrlin Braxton and Jakila Walker

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Address _____

8. Is affair to be held indoors or outdoors? _____

9. Name of Organization

10. Will there be alcohol served? Yes or No

11. **(If yes)Alcoholic beverage caterers license #

12. Name of Event

13. Description of

Event _____

14. Location _____

15. Time _____

16. Duration of Event _____

17. Contact Name _____ Phone No

18. *If alcohol will be served* What types of alcoholic beverages will be served at the event?

I, applicant or authorized representative, have read and understand the contents of this application.

The information contained herein and attached is complete and true, current and correct to the best of my knowledge.

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I understand in order to sell alcohol I must have a license by the State of Georgia to do so.

I understand providing false information shall void the application and cancel the event.

I understand the permit may be canceled by the Chief Marshal or Chief of Police for the City of Cedartown, Georgia at any time with or without cause.

Organization/Group:

Applicant/Representative Name:

Signature: _____ Date:

The applicant represents that if a Special Permit is issued, the permittee will fully abide by all provision of the Georgia Alcoholic Beverage Law, State Rules and Regulations, the same as if the sale and service were occurring upon the applicant's licensed premises.

Print Name of Applicant

Signature

Initial after complete review (any comments/requirements/exclusions should be noted): Marshal

_____ Police _____ Theater _____ Public Works _____ Community Dev _____

Sanitation _____ Parks/Rec _____ Additional department review(s) needed:

Comments/Requirements/Exclusions/Changes: _____

_____ Officers required (number): _____ at rate of \$ _____ per

_____ Additional trash receptacles required (number): _____ at rate of \$25/each per day

Temporary toilets required (number): _____ Permits (sign or devices) required: _____

Alcoholic Beverage Catering License required: _____

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The following consent is to be signed by the person so authorized at the premises where the affair is to be held, including property under the control of a unit of government, municipality, county or State; a church; or a premises under license or other privately owned facility.

I certify that I am the person authorized to permit the sale and service of alcoholic beverages on the premises described in the application form, and I certify that there is no objection to the sale and service of alcoholic beverages as herein specified.

Building Inspector

Signature

Date

NO PERMIT WILL BE GRANTED UNLESS WRITTEN MUNICIPAL APPROVALS PROVIDED FOR BELOW ARE FIRST OBTAINED.

This is to certify that there are no objections to the issuance of the Permit applied for herein.

Police Chief Signature

Date

City Clerk Signature

Date

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