UNION COUNTY ALCOHOL LICENSING 65 Courthouse Street Blairsville, GA 30512 Phone (706 439-6000 ~ Fax (706) 439-6004

Temporary Special Event Alcohol License Application

	Date of Application	Dat	ate of Event	
r	Non-Profit Civic Organization Special Event		Other Special Event or Festiva	al
special	re two types of Temporary Event Licenses: One for events and festivals. All special events must complete beverages for consumption on the premises.			
Require	ements Pertaining to both types of Special Ever	its:		
• N s s s s s s s s s s s s s s s s s s	Department of Revenue Permit No more than six (6) permits for a maximum of two (5) he event must receive approval from Union County security measures. The location of the event must be approved in writing All servers at the event must have a valid servers per as a condition of the issuance of a temporary speciand hold the county harmless from any claims, demonstrativities associated with the special event. The requirements of an eating establishment, number apply to a temporary special events license, however the Special Event must comply with the distance recreatment facility	Sheriff's g by ownermit issued in event in ands or continuous some food in the sound in the soun	s office on crowd control, parking a er of the property. ed by Union County, Georgia. t license, the licensee shall indemn causes of action which may arise from ats, and percentage of sales shall record must be served at the event.	ind nify om
Additio	nal Requirements Pertaining to Non-Profit Spec	cial Even	nts:	
c	Verification of organization's current non-profit statuone which is exempt from federal income tax, pursually 26 U.S. C. Section 501.) (applies to non-profit only all events must be associated with and benefit the ca	nt to the /)	e provisions subsections (c), (d) or	
L. N	Name of Group, Individual, Company or Non-Profit Ci	vic Orgar	nization Sponsoring Event	
- 2. I	f a Non-Profit Organization, how long has this organ	ization be	een established in Union County?	
- 3. L	ocation Name of Special Event			

4.	Address of Special Event							
6.	Applicant (Person responsible for the permit)							
	Name							
	Address		Phone #					
7.	Contact Person (if different from applicant)							
	Name							
	Address		Phone #					
all qu	E: Before signing this statement, checusestions fully and correctly. This states se swearing, and it includes all attaches	ement is to be	e executed under o					
STAT	E OF GEORGIA, UNION COUNTY							
SWE	, DO S ARING, THAT THE STATEMENTS AND A ONAL STATEMENT ARE TRUE AND CO	ANSWERS MA	WEAR, SUBJECT ADE BY ME AS THE	TO THE PENALTIES APPLICANT IN THE F	OF FALSE OREGOING			
		Applic	ant's Signature					
Swor	n to and subscribed before me,							
THIS	DAY OF		<u>,</u> 20	<u>.</u>				
Notar	ry Public		_					
МуС	ommission Expires		_					
FOR	OFFICIAL USE ONLY:							
DAT	TE APPLICATION AND FEE RECEIVED:							
ALC	COHOL BOARD APPROVAL:	<u> </u>						
		Signature		Date				
The a	LDING INSPECTION APPROVAL:	Signature		Date				
Appli	RIFF DEPARTMENT APPROVAL: cant has met all requirements on crowd control, rity, and traffic control measures for the event.	Signature		Date				