

CITY OF METTER, GEORGIA SPECIAL EVENT ALCOHOL PERMIT APPLICATION

DATE OF APPLICATION: _____

NAME OF ORGANIZATION: _____

DATE(S) OF EVENT: _____ NAME OF EVENT: _____

DESCRIPTION OF EVENT: _____

APPLICANT'S FULL NAME: _____

APPLICANT'S HOME ADDRESS: _____

PHONE #: _____ EMAIL ADDRESS: _____

LOCATION OF SPECIAL EVENT: _____

AREA AT LOCATION WHERE ALCOHOL WILL BE SERVED: _____

NAME OF PROPERTY OWNER: _____

NUMBER OF PERMITS ISSUED IN CURRENT YEAR: _____

1. _____
2. _____
3. _____

Check all that apply:

- Liquor
- Beer
- Wine

ALL ADJACENT PROPERTY OWNERS AND/OR RENTERS OF ADJACENT PROPERTY MUST BE NOTIFIED OF THE APPLICATION AT LEAST 10 DAYS PRIOR TO EVENT, AND PROOF OF SAID NOTIFICATION SHALL BE ATTACHED TO APPLICATION.

YES _____ NO _____

IF OWNER OF PROPERTY WHERE ALCOHOL SALES ARE MADE IS NOT THE APPLICANT, THEN THERE SHALL BE NOTIFICATION IN WRITING BY THE APPLICANT OF THE APPLICATION, AND PROOF OF SAID NOTIFICATION SHALL BE ATTACHED TO APPLICATION.

YES _____ NO _____

APPLICATION MUST BE SUBMITTED AT LEAST 15 DAYS PRIOR TO PLANNED SPECIAL EVENT.

YES _____ NO _____

_____ **YES, I HAVE RECEIVED A COPY OF THE CITY OF METTER ORDINANCE, CHAPTER 5.008.200 (C) SPECIAL EVENT PERMITS AND AGREE TO ABIDE BY THESE TERMS. (INITIAL)**

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME: _____

APPROVED: _____ DENIED: _____ AMOUNT PAID _____ DATE _____

CITY SIGNATURE: _____ DATE: _____