

City of Vienna P. O. Box 436 203 W. Cotton Street Vienna, Georgia 31092 (229) 268-4744 (229) 268-6172 Fax

APPLICATION FOR ONE DAY OR SPECIAL EVENT ALCOHOL BEVERAGE PERMIT

CONSUMPTION ONLY: Products NOT to be sold: Lice	nse #: Issue Date:
License Fee Non-Profit: Beer \$100 Wine \$100) Liquor \$200
ORGANIZATION OR BUSINESS NAME:	
DATE OF EVENT:	TIME OF EVENT:
MAILING ADDRESS:	
PLACE OF EVENT: (STREET ADDRESS)	
ALCOHOL LICENSEE:	SSN:
TELEPHONE #:	CELL #:
FEDERAL EMPLOYER ID #:	GA SALES TAX #:
GA WITHHOLDING #:	
NAME OF PERSON RESPONSIBLE FOR THE EVENT:	
(If different from Alcohol Licensee)	
LIST OF OFFICERS, ADDRESSES, SSN:	
1	
2	
3	
HAS ORGANIZATION PREVIOUSLY HELD A ONE DAY P	PERMIT? YES NO IF YES, PLEASE
COMPLETE: DATE OF LAST EVENT:	LICENSE # FOR LAST EVENT:

To approve your application for the sale of alcoholic beverages at a Special One Day Event to be held by a Qualified Non-Profit Civic Organization the following items MUST be completed and filed with the application:

Qualified Non-Profit Civic Organization ONLY:

- 1. Furnish letter of approval for the event from non-profit Civic organization and letter from owner of facility.
- 2. Copy of Corporate Charter and By-Laws or a copy of a tax exempt status (501 C-3) from the IRS.
- 3. License fee per day, not to exceed two days per year. After you have exceeded your two days, the license fees will be the same as regular alcohol license.

Signature of Applicant: ______ Date: ______ Date: ______

I, ______ do solemnly swear, ______ is personally known to me, that he signed his hame to the foregoing application after stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statement and answers are true. Subject to criminal penalties for false swearing, that the statement and answers made by me to the foregoing questions in the application for a State License, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

 This ______ day of ______, 20____.
 Notary Public ______

Please mail this application, the appropriate documentation, and fees made payable to the City of Vienna, P O Box 436, Vienna, GA 31092.