



DeKalb County
Department of Finance
Division of Internal Audit & Licensing-DIAL
330 West Ponce De Leon Ave.
Decatur, Ga. 30030
Ph# 404-371-2772 Fax# 404-371-2946

Mail To:
P. O. Box 100020
Decatur, Ga. 30031-7020

Application for locations in unincorporated DeKalb County only

As provided by DeKalb County Alcohol Ordinances adopted on November 30, 1972, and February 25, 1972, DeKalb County Code Section 4-30 authorizes non-profit organizations to apply for a temporary alcoholic beverage license for two (2) events annually for a period of one day per event.

Application For: **NON-PROFIT ORGANIZATION TEMPORARY ALCOHOLIC BEVERAGE LICENSE**

Check Appropriated License: Beer and/or Wine (\$50.00) Liquor (\$50.00)

Beginning Day _____, Date _____, and Time of Event/Festival: _____ (am/pm)

Ending Day _____, Date _____, and Time of Event/Festival: _____ (am/pm)

Number of Days: _____

Will the Event be Held Outdoors? _____ If Yes, Explain: _____

Will Live Entertainment Be Offered? _____ If Yes, Explain: _____

Will Adult Entertainment Be Offered? _____ If Yes, Explain: _____

The following documents must be included with your application (in duplicates):

- Copy of civic organization's 501(c)3, or other exemption letter from the IRS.
- A Statement of Acknowledgement & Consent signed by a corporate officer of the exempt organization signifying their knowledge of the event, and authorization for their association.
- List of Corporate Officers in verification of licensee's position, title, or capacity with the exempt organization (Licensee must be a registered officer of the exempt corporation).
- Copy of licensee's drivers license or other government issued identification.
- An application appropriately signed and notarized.

For Events Held Indoors:

- Temporary Privilege License Supplemental Application Form.

For Events Held Outdoors:

- A Statement of Acknowledgement & Consent from the property owner or leaseholder authorizing the use of the property for the proposed event.
- A Statement of Acknowledgement & Approval from the DeKalb Public Safety Department signifying their knowledge and approval of the proposed event.
- Temporary Privilege License Supplemental Application Form.

Check one: 1st Event Annually 2nd Event Annually

Name of Event/Festival: _____

Event/Festival Location: _____

Street City State Zip

Phone: _____

Non-Profit Corporation Information:

Name of Non-Profit Corp.: _____

Non-Profit Corp. Address: _____

Street

City State Zip

Phone: _____

Mailing Address: _____

Street City State Zip

St. Tax ID#: _____ Fed Tax ID#: _____

Licensee Information: (per State, must be corporate officer of non-profit organization)

Name of Licensee: _____

Licensee Address: _____

Street

City State Zip

Phone: _____

Official Use Only
Fee: \$ _____
Date Paid: _____
License#: _____
Expiration: _____
Date Issued: _____

Have you received a copy of the DeKalb County Alcoholic Beverage Ordinance? Yes ___ No ___

No application can be processed until you acknowledge receipt of the DeKalb County Alcohol Beverage Ordinance.

This application must be signed by the licensee and notarized as true under penalty of perjury.

I, _____, being first duly sworn under oath, state that I am the above-named licensee for a DeKalb County Temporary Privilege License. I declare under penalties of perjury and/or revocation of any license granted that I nor any officer of this organization have been convicted or have plead guilty or entered a plea of Nolo Contendere to any crime involving moral turpitude, lottery, or illegal possession or sale of narcotics or liquor within ten (10) years immediately prior to filling this application, and that the answers contained in the application and any accompanying information have been examined by me and the matters and things set forth are true, and correct and complete.

Licensee Signature

Title

Notary's Signature

Subscribed and sworn to before me this _____ day of _____ year _____

By: _____

Notary Public in and for State of _____ Commission Expires: _____

**SUPPLEMENTAL APPLICATION
FOR TEMPORARY ALCOHOLIC BEVERAGE LICENSE**

**DeKalb County
Department of Finance
Division of Internal Audit & Licensing-DIAL
330 West Ponce De Leon Ave.
Decatur, Ga. 30030
Ph# 404-371-2461 Fax# 404-371-2946**

**Mail To:
P. O. Box 100020
Decatur, Ga. 30031-7020**

Dated: _____

LICENSEE: _____

EVENT/FESTIVAL NAME: _____

EVENT ADDRESS: _____

Hours of Event:

Day1: _____ Date: _____ from _____ to _____
Day2: _____ Date: _____ from _____ to _____

	<u>Area: Interior</u>	Yes	No
-Floor Space (sq. footage): _____			
-Entertainment? If yes, describe _____		_____	_____
-Dance Floor? If yes, what are the dimensions or area: _____		_____	_____
-Will there be any electrical or mechanical amusement devices on premises?		_____	_____
	<u>Area: Exterior</u>		
-Area Space (Acres): _____			
-Will event on-goings be observable from the public street? If so, what streets, and/or intersections: _____		_____	_____
-Will Portable bathrooms facilities be provided? (Qty. _____)		_____	_____

Beverage Control:

-Will alcohol-serving employees be required to attend any training?
If formal, Name or Location of Course: _____

-Are there written procedures for dealing with intoxicated or unruly patrons? _____

-Will physical barriers be utilized to control alcoholic beverage patrons entry and exit from the event area? _____

If not, what control will be employed to restrict the movement of alcoholic beverages (explain) _____

Security & Control:

-Will doormen screen patrons:

A	Entering Premises?	_____	_____
B	Exiting Premises?	_____	_____

-Will doormen and/or alcohol-serving employees be required to perform ID checks? _____

-Parking:

A	By Customer?	_____	_____
B	Valet Parking?	_____	_____

-Number of Security Personnel: None _____ Bouncers _____ Floor men _____

-Will Security personnel be Armed? _____

STATEMENT OF ACKNOWLEDGEMENT & CONSENT FROM PROPERTY OWNER OR LEASEHOLDER FOR OUTSIDE EVENT WITH ALCOHOL

I, _____, owner/leaseholder for the property located at:

herewith certify that I am authorizing _____, (non-profit organization) to use the above noted property and location for the:

_____ Event/Festival.,

which is to occur on the _____ day of the month of _____ for the year _____.

I hereby note that I am aware that this authorization/affirmation will be utilized with regards to a Temporary Alcohol Beverage License application.

I CERTIFY, under penalty of perjury, that the above information is true and correct.

Property Owner/Leaseholder

Date

Home Address

City

State

Zip Code

Phone#

STATEMENT OF ACKNOWLEDGEMENT & CONSENT FROM CORPORATE OFFICER FOR TEMPORARY ALCOHOL LICENSE

I, _____, _____ and registered corporate officer for the non-profit civic organization indicated below,

herewith certify that I am authorizing the _____ event/festival, to be conducted in association with our non-profit organization as indicated above. I am aware that our company's 501(c)3 exemption letter will be presented, and that its use, if approved represents one of the two events allowed annually per the DeKalb County Alcoholic Beverage Ordinance.

I hereby acknowledge that our corporate officers, Mr./Ms. _____ will serve as the Licensee, and that the event will occur

At: _____

On the ____ day of _____, 2005.

During the Hours of _____ to _____

And will involve the sale of:

(please initial as appropriate)

- Beer _____
- Wine _____
- Beer & Wine _____
- Liquor _____

I further note, that I am aware that this authorization/affirmation will be utilized with regards to a Temporary Alcohol Beverage License application.

I CERTIFY, under penalty of perjury, that the above information is true and correct.

Corporate Officer Title Date

Home Address

City State Zip Code

Phone#

**CERTIFIED REPORT OF SURVEY
FOR TEMPORARY ALCOHOLIC BEVERAGE LICENSE**

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APPLICANT: _____

BUSINESS/TRADE NAME: _____

ADDRESS: _____

The undersigned has examined the subject location and has made measurements to determine compliance or non-compliance with the distance requirements pursuant to the Alcoholic Beverage Ordinance of DeKalb County.

(Distances shall be measured from property line to property line along the shortest possible course, as the "crow flies".)

_____ feet to the nearest **residential area**. Give land lot, district parcel.

_____ feet to the nearest **church**. Give name & address.

_____ feet to the nearest **school or college campus**. Give name & address.

_____ feet to the nearest **public park or playground**. Give name & address.

_____ feet to the nearest **adult entertainment establishment**. Give name & address.

I CERTIFY, under penalty of perjury, that the above information is true and correct.

Georgia Registered Land Surveyor

Number

Note: For outside events, a scaled drawing of the location, showing the distances described above must be attached.

**ON-PREMISES OPERATOR/LICENSEE CONSENT FORM
FOR TEMPORARY ALCOHOLIC BEVERAGE LICENSE**

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Licensee Name

Location Address

I, _____, do hereby consent to serve as the on-premise operator for the licensee, owners, officers and/or directors and to perform all obligations of such agency pursuant to the Alcoholic Beverage Ordinance of DeKalb County.

This ____ day of _____, 20__.

Signature of on-premise operator/licensee

Type or print name

Licensee's home Address

City

County

State

Approved:

Corporate Officer

Date

STATEMENT OF ACKNOWLEDGEMENT & APPROVAL FROM DEKALB COUNTY PUBLIC SAFETY FOR OUTSIDE EVENT - TEMPORARY ALCOHOL LICENSE

Date: _____

TO: Monroe Scott III, Business & Alcohol License Manager,
Division of Internal Audit & Licensing
330 West Ponce De Leon Ave.
Decatur, Ga. 30030

Name of Event/Festival:

Location of Event/Festival:

Name of Licensee:

Name of Non-Profit Sponsor:

A PERMIT CHECK HAS BEEN MADE AND THE RESULTS ARE AS FOLLOWS:

- () No Special Event and/or Parade Permits are required.
- () All Special Event and/or Parade Permits have been applied for and approved.
Permit Type: _____ Permit #: _____
Permit Type: _____ Permit #: _____
Permit Type: _____ Permit #: _____
- () Required Special Event and/or Parade Permit have not been applied for and/or approved. List type(s) required:
Permit Type: _____ Permit Type: _____
Permit Type: _____ Permit Type: _____
Permit Type: _____ Permit Type: _____

Comments:

OFFICIAL USE ONLY:

- 501(c)3 exemption letter
- Statements of non-profit Corp's Acknowledgement & Authorization
- List of Corporate Officers & Licensee's ID
- Statement of Property Holder's Acknowledgement & Authorization
- Statement of Public Safety's Acknowledgement & Approval
- Supplemental Application Form.