



City of Johns Creek
 Revenue Division
 11360 Lakefield Drive
 Johns Creek, Georgia 30097
 (678) 512-3242
 www.johnscreekga.gov

Non-Profit Civic Organization Alcoholic Beverage Permit Application (Single/Annual)

Group/Organization/Association Producing the Event Information:		Control #:	
		License #:	
Organization Name:	Primary Contact Name & Phone Number:		
Organization Mailing Address with Suite/Unit:	City:	State:	Zip Code:

If Using a Caterer, Provide Caterer Information Below:			
Caterer Name:		Contact Name & Phone Number:	
Location Address with Suite/Unit:		City:	State: Zip Code:
Alcohol Beverage License Number:	Jurisdiction License Issued By:		License Expiration Date:
State Alcohol Beverage License Number:	Type of Authorized Sales:		License Expiration Date:

Single Event Information:		
Name of Special Event:		
Purpose of Special Event:		Projected Attendance:
Location of Special Event (<i>Address, Suite/Unit & Zip Code</i>):		
Date of Special Event:	Beginning Time of Event	Ending Time of Event

Annual Event Information:	
Types of Anticipated Planned Events:	
Location (s) of Special Event (s) (<i>Address, Suite/Unit & Zip Code</i>):	Projected Maximum Attendance:

*****Dates and Times of events must be shared with the City of Johns Creek (30) days prior to the event.**

STAFF USE: Initials: _____ Amount Due: _____ Amount Paid: _____ Invoice #: _____

The Following Must be Attached for Complete Submittal: *(Check-Off)*

- Payment in the form of check, money order or cashier's check made payable to the *City of Johns Creek* in the amount of **\$50.00** for the event permit fee or **\$250** annual fee. Cash and credit card (MasterCard or Visa) will be accepted for those applicants who submit their applications in person.
- Copy of non-profit authorization letter Federal Form 501-C.
- Schedule of proposed events.(Single Events Only)

Rules and Regulations

Any employee or volunteer of the special event licensee, working the special event in any position dispensing, selling, serving, taking orders or mixing alcoholic beverages shall not be required to obtain a pouring permit for the special event.

The applicant shall be subject to all state laws and regulations and to all City ordinances and regulations dealing with general licensing and consumption on the premise of alcoholic beverages.

As a condition on the issuance of a temporary Special Event License, the licensee shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with the special event.

I, _____ Applicant, do solemnly swear subject to criminal penalties for false swearing, that the statement and answers made by me to the foregoing questions in this application for a City of Johns Creek Alcoholic Beverage Permit for a Non-Profit Civic Organization, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Applicant Signature

Date

Subscribed and sworn to before me on

this the _____ day of _____, 20_____.

(Clerk/Notary Public)

My commission expires: _____

**** This application will be forwarded to the following departments for additional approval or review when required:**

Community Development, Zoning: signature: _____ Date: _____

Public Works, Recreation: signature: _____ Date: _____

Police Department: signature: _____ Date: _____

Fire Department: signature: _____ Date: _____

Finance Director: signature: _____ Date: _____



Affidavit Verifying Lawful Presence Within the United States

I, (print name) _____, swear or affirm under penalty of perjury that (*check one*):

- I am a United States citizen
- I am a legal permanent resident of the United States.
- I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (*check one*):

- Alcoholic Beverage License for _____
Print Business Name
- Alcohol Employee Pouring Permit
- Occupation Tax Certificate _____
Print Business Name
- Door-to-Door Salesmen/Solicitors Permit
- Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Position Title (if applicable)

Subscribed and sworn to before me on

this the _____ day of _____, 20_____.

(Clerk/Notary Public)

My commission expires: _____