

# **SPECIAL EVENT ALCOHOLIC BEVERAGE APPLICATION**

**For-Profit Event**

**THIS APPLICANT IS CURRENTLY LICENSED WITH THE  
CITY OF ATLANTA FOR AN ANNUAL ALCOHOLIC  
BEVERAGE LICENSE.**



**ATLCORE**  
BUSINESS LICENSING & PERMITTING PORTAL

**REQUIRED  
DOCUMENTS**

## **REQUIRED FORMS/DOCUMENTS CHECKLIST**

### **For-Profit Event**

- **Government Issued ID (Non-Expired)**
- **Consent Form**
- **Personal History Form (Needed for Agent/Licensee & First Five Owners of the Corporation)**
- **Certification Form**

**FOR-PROFIT**

# REQUIRED FORMS



**PRINT THE REQUIRED FORMS AND BE SURE TO  
HAVE THE FORMS NOTARIZED IF APPLICABLE.**



# CERTIFICATION

## SPECIAL EVENT ALCOHOLIC BEVERAGE LICENSE

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1. **Have you read and fully understand the City of Atlanta Ordinances, State laws and Regulations governing the operation of a Special Event Alcoholic Beverage application?**  
( ) Yes ( ) No
  
2. **Do you agree to abide by such ordinances, laws and regulation? ( ) Yes ( ) No**

I, \_\_\_\_\_ being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement is made herein that such answers were made in order to procure the granting of such license.

\_\_\_\_\_  
Signature of Licensee/Agent

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature and Title of person other than  
Licensee/Agent filling out this application

\_\_\_\_\_  
Telephone Number

CITY OF ATLANTA POLICE DEPARTMENT APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGE



ATLANTA POLICE DEPARTMENT  
PERSONAL HISTORY RECORD

PERMIT TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_

Name in FULL (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(City, State) (Day, Month, Year)

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Have you been convicted of any law? Federal: \_\_\_\_\_ Foreign Country: \_\_\_\_\_ State Law: \_\_\_\_\_

City Ordinance: \_\_\_\_\_ if so, explain: \_\_\_\_\_

List names and addresses of employers for the past three (3) years: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Finger printed by: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CRIMINAL HISTORY CONSENT**

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? ( ) Yes ( ) No

Date of Occurrence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Disposition: \_\_\_\_\_ Explain: \_\_\_\_\_

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF CITY ORDINANCE 106-90. \_\_\_\_\_

(SIGNATURE)

**Alcohol License Agent Consent Form**

**Georgia Bureau of Investigation Georgia Crime Information Center**

**Consent Form**

I hereby authorize CITY OF ATLANTA  
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name of Licensee/Agent (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

By signing below I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my tenure as agent, independent contractor, or member of this establishment.

Signature of Agent

Email Address

\_\_\_\_\_

\_\_\_\_\_

Date:

Phone:

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Receiving Authorized Recipient

\_\_\_\_\_