

# **SPECIAL EVENT ALCOHOLIC BEVERAGE APPLICATION**

**Non-Profit Event – New Applicant**



**ATLCORE**  
BUSINESS LICENSING & PERMITTING PORTAL

# **REQUIRED FORMS**



## REQUIRED FORMS/DOCUMENTS CHECKLIST

### Non-Profit Event – New Applicant

- **Government Issued ID (Non-Expired)**
- **Consent Form**
- **S.A.V.E. Affidavit**
- **Personal History Form (Needed for Agent)**
- **Signed Lease/Valid Document where the event will be taking place.**
- **Three (3) References Letters furnished by any 3 persons that have known the applicant for at least 3 years. Letter must include name, address, phone number, and signature.**
- **Federal Clearance – verifying that neither the licensee/agent nor spouse has been convicted of a crime within the past (10) years. Federal Clearance may be obtained from the Federal District Court (See the Clerk of Court) located at the Richard B. Russell Building, 75 Spring Street, Atlanta, GA 30303.**
- **Certificate of Residence – License/Agent must reside in one of the thirteen Metro-Atlanta counties. (Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Paulding, and Rockdale.) The Probate Court of the county in which you may reside may sign the certificate verifying residency. (See the Clerk of Superior Court)**
- **Proof of Citizenship**
- **Corporate Papers- Certificate of Incorporation filed with the Secretary of State. Include Corporate Charter and Bylaws.**
- **501C-3 Internal Revenue Service form**
- **Notarized Certification Form**

**NONPROFIT**

# 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

Certificate of Residence  
For Retail Package Liquor Applicants Only

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_ Judge of the probate Court, for \_\_\_\_\_

County, Georgia, Hereby certify that \_\_\_\_\_ is now and has been a Bona Fide Resident of the state of Georgia for one year in the county of \_\_\_\_\_ for one year immediately preceding the date of this affidavit, based upon the affidavit of applicant, and the evidence submitted therewith. In Witness Whereof, I have hereunto set my hand and affixed the seal of said Probate Court this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judge of the Probate Court

\_\_\_\_\_  
County, Georgia

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Certificate of Residence  
For All Other Alcoholic Beverage License Applicants

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_ Judge of the probate Court, for \_\_\_\_\_

County, Georgia, Hereby certify that \_\_\_\_\_ is now and has been a Bona Fide Resident of the state of Georgia in the county of \_\_\_\_\_ based upon the affidavit of applicant and the evidence submitted therewith. In Witness Whereof, I have hereunto set my hand and affixed the seal of said Probate Court this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judge of the Probate Court

\_\_\_\_\_  
County, Georgia

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)

**Verification of Lawful Presence with the United States**



By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[type of public benefit], as reference in O.C.G.A §50-36-1, from \_\_\_\_\_  
[name of government entity], the undersigned applicant verifies one of the following with respect to my  
application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other Federal immigration agency.

My alien number issued by the Department of Homeland Security or other Federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A §50-36-1 (f) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ONTHIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

**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

\_\_\_\_\_