

SPECIAL EVENT ALCOHOLIC BEVERAGE APPLICATION

Non-Profit Event – Returning Applicant

THIS APPLICANT ALREADY HAS A COPY OF THE NON-PROFIT'S 501C-3 DOCUMENTS ON FILE WITH THE LICENSE AND PERMITS UNIT.



ATLCORE
BUSINESS LICENSING & PERMITTING PORTAL

REQUIRED FORMS

REQUIRED FORMS/DOCUMENTS CHECKLIST

Non-Profit Event – Returning Applicant

- **Government Issued ID (Non-Expired)**
- **Consent Form**
- **Personal History Form (Needed for Agent)**
- **Signed Lease/Valid Document where the event will be taking place.**
- **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

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
