

Bartow County
Special Event Application
For Alcoholic Beverage License

Date of Application _____

1. Name of Organization Sponsoring Event _____

2. Name of Charity _____ Certification _____

3. Location of Special Event _____

4. Date of Special Event _____

5. Applicant (Applicant's name is the one responsible for this permit)

Name _____

Address _____

Phone Number (____) _____

6. Contact Person (if different from applicant)

Name _____

Address _____

Phone Number (____) _____

Surveyors Certification

I _____, a registered land surveyor in the State of Georgia do hereby certify that I have examined the property of _____ (name of business) for which there has been an application for a malt beverage and/or wine license in Bartow County by _____ (applicant's name).

I have determined that said property, is more than 500 feet of the nearest school building, school ground, college campus, or church as measured by the most direct route of travel on the ground. Said distance was measure from the front door of the structure from which alcoholic beverages are sold or offered for sale; in a straight line to the nearest public sidewalk, walkway, street, road or highway; along such public sidewalks, walkway, street, road or highway by the nearest route; to the nearest portion of the school building, school grounds, college campus, church or church grounds. The word "school" shall include kindergartens, primary and secondary schools, colleges and other educational institutions whether public or private.

This _____ day of _____, 20_____.

Registered Land Surveyor
State of Georgia No. _____

Consent Form

The undersigned hereby authorize the Bartow County Commissioner or his designees to receive any criminal history record information to me/us which may be in the files of any Federal, State or Local Criminal Justice Agency.

Applicant's Full Name (printed)

Address _____ City _____ St _____ Zip _____

Sex _____ Date of Birth _____

Social Security Number _____ Signature _____

Contact Person's Full Name (printed)

Address _____ City _____ St _____ Zip _____

Sex _____ Date of Birth _____

Social Security Number _____ Signature _____

Sworn to and subscribed before
me this _____ day of _____, 20_____.

Notary Public, State of Georgia
My Commission Expires: _____

RELEASE

The undersigned hereby authorize and request the Sheriff of Bartow County, Georgia, to obtain a records check on me from the Georgia Crime Information Center (GCIC). I have been advised that this information will be used by the County for the purpose of determining whether to issue to me a license to sell alcoholic beverages of any kind, and the Sheriff of Bartow County is hereby authorized to release this information to the Commissioner of Bartow County or his designee.

This _____ Day of _____, 20_____.

Witness

Applicant Signature

Certification

Bartow County Sheriff's Department

This is to certify that according to the records in the Bartow County Sheriff's Department and G.C.I.C., _____ (Full Name – No Initials)
_____ (Address)
_____ (Date of Birth) _____ (SS#)
_____ (Drivers License #) has/has not been convicted of driving under the influence within the past five (5) years and (has the following record) or (has no criminal record).

Sheriff

Date

OATH

OATH: I (WE) do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a license to sell in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application conditioned upon a fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change MUST be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be caused for the suspension revocation of any license issued. I (WE) have received a copy of the Bartow County alcoholic beverage regulations and understand that this copy is to be kept on the licensed premises at all times.

Signature of Applicant

Signature of Owner if Not Applicant

Doing Business As or Organization Name

Title

Sworn to and subscribed before
me this _____ day of _____, 20_____.

Notary Public, State of Georgia
My Commission Expires _____