

**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.

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Applicant's Full Name (printed)

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Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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Contact Person's Full Name (printed)

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Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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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.

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Signature of Applicant

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Signature of Owner if Not Applicant

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Doing Business As or Organization Name

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Title

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

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Notary Public, State of Georgia  
My Commission Expires \_\_\_\_\_