

Tax Commissioner's Office 188 Third Street, Macon, Georgia 31201 Mail to: Tax Commissioner's Office PO Box 4503 Macon, GA 31208-4503

MACON-BIBB COUNTY NON-PROFIT* SPECIAL EVENT ALCOHOLIC BEVERAGE PERMIT APPLICATION ***NO LIQUOR ON SUNDAY WITHOUT SUNDAY SALES PERMIT***

All alcohol SERVICE & CONSUMPTION must cease at 2 AM.

Products to be sold or served: (Circle One)	BEER/MAL	T BEVERAGE	WINE	DISTILLED	SPIRITS	
	F	TEE: \$25/Da	ay			
Organization Name:				Phone Number		
STREET NUMBER Organization's Address (Do not use a j	STREET NAME post office box)	CITY		STATE	ZIP CODE	
FIRST NAME Individual Responsible for Event		MIDDLE	NAME		LAST NAME	
MONTH/DAY/YEAR Date and Time of Catered Event	STARTING TIME	ENDING TIME		ALCOHOL CATERER L	ICENSE NUMBER	
Name of the Catered Event						
STREET NUMBER Address of Catered Event	STREET NAME	CITY		STATE	ZIP CODE	
If an organization is not uti wholesaler.	lizing a license	ed alcohol cater	·er, it mu	st obtain alcohol tl	nrough a licensed	
NAME OF THE WHOLESALER				TELEPHONE NUMBER		
NAME OF PERSON TRANSPORTIN	JG ALCOHOL			TELEPHONE 1	NUMBER	

Name of Person transporting and delivering the alcoholic beverages to the location of the scheduled event

I declare under penalty of false swearing, that I examined the above information on this application and to the best of my knowledge and belief is true, correct, and complete. I attest that I am the authorized representative for the non- profit organization.

Signature of Applicant/Sponsor

Date



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LIST OF EVENT STAFF (Please Print)

Name:	Alcohol Handler License Number:
Contact Phone number:	
Name:	Alcohol Handler License Number:
Contact Phone number:	
Name:	Alcohol Handler License Number:
Contact Phone number:	
Name:	Alcohol Handler License Number:
Contact Phone number:	
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*Must attach copy of 501(c) (3) form for sponsoring Non-Profit organization

MACON-BIBB COUNTY SPECIAL EVENT ALCOHOLIC BEVERAGE CATERING QUANTITY REPORT**

CONTAINER (Bottle, Can, Plastic)	SIZE (Oz., Liter, MI.)	QUANTITY (How Many Containers?)	LIQUOR	BEER	WINE
				1	
				+	

*Any changes made to this form after it is submitted must have written approval before transporting. Changes must be submitted and approved by Macon-Bibb County Business Development Services prior to the date of the catered event.

ARMED SECURITY PERSONNEL REQUIRED TRAINING COMPLIANCE FORM

Instructions:

This form must be completed by any bar or nightclub operating with an alcohol license which allows or requires security personnel to carry firearms while working. The form shall be submitted upon applying or renewing any license to sell alcohol on the premises. This form is not required for businesses employing certified peace officers in good standing with the Georgia Peace Officer Standards and Training Counsel. Applicants applying for special events which employ armed security personnel are required to submit this form.

Pursuant to the licensing requirements of Sec. 4-550 of the Macon-Bibb County Code of Ordinances, attach the following documentation to this form prior to submission:

- 1. A copy of the applicant's valid private security business license, issued by the Georgia Board of Private Detective and Security Agencies.
- **2.** A list containing the names and dates of birth of all persons who will be working as armed security personnel at the applicant's place of business or special event location. Use the attached form.

NOTE: IT IS A VIOLATION TO ALLOW ANY PERSON NOT LISTED TO WORK AS AN ARMED SECURITY PERSONNEL WITHOUT FIRST SUBMITTING AN UPDATED COPY OF THIS FORM TO THE TAX COMMISSIONER'S OFFICE. PENALTIES FOR VIOLATING THIS RULE MAY INCLUDE THE LOSS OF YOUR ALCOHOL LICENSES.

3. A copy of a valid private security license from the Georgia Board of Private Detective and Security Agencies for each person named who will be working as armed security personnel at the applicant's place of business or special event location.

If you are not operating as a bar or nightclub with armed security personnel, simply check the box on this form for "Exempt" and sign at the bottom.

Business Name:

Business Address:

<u>Exempt:</u> Check this box if you certify that you will not hire any armed security personnel, or that you are not operating as a bar or nightclub.

Applicant/Agent Signature

Date

ARMED SECURITY PERSONNEL IDENTIFICATION FORM

Instructions:

Please list every individual who may be working as armed security personnel at your bar or nightclub. Certified peace officers do not need to be listed and may be added in the future without updating this list. If you hire anybody in the future to work as armed security personnel at your bar or nightclub, this list <u>MUST</u> be updated to include that person before they are allowed to carry a firearm while working at your business. Use additional copies of this sheet if necessary.

IF ANY PERSON NOT ON THIS LIST IS FOUND TO BE WORKING AS ARMED SECURITY PERSONNEL AT YOUR BAR OR NIGHTCLUB, THEN YOU MAY BE SUBJECT TO PENALTIES OF UP TO \$1000 PER VIOLATION AND UP TO 6 MONTHS IN JAIL, AS WELL AS THE LOSS OF ALL ALCOHOL LICENSES ISSUED TO YOU WITHIN MACON-BIBB COUNTY.

1.			
	Name	Date of Birth	GBPDSA Private Security License #
2.			
	Name	Date of Birth	GBPDSA Private Security License #
3.			
	Name	Date of Birth	GBPDSA Private Security License #
4.			
	Name	Date of Birth	GBPDSA Private Security License #
5.			
	Name	Date of Birth	GBPDSA Private Security License #
6.			
	Name	Date of Birth	GBPDSA Private Security License #
7.			
	Name	Date of Birth	GBPDSA Private Security License #
8.			
	Name	Date of Birth	GBPDSA Private Security License #
9.			
	Name	Date of Birth	GBPDSA Private Security License #