



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

FEE: \$50/day

*****NO LIQUOR ON SUNDAY WITHOUT SUNDAY SALES PERMIT*****

All alcohol SERVICE & CONSUMPTION must cease at 2 AM.

Will the event have a cash bar: Yes No

Will the event have an open bar: Yes No

Alcohol to be sold or served: BEER/MALT BEVERAGE WINE DISTILLED SPIRITS

Business name: _____

Business address: _____
City State Zip Code

Business phone number: (____) _____

Licensee/Agent Name: _____ Alcohol Caterer License Number: _____

Event Information

Date catered event: _____ Time of event: _____
Month/Day/Year Start End

Name of catered event: _____

Address of catered event: _____
City State Zip Code

Name of person transporting alcohol: _____

DL Number & State: _____ Telephone Number: (____) _____

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 licensee on the current alcoholic beverage license.

Signature of Licensee

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: _____

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Contact Phone number: _____

Name: _____ Alcohol Handler License Number: _____

Contact Phone number: _____

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Name: _____ Alcohol Handler License Number: _____

Contact Phone number: _____

Name: _____ Alcohol Handler License Number: _____

Contact Phone number: _____

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: _____

- Exempt:** 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 **MUST** 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 #