

Application for Permit
Candler County Alcoholic Beverage Ordinance
Article IX
Temporary Special Event License

Date of Event: _____

Address of Event: _____

Time of Event: _____

Entity Requesting Permit: _____

Type of Entity (Circle one): For Profit Not for Profit

Have you applied for a Temporary Special Permit in the last 12 months? Yes No

Have you ever been denied a Temporary Special Permit? Yes No

Have you received an Alcohol Permit from the State of Georgia? Yes No

If Yes, Permit #: _____

Applicant Information

By signing below, I acknowledge receipt of the Non-Criminal Justice Applicant's Privacy Rights and authorize and consent to a background check utilizing my fingerprints/biometrics to be conducted by the issuing authority for the purpose of obtaining a temporary, special event alcohol permit.

Applicant 1 Name: _____

Mailing Address: _____

Phone: _____

Email Address: _____

SSN or EIN: _____

Applicant Signature: _____

Applicant 2 Name: _____

Mailing Address: _____

Phone: _____

Email Address: _____

SSN or EIN: _____

Applicant Signature: _____

Applicant 3 Name: _____

Mailing Address: _____

Phone: _____

Email Address: _____

SSN or EIN: _____

Applicant Signature: _____

For County Use Only:

Does the site have adequate parking? **Yes** **No**

Has the applicant retained security as required? **Yes** **No**

Is EMS required? **Yes** **No**

If Yes, has the applicant contracted with County EMS? **Yes** **No**

Explain: _____

Is Security required? **Yes** **No**

If Yes, has the applicant contracted with the Sheriff's office **Yes** **No**