



# City of Carrollton

## Special Alcoholic Beverage Event License for Downtown Amphitheater

### Check – Off Sheet

#### **Step 1 – Application for Special Alcohol Beverage Event License**

\_\_\_\_\_ Complete 1 page Special Alcohol Beverage Event License Application

\_\_\_\_\_ Complete Verification Form

*Completed applications & verification forms are to be turned into the Alcohol Licensing Department at City Hall at least 30 days in advance of the event*

#### **Step 2 – Obtaining a State Alcohol License** **State of Georgia Requirements**

##### **For Profit Businesses**

\_\_\_\_\_ Letter of Acknowledgement (obtained from the City of Carrollton Alcohol Licensing Dept)

\_\_\_\_\_ Citizenship affidavit (must complete GA Revenue Form)

\_\_\_\_\_ Front & back copy of valid driver's license (picture/information must be clear)

##### **For Nonprofit Businesses**

\_\_\_\_\_ 501 C Letter

\_\_\_\_\_ Letter of Acknowledgement (obtained from the City of Carrollton Alcohol Licensing Dept)

\_\_\_\_\_ Citizenship affidavit (must complete GA Revenue Form)

\_\_\_\_\_ Front & back copy of valid driver's license (picture/information must be clear)

#### **Step 3 – Obtaining a Local Alcohol Permit**

\_\_\_\_\_ Submit a copy of the State Special Event Permit to the Alcohol Licensing Department

\_\_\_\_\_ Pay Special Event Permit Fee of \$150.00



**CITY OF CARROLLTON**  
**SPECIAL ALCOHOLIC BEVERAGE EVENT LICENSE APPLICATION for**  
**DOWNTOWN AMPHITHEATER**

(Applications must be made at least thirty (30) days prior to the date of the event unless otherwise waived)

<b>DATE, TIME, and DURATION OF EVENT:</b>
<b>REQUESTED VENDOR BOOTH ASSIGNMENT NUMBER (prioritized based on application submittal date):</b>
<b>NAME OF APPLICANT APPLYING FOR THE LICENSE:</b>
<b>APPLICANT PHONE NUMBER:</b>
<b>APPLICANT EMAIL ADDRESS:</b>
<b>INSURANCE VERIFICATION LETTER ATTACHED:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>The City of Carrollton must be listed as additional insured on applicant's general liability and liquor liability insurance policies. A letter or certificate from the insurance company verifying this must be attached to this application.</b>
<b>DETAILED DESCRIPTION OF EVENT:</b> _____ _____ _____
<b>DETAILED DESCRIPTION OF BAR OR COUNTERTOP TO BE USED AT EVENT (INCLUDE DIMENSIONS):</b> _____ _____ _____
<b>TYPE OF ALCOHOL TO BE OFFERED FOR SALE:</b> BEER <input type="checkbox"/> WINE <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/>
<b>WILL ENTERTAINMENT BE PROVIDED AT EVENT?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>If yes, please describe in detail.</b>
<b>ESTIMATED NUMBER OF PARTICIPANTS:</b> <input style="width: 100px; height: 20px;" type="text"/>
<b>AT LEAST ONE (1) CERTIFIED CITY OF CARROLLTON POLICE OFFICER HAS BEEN PROCURED BY APPLICANT TO PROVIDE SECURITY AT EVENT?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>

# VERIFICATION

I, \_\_\_\_\_, do solemnly swear subject to criminal penalties for false swearing, that  
PRINTED NAME OF APPLICANT  
all the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such License. Furthermore, I do hereby certify that I have received and read a copy City of Carrollton Alcohol Ordinance and I understand said requirements and will comply with the same. Furthermore, by signing herewith, I do hereby acknowledge that alcoholic beverages shall not be provided or sold to anyone under the legal age to consume such.

\_\_\_\_\_  
**Applicant's Signature (FULL NAME IN INK)**

I hereby certify that \_\_\_\_\_ signed his/her name to the foregoing  
(Full Name of Applicant)  
application after stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(AFFIX SEAL)

# FOR STAFF USE ONLY:

Received: \_\_\_\_\_ By: \_\_\_\_\_  
Date Staff Signature

APPLICANT APPROVED FOR LICENSE? YES  NO

If no, why was the Applicant denied the Special Alcoholic Beverage Event License?

COPY OF APPLICANT'S DRIVERS LICENSE ATTACHED HEREWITH: YES  NO

CITY OF CARROLLTON POLICE OFFICER(S) SCHEDULED TO PROVIDE SECURITY AT EVENT: YES  NO   
(or more security personnel if deemed necessary by the City Manager)

SECURITY PROVISION WAIVED BY THE CITY MANAGER: YES  NO

INSURANCE VERIFICATION LETTER ATTACHED: YES  NO

\$150.00 FEE PAID BY:  CASH  CHECK # - \_\_\_\_\_  CREDIT CARD

**ALL PROVISIONS FOR THE SPECIAL ALCOHOLIC BEVERAGE LICENSE HAVE BEEN SATISFACTORILY COMPLETED, AND THEREFORE THE LICENSE IS HEREBY APPROVED BY TIM GRIZZARD, CITY MANAGER.**

\_\_\_\_\_  
Tim Grizzard, City Manager

\_\_\_\_\_  
Date

LICENSE ISSUED BY: \_\_\_\_\_  
Tina Laney, Alcohol Licensing Dept.

DATE ISSUED: \_\_\_\_\_