



City Of Statesboro  
50 E Main St · P.O. Box 348  
Statesboro, GA 30458  
P:912-764-5468 · F:912-764-4691  
[www.statesboroga.gov](http://www.statesboroga.gov)

**Application for Special Event Permit for Non-Profit Tax Exempt Civic Organization**

**\*\*IRS Tax Exempt form is required\*\***

**30 day notice is required before the event**

**Fee- \$50**

1. Date of application: \_\_\_\_\_
  2. Date of event: \_\_\_\_\_
  3. Time of event: \_\_\_\_\_
  4. Location of event: \_\_\_\_\_
  5. Type of event (detailed description): \_\_\_\_\_  
\_\_\_\_\_
  6. If this is a theatre production, provide a description: \_\_\_\_\_  
\_\_\_\_\_
  7. Products to be served: \_\_\_\_\_ Beer \_\_\_\_\_ Wine \_\_\_\_\_ Liquor
  8. Will the alcohol products be sold at the event? \_\_\_\_\_ yes \_\_\_\_\_ no
- \*\*Alcohol MUST be purchased through a licensed wholesale distributor\*\***
9. Name of wholesale Distributor: \_\_\_\_\_
  10. Address & phone number of wholesale distributor: \_\_\_\_\_  
\_\_\_\_\_
  11. Will there be food served? \_\_\_\_\_ yes \_\_\_\_\_ no

12. If so, who will be catering? \_\_\_\_\_

13. Will there be music and dancing? \_\_\_\_\_ yes \_\_\_\_\_ no

14. If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

15. If raising money for a charity, what is the name of the charity? \_\_\_\_\_

\_\_\_\_\_

16. Provide a name and phone number of the charity organization contact: \_\_\_\_\_

\_\_\_\_\_

17. Are flyers being distributed? \_\_\_\_\_ yes \_\_\_\_\_ no  
(If yes, please attach a flyer to the application)

18. Name of applicant: \_\_\_\_\_

19. Applicant's address: \_\_\_\_\_

\_\_\_\_\_

20. Applicant's phone number: \_\_\_\_\_

If the event is for a charity, I have provided a copy of the approved recognition of exemption under section 501(c)(3) of the internal revenue code.

I have read and agree to the requirements of this permit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date