



CITY OF STATESBORO
50 E MAIN ST
P.O. BOX 348
STATESBORO, GA 30459
P: 912-764-5468
F: 912-764-4691

TEMPORARY SPECIAL EVENT APPLICATION TO SELL ALCOHOL BY THE DRINK

Fee for a City of Statesboro Alcohol License holder - \$100

Fee for a non-license holder - \$200

Additional days (up to 2) - \$50 per day

(Application **MUST** be submitted at least 21 days prior to start date of proposed event)

Georgia sales tax must be remitted to the state of all sales at this event. Liquor tax must be remitted to the City of Statesboro (form is attached).

If you are not a City of Statesboro Alcohol License holder, you MUST have a background check done before the application can go before Mayor & Council.

Applicant Information:

Name of Applicant: _____

Physical address of applicant: _____

Name of alcohol license holder: _____

Email: _____ Phone number: _____

Required Event Details

Name of Event: _____

Location of Event: _____

Date of Event- From: _____ To: _____

Actual Event Hours: _____ am/pm To: _____ am/pm

Projected number of attendees: _____

For events with fewer than 200 total people present, any business holding an Occupational Tax Certificate in a Bulloch County jurisdiction may apply. For events with more than 200 total attendees present, only businesses holding a City issued catering license may apply.

Type of alcohol to be served: _____ Wine _____ Beer _____ Liquor

Is an open container waiver desired? _____ Yes _____ No

*****If yes, you must fill out an Open Container Request form*****

I hereby affirm the statements are true to the best of my knowledge.

Signature of Applicant

Date

Property Owner Details:

Name & address of property owner:

Email: _____ Phone Number: _____

Note: The Special Event Temporary Alcohol Permit shall be issued to any approved applicant for a period not to exceed three days. The applicant must complete application and pay all required application fees to the city clerk or his/her designee at least 21 days prior to the start date of the proposed event and shall be required to comply with all the general ordinances and regulations for on-premises consumption. The applicant seeking a temporary license must also obtain a state-issued temporary special event permit.

Alcohol Licensee Compliance Affidavit

Name of event: _____

Brief description of event: _____

Physical address of event: _____

I hereby agree that as a condition to the Issuance of a Special Event Temporary Alcohol Permit, the alcohol licensee of the event shall indemnify and hold harmless the city from claims, demand or cause of action which may arise from activities associated with the event.

I hereby solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Special Event Temporary Alcohol Permit, are true and no false or fraudulent statement or answer is made herein to procure the granting of such permit.

I hereby state and understand that should a complaint be filed against the caterer of the event for violation of any regulation associated with the application for the Special Event Temporary Alcohol Permit, the permit issued for the event will immediately become void and will not reissue for the same location.

I hereby certify that every employee or volunteer of the special event license working the special event in any position dispensing, selling, serving, taking orders for, or mixing alcoholic beverages shall possess a valid server certification pursuant to Section 6-10 of the Code of Ordinances of the City of Statesboro and be conducted in compliance with all state of Georgia statutes, rules, and regulations.

Any person working in any security capacity at event shall have a valid alcoholic beverage security permit on their person at all times pursuant to City Ordinance 6-10(d).

Applicant signature: _____

Sworn and attested before me on this _____ day of _____ 20_____

Notary Signature/Seal: _____



City of Statesboro Consent Form

I am authorizing the City of Statesboro to conduct a background criminal history record check.

I hereby agree the City of Statesboro, the Georgia Crime Information Center, the employees of either agency, or the employees of any other agency of the Federal, State, and local agencies, shall not be responsible for the accuracy of the information given or have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check.

Full Name: _____

Address: _____

SSN: _____ DOB: _____

Place of birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Eye color: _____ Hair color: _____

Signature

Date

Sworn before me on this _____ day of _____, 20_____.

Notary Public

My commission expires

GAPS Applicant Registration

Last Name: _____

First Name: _____

Middle Name: _____

Suffix: _____ Jr _____ Sr _____ II _____ III _____ IV

DOB: _____ Place of Birth: _____

SSN: _____ Sex: _____ M _____ F

Race: _____ Asian/Pacific Islander _____ Black _____ American Indian/Alaskan
_____ White (includes Mexicans & Latinos)

Eye Color: _____ Black _____ Blue _____ Brown _____ Green _____ Grey _____
_____ Hazel _____ Maroon _____ Multi-colored _____ Pink

Hair Color: _____ Black _____ Blonde _____ Blue _____ Brown _____ Grey _____ Orange
_____ Purple _____ Pink _____ Red _____ Sandy _____ White

Height: _____ Weight: _____ Country of Citizenship: _____

Drivers License Number: _____ Drivers License State: _____

Address: _____

Phone number: _____

Signature: _____ Date: _____

Reason for fingerprinting:

_____ Alcohol/Liquor license _____ Bondsman _____ Wrecker/Towing

_____ Vehicle for hire _____ Billiard License _____ Massage therapy

_____ Pawn Shop _____ Adult Entertainment Establishment



Cogent Systems
Georgia Applicant Processing Services
Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime information Center for a search of criminal history information in its files and to the Federal Bureau of investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

Signature

Date

Sworn before me on this _____ day of _____, 20_____.

Notary Public

My commission expires

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

.PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation

Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

I received a copy of the privacy rights.

Print name

Signature

Date



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Excise Tax on Liquor by the drink

This Report must be filled out and returned with payment to the City's Tax Department after completion of your event.

Mail Return and Tax Payment to:

City of Statesboro
Tax Office
Post Office Box 348
Statesboro, Ga 30459

Date Return Filed

Return for (Event/Applicant Name)

Business Name

Business Address

Gross Receipts from sale of Liquor by drink

3% of Total Gross Receipts

Total Due to City of Statesboro

I certify that this return has been examined by me and is to the best of my knowledge and belief a true and complete return, made in good faith, for the event stated above.

Signature & Title

Please Print or Type Name

Date