

Application MUST be received a <u>minimum of 10 days prior to the event</u> with all documentation included. Permit MUST be picked up and displayed at the event along with State of Georgia Special Event Alcohol License. All requirements of Chapter 3 of Dawsonville's Code of Ordinances (municode.com) and State law must be complied with. Notice will be provided to Dawson County Sheriff's Office.

Type of License:				Fee		
Catered Alcohol Permit – Domiciled (L	icense issue	ed by City of Dawsonville)		\$25		
Catered Alcohol Permit – Non-Domicil	ed (License	, , ,		\$50		
		Т	otal Payable to "Cit	y of Dawsonville"	\$	
INFORMATION:						
Contact Person:	Phone#:					
Name of Alcohol Caterer:	Alcohol License #:					
Address:	Phone#					
City:		_State:	Zip:	Fax#		
Email Address:	Web Address:					
EVENT LOCATION:						
Contact Person at Location:			Phone#:			
Location Name:						
Address:						
City:		_State:	Zip:	Fax#		
EVENT INFO:						
Date:	_Time:	Start:	a.m./ p.m.	End:	a.m./ p.m.	
Type of Event						
<u>#</u> of Participants Expected	□ Event to be held Inside □ Event to be held Outside			to be held Outside		
The following documents must be a	ittached i	n order to process this a	application:			
□ Copy of alcohol license	🗆 Сору	of servers' permits	Event Layout			
OATH: I,	t. In add	dition, I agree to abide b	by the rules and regula	ations of the City of	Dawsonville's Alcohol	
	Applicant's Signature		Date	e		
DISTANCE REQUIREMENT: Section: classification. It also provides for a dis school building or daycare facility.						

FOR OFFICIAL USE ONLY:			
Completed Application Date:	Amount Paid \$	Check #	/ Cash
Copy of Alcohol License Received	Servers' Permits Received		
Approved by Date	Catered Alcohol Permit Issued	Sheriff Notified	