



**City of Dawsonville**  
 415 Highway 53 East Suite 100  
 Dawsonville, Georgia 30534  
 Phone: (706)203-4924  
 Email [permit.tech@dawsonville-ga.gov](mailto:permit.tech@dawsonville-ga.gov)

**Temporary On Premises  
 Consumption Permit  
 (Limited to 10 days per year)**

**Application MUST be received a minimum of 15 days prior to the event 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](http://municode.com)) and State law must be complied with. Notice will be provided to Dawson County Sheriff's Office.**

Type of License:	Fee	# of days	Totals
Temporary On Premises Consumption Permit	\$100 per day		<u>ONLINE</u>
<b>Total:</b>			<b>\$</b>

**INFORMATION:**

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_  
 State Special Event Alcohol License # \_\_\_\_\_ (Applicant must be provide state license prior to event)  
 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 \_\_\_\_\_  
 # of Participants Expected \_\_\_\_\_  Event to be held Inside  Event to be held Outside

**The following documents must be received prior to issuance of this type of permit:**

- Copy of alcohol license  Copy of servers' permits  Event Layout  Operation Plan

**OATH:** I, \_\_\_\_\_, do solemnly swear, subject to the penalties of false swearing, that the information contained in this application is true and correct. In addition, I agree to abide by the rules and regulations of the City of Dawsonville's Alcohol Ordinance. I further understand that I am responsible for providing, at my own expense, the necessary security and emergency services

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**DISTANCE REQUIREMENT:** Sections 3-37 of the alcohol ordinance require that all licenses be issued for areas with the Commercial zoning classification. It also provides for a distance requirement of 100 yards from any church or alcohol treatment facility, or 200 yards from any school building or daycare facility.

**FOR OFFICIAL USE ONLY:**

Completed Application Date: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ / Cash  
 Authorization letter provided to applicant \_\_\_\_\_  Copy of State Alcohol License Received \_\_\_\_\_  Servers' Permits Received \_\_\_\_\_  
 Approved by \_\_\_\_\_ Date \_\_\_\_\_  Temporary Alcohol Permit Issued \_\_\_\_\_  Sheriff Notified \_\_\_\_\_