



DEKALB COUNTY TEMPORARY ALCOHOL LICENSE APPLICATION

DeKalb County
Department of Planning and Sustainability
Division of Business License
178 Sams St
Decatur, GA 30030
PH: 470-371-2155 Option 5

Application for locations in Unincorporated DeKalb County ONLY

As provided by DeKalb County Alcohol Ordinances adopted on November 30, 1972, and February 25, 1972, DeKalb County Code Section 4-30 authorizes non-profit organizations to apply for a temporary alcoholic beverages license for two (2) events annually for a period of one day per event.

Applications For: NON-PROFIT ORGANIZATION TEMPORARY ALCOHOLIC BEVERAGE LICENSE

Check Appropriate License: [] Beer and/or Wine (\$50.00) [] Liquor (\$50.00)

Beginning Day _____, Date _____, and Time of Event/Festival: _____ (AM/PM)

Ending Day _____, Date _____, and Time of Event/Festival: _____ (AM/PM)

Number of Days: _____

Will the Event be Held Outdoors? _____ If Yes, Explain _____

Will Live Entertainment Be Offered? _____ If Yes, Explain _____

Will Adult Entertainment Be Offered? _____ If Yes, Explain _____

The following documents must be included with your application (in duplicates):

- Copy of Civic Organization’s 501(c)3, or other exemption letter from the IRS.
• A Statement of Acknowledgement & Consent signed by a corporate officer of the exempt organization signifying their knowledge of the event, and authorization for their association.
• List of Corporate Officers in verification of licensee’s position, title, or capacity with the exempt organization (Licensee must be a registered officer of the exempt corporation).
• Copy of Licensee’s Driver’s License or other government issued identification.
• An application appropriately signed and notarized.

For Events Held Indoors:

- Temporary Privilege License Application Form

For Events Held Outdoors:

- A Statement of Acknowledgement & Consent from the property or leaseholder authorizing the use of property for the proposed event.
• A Statement of Acknowledgement & Approval from the DeKalb County Public Safety Department signifying their knowledge and approval of the proposed event.
• Temporary Privilege License Supplemental Application Form

Check One: [] 1st Event Annually [] 2nd Event Annually

Name of Event/Festival: _____

Event/Festival Location: _____
Street City State Zip

Phone: _____

Non-Profit Corporation Information:

Name of Non-Profit Corp.: _____

Non-Profit Corp. Address: _____
Street City State Zip

Phone: _____

Mailing Address: _____
Street City State Zip

St. Tax ID#: _____ Fed Tax ID#: _____

Licensee Information: (per state, must be corporate officer of non-profit organization)

Name of Licensee: _____

Licensee Address: _____
Street

City State Zip

Phone: _____

Have you received a copy of DeKalb County Alcoholic Beverage Ordinance? Yes _____ No _____
NO APPLICATION CAN BE PROCESSED UNTIL YOU ACKNOWLEDGE RECEIPT OF THE DEKALB COUNTY ALCOHOL BEVERAGE ORDINANCE

This application must be signed by the licensee and notarized as true under penalty of perjury.

I, _____, being first duly sworn under oath, state that I am the above-named licensee for a DeKalb County Temporary Privilege License. I declare under penalties of perjury and/or revocation of any license granted that I nor any officer of this organization have been convicted or have plead guilty or entered a plea of Nolo Contendere to any crime involving moral turpitude, lottery, or illegal possession or sale of narcotics or liquor within ten (10) years immediately prior to filing this application, and that the answers contained in the application and any accompanying information have been examined by me and the matters and things set forth are true, correct and complete.

Licensee Signature

Title

Notary Signature

Subscribed and sworn to before me this _____ day of _____ year _____
By: _____

Notary Public in and for the State of _____ Commission Expires: _____

SUPPLEMENTAL APPLICATION FOR TEMPORARY ALCOHOLIC BEVERAGE LICENSE

DeKalb County
 Department of Planning and Sustainability
 Division of Business License
 178 Sams St
 Decatur, GA 30030

LICENSEE: _____

EVENT/FESTIVAL NAME: _____

EVENT ADDRESS: _____

Hours of Event:

Day 1: _____ Date: _____ from _____ to _____
 Day 2: _____ Date: _____ from _____ to _____

Yes No

Area: Interior

-Floor Space (sq. footage): _____
 -Entertainment? _____
 If yes, describe _____
 -Dance Floor? _____
 If yes, what are the dimensions or area: _____

Area: Exterior

-Area Space (Acre): _____
 -Will event on-goings be observable from the public street? _____
 If so, what streets, and/or intersections: _____
 -Will Portable bathrooms facilities be provided? (Qty. ___) _____

Beverage Control:

-Will alcohol-serving employees be required to attend any training? _____
 If formal, Name or Location of Course: _____
 -Are there written procedures for dealing with intoxicated or unruly patrons? _____
 Will physical barriers be utilized to control alcoholic beverage patron's entry and exit from the event area? _____
 -If not, what control will be employed to restrict the movement of alcoholic beverages (explain) _____

Security & Control

-Will doormen screen patrons:
 A Entering Premises? _____
 B Exiting Premises? _____
 -Will doormen and/or alcohol-serving employees be required to perform ID checks _____
 -Parking:
 A By Customer? _____
 B Valet Parking? _____
 -Number of Security Personnel: None _____ Bouncers _____ Floor men _____
 -Will Security Personnel be Armed? _____

**CERTIFIED REPORT OF SURVEY FOR TEMPORARY ALCOHOLIC BEVERAGE
LICENSE**

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APPLICANT: _____

BUSINESS/TRADE NAME: _____

ADDRESS: _____

The undersigned has examined the subject location and has made measurements to determine compliance or non-compliance with the distance requirements pursuant to the Alcoholic Beverage Ordinance of DeKalb County.

(Distance shall be measured from property line along the shortest possible course, as the “crow flies”.)

_____ feet to the nearest **residential area**. Give land lot, district parcel.

_____ feet to the nearest **church**. Give name & address

_____ feet to the nearest **school or college campus**. Give name & address.

_____ feet to the nearest **public park or playground**. Give name & address.

_____ feet to the nearest **adult entertainment establishment**. Give name & address.

I CERTIFY, under penalty of perjury, that the above information is true and correct.

Georgia Registered Land Surveyor

Number

Note: For outside events, a scaled drawing of the location, showing the distances described above must be attached.

TO: Lexi Morgan, Business License Manager,
Division of Business License
178 Sams St
Decatur, GA 30030

Name of Event/Festival:

Location of Event/Festival:

Name of Licensee:

Name of Non-Profit Sponsor

A PERMIT CHECK HAS BEEN MADE AND THE RESULTS ARE AS FOLLOWS:

- () No Special Event and/or Parade Permits are required.
- () All Special Event and/or Parade Permits have been applied for and approved.

Permit Type: _____ Permit #: _____
Permit Type: _____ Permit #: _____
Permit Type: _____ Permit #: _____

- () Required Special Event and/or Parade Permit have not been applied for and/or approved. List type(s) required:

Permit Type: _____ Permit #: _____
Permit Type: _____ Permit #: _____
Permit Type: _____ Permit #: _____

Comments:

OFFICIAL USE ONLY:

- 501(c)3 Exemption Letter
- Statements of Non-Profit Corp's Acknowledgement & Authorization
- List of Corporate Officers & Licensee's ID
- Statement of Property Holder's Acknowledgement & Authorization
- Statement of Public Safety's Acknowledgement & Approval
- Supplemental Application Form