

CHATHAM COUNTY



DEPARTMENT OF BUILDING SAFETY & REGULATORY SERVICES

1117 Eisenhower Drive, Suite D, Savannah, Georgia 31406

Phone: 912-201-4313 | Fax: 912-201-4301 | <https://buildingsafety.chathamcountyga.gov/>

Special Event Temporary Alcoholic Beverage Application

Any temporary Special Event for which dispensing of alcoholic beverages is requested must meet the following criteria: **(may take up to 8 weeks for approval)**

- A Chatham County Alcoholic Beverage temporary event permit is required to dispense, sell, or serve alcohol.
- All applicants are required to complete a GBI non-criminal history/background check with this application for processing purposes. Background checks are conducted at Chatham County Police Record's Department at 295 Police Memorial Drive (off Chatham Pkwy). You may contact CCRD 912.652.6988. Background checks are available the hours of 1:30pm until 4:30pm on Tuesday's and Thursdays ONLY.
- Upon completion of the non-criminal history/background check, Chatham County Occupational Tax Division will schedule an appointment with applying applicant to submit fees. **(Please provide a valid telephone number and email address).**
- A state permit must be obtained through the Georgia State Department of Revenue (DOR) before any Alcoholic Beverages can be served or sold. The DOR may be contacted at 1-877-423-6711 Option #1 then Option #2. OR you may – Email: atdiv@dor.ga.gov
- The event hours must be **between 8am – 11:59pm Monday through Sunday.**
- Permit holders must comply with all State statutes and County Ordinances governing the dispensing of alcoholic beverages including but not limited to hours of operation; the temporary permit shall be valid only for the location specified on the permit; setback requirements and noise limitations.
- Special Event permit can last a maximum of five **(5)** calendar days and the applicant will **NOT** be eligible for a Special Event Alcoholic Beverage permit more frequently than **once every six (6) months.**

Special Event for Profit:

Sponsored by a for-profit business, applicant must possess a valid Chatham County Tax Permit or valid license from a Chatham County municipality for the sale of alcoholic beverages for on-premises consumption.

Special Event Non-Profit:

Sponsored by a private non-profit organization as classified by the IRS, and no less than 80% of the proceeds of the event must benefit the sponsoring non-profit organization **(complete Waiver of Fees form along with proof of status).**

Special Event or a Parade and Public Assembly Permit:

All applicants are required to complete an event application in order to apply for a temporary alcohol permit.

Health Department (if food is being served):

Must obtain Food Service Permit prior to applying for a temporary alcoholic beverage permit (912-356-2160)

Incomplete or inaccurate applications for Alcoholic Beverage licenses will not be accepted and may result in delays or denial of license.

Reviewing Agency Identification (ORI): #GA923382Z

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Special Event Temporary Alcoholic Beverage Application

Calendar Year: _____

1. Property Identification Number (PIN) of Event: _____

2. Applying Applicant / Responsible Person Information:

Name: _____

Residence: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Sex: _____ Race: _____ Social Security/Fed. Tax I.D.#: _____

Driver's License Number _____ State: _____ Georgia Sales Tax I.D. # _____

Have you ever been arrested? YES NO If Yes, give date and offense: _____

3. Business / Organization Information:

Name of Business / Organization: _____

Physical Business / Organization Address: _____ City _____ State: _____ Zip: _____

Business Phone: _____ Other Phone: _____ Email: _____

4. Date of Event: _____ to _____ Event Hours: _____ to _____

5. Type of Event: _____

Location of Event: _____

6. Type of Alcohol to be served at event: Beer Wine Liquor ALL

7. Temporary Permit is for: Consumption on Premises Retail

8. Wholesaler(s) Name & Address of Alcoholic Beverage Provider Delivering for Event: _____

NOTE: Georgia sales tax must be remitted to the state on all sales at this event. Mixed Drink Tax (liquor) must be remitted to Chatham County Finance Department.

By signing below, I hereby authorize any agent/representative of Chatham County to conduct a non-criminal background check to operate within Unincorporated Chatham County limits and certify that I am the person authorized by the business herein named to file this application, including accompanying documents. I further certify that all statements and information provided on and with this application are true, correct, and complete.

Signature of Applying Applicant

Date

*****STAFF USE ONLY*****

This proposed Temporary alcohol Does Does NOT meet the Chatham County Alcoholic Beverage Ordinance.

Occupancy Load _____

Fire Inspector: _____ Date: _____

Police Approval:

Any previous complaints from CCPD: Yes No Criminal Background Record: Yes NO

If so, explain: _____

This business and/or applicant: Is Is NOT approved by CCPD.

Police Department: _____ Date: _____

SEA Permit # _____

District _____

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**Special Event Temporary
Alcoholic Beverage Fees**

Application Fees [Application fees are non-refundable]

- Application \$25.00
- Newspaper Ad \$15.00
- GBI Background Check \$45.00

Special Event Alcohol Fees (once every six (6) months ONLY)

- Beer \$ 100
- Wine \$ 100
- Liquor \$ 100

Total Amount Due: \$ _____

NOTICE:

Special Event Temporary Alcoholic Beverage permits are available twice a year, providing individuals with the required authorization to serve alcohol during specific events.

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I understand it is the responsibility of the applicant/licensee to ensure that all licenses to sell alcoholic beverages are renewed no later than January 31st of each year or I will have to apply for a new alcohol license. Yes No

I understand that a state alcohol license must also be obtained before any alcoholic beverage can be served or sold in the unincorporated areas of Chatham County. I further understand that the state license is obtained after the county license is obtained and I am responsible for contacting the Georgia Department of Revenue to obtain a state alcohol license. Yes No

I understand that I am required to pay Alcohol Beverage Excise Taxes in accordance with Chatham County Alcoholic Beverage Ordinance, §17-123 Alcoholic Beverage Excise Tax, and failure to pay excises taxes imposed by this ordinance will be grounds for suspension or revocation of my alcohol license. Yes No

I understand that Chatham County Occupational Tax has administrative and enforcement provisions; authority to require my business financial information. I further understand that any time the Occupational Tax Department has reason to believe that the dominant business activity has changed or has been misreported, or that the gross receipts bracket has changed or has been miscalculated or misreported. I agree to provide such financial information to the Department within thirty days if so, requested shall be considered a violation of this Article.

I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Application for Alcoholic Beverage Sales and Service and in any and all documents provided in support of this application are true and accurate. I further understand that any false statements provided by me or my representatives as part of this application, beyond any legal penalties, will result in the denial of the subject application. Yes No

I, _____, confirm that I have received a copy of the Privacy Act Statement, Applicant's Privacy Rights and Title 28 CFR 16.30 through 16.34. I further confirm that I have read and understand these guidelines.

Applying Applicant's Signature

Date

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TITLE 28 CFR 16.30 THROUGH 16.34

§ 16.30 Purpose and Scope

This subpart contains the regulations of the Federal Bureau of Investigation (FBI) concerning procedures to be followed when the subject of an identification record requests production of that record to review it or to obtain a change, correction, or updating of that record.

Initial: _____

§ 16.31 — Definition of identification record

An FBI identification record, often referred to as a "rap sheet," is a listing of certain information taken from fingerprint submissions retained by the FBI in connection with arrests and, in some instances, includes information taken from fingerprints submitted in connection with federal employment, naturalization, or military service. The identification record includes the name of the agency or institution that submitted the fingerprints to the FBI. If the fingerprints concern a criminal offense, the identification record includes the date of arrest or the date the individual was received by the agency submitting the fingerprints, the arrest charge, and the disposition of the arrest if known to the FBI. All arrest data included in an identification record are obtained from fingerprint submissions, disposition reports, and other reports submitted by agencies having criminal justice responsibilities. Therefore, the FBI Criminal Justice Information Services Division is not the source of the arrest data reflected on an identification record. **Initial:** _____

§ 16.32 — Procedure to obtain an identification record

The subject of an identification record may obtain a copy thereof by submitting a written request via the U.S. mails directly to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. Such request must be accompanied by satisfactory proof of identity, which shall consist of name, date and place of birth and a set of rolled-inked fingerprint impressions placed upon fingerprint cards or forms commonly utilized for applicant or law enforcement purposes by law enforcement agencies. **Initial:** _____

§ 16.33 — Fee for production of identification record

Each written request for production of an identification record must be accompanied by a fee of \$18 in the form of a certified check or money order, payable to the Treasury of the United States. This fee is established pursuant to the provisions of 31 U.S.C. 9701 and is based upon the clerical time beyond the first quarter hour to be spent in searching for, identifying, and reproducing each identification record requested as specified in § 16.10. Any request for waiver of the fee shall accompany the original request for the identification record and shall include a claim and proof of indigency. Subject to applicable laws, regulations, and directions of the Attorney General of the United States, the Director of the FBI may from time to time determine and establish a revised fee amount to be assessed under this authority. Notice relating to revised fee amounts shall be published in the Federal Register. **Initial:** _____

§ 16.34 — Procedure to obtain change, correction or updating of identification records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned 2018-05 Attachment C information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. **Initial:** _____

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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.

Signature of Applicant

Date

Printed Name of Applicant

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NEW APPLICANT PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. The Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the employment, 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>).

Signature of Applicant

Date

Printed Name of Applicant

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O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in **O.C.G.A. § 50-36-1**, from the **Department of Building Safety and Regulatory Services**, the undersigned applicant **verifies ONLY one** of the following with respect to my application for public benefit:

- 1) ___ I am a United States citizen: **or**;
- 2) ___ I am a legal permanent resident of the United States. **or**;
- 3) ___ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality

Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. ***My alien number issued by the Department of Homeland Security or other federal immigration agency is _____.**

*(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)

The undersigned applicant also hereby verifies that he or she is 18 years or older and has provided at least one secure and verifiable document, as required by **O.C.G.A. 50-36-1(e)(1)**, with this affidavit. **The secure and verifiable document provided with this affidavit can be classified as _____**

(such as: state issued driver's license, state issued identification, passport, etc.)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of **O.C.G.A. §16-10-20**, and face criminal penalties as allowed by such criminal statute.

Executed on _____, 20___ in _____ (City), _____ (State)

Signature of Applicant

Printed Name of Applicant

Sworn to and subscribed before me this

_____ day of _____, 20___

Notary Public (SEAL)