



Chatham County ~ Department of Building Safety & Regulatory Services
 Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161
 Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406
 Office: 912-201-4313 or 912-201-4302 | Fax 912-201-4301
 Website: www.buildingsafety.chathamcountyga.gov

SPECIAL EVENT VENDOR APPLICATION

Vendor Fee: \$10.00

1. Business Information:

Business Name: _____
 Business Address: _____ City _____ State: _____ Zip: _____
 Business Phone: _____ Email: _____
 Name of Business or Organization Sponsoring Event: _____

2. Applying Applicant's Information:

Name: _____
 Contact Phone: _____ Email: _____

3. Location of event: _____ City: _____ State: _____ Zip: _____

4. Business Activity for event: _____

Date(s) of Event: _____ to _____ **Time of Event:** _____ to _____

- 5. Will Alcoholic Beverages Be Sold or Dispensed? Yes No
(Temporary Alcoholic Beverage license requires Dept. Of Revenue approval)
- 6. Do you have a current business license? Yes No If yes, license # _____
- 7. Will Prepared Food Be Sold or Dispensed? Yes No
(Food Service permit is required through Health Dept. and must be attached for approval)
- 8. Will Produce Be Sold or Given Away? Yes No
(A Permit is required through Dept. of Agriculture and must be attached for approval)

The undersigned applicant certifies that the information provided above is true, correct, and complete to the best of their knowledge and belief. **Proof of state issued identification required for approval (front & back).**

Signature

Date

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

BSRS Representative	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Fire Inspector/ BSRS Director	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Parks & Recs	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Public Works	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date

Permit Number: _____

Fee Exempt: []



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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:**

_____. **(Provide a copy of issued identification 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 _____

(Example: 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:** _____ **Zip:** _____

Signature of Applicant

Printed Name of Applicant

Sworn to and subscribed before me this
 _____ day of _____, 20_____.

My Commission expires:

SEAL

Notary Public Signature