

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: (approval may take up to 2 weeks for approval)

- ☐ A Chatham County Alcoholic Beverage temporary event permit is required to dispense, sell, or serve alcohol.
- ☐ 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.

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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: _____ Type of Event: _____

Will the event take place on county-owned property? ☐ Yes ☐ No If yes, where? _____

6. Type of Alcohol: ☐ Beer ☐ Wine ☐ Liquor ☐ ALL Permit is for: ☐ Consumption on Premises ☐ Retail

7. 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

_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____
BSRS Representative		Date
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____
Fire Inspector / Director BSRS		Date
Fire Occupancy Load: _____		

SEA Permit # _____

District _____

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Special Event Temporary Alcoholic Beverage Fees

Application Fees **[Application fees are non-refundable]**

☐ Application \$25.00

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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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)

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Request for Waiver of Fees

A waiver of fees is typically granted only to non-profit organizations that are defined as organizations that are classified as non-profit by the federal Internal Revenue Service and are exempt from federal income taxes under Internal Revenue Service regulations. Churches are considered non-profit by the Internal Revenue Service, and thus qualify for a waiver. Exemption from registration and payment of business taxes does not exempt any such business from compliance with Chatham County's zoning, building code and other regulations. Any exemption granted shall be subject to revocation if any said organization should fail to maintain its tax-exempt status.

Name of Applicant: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Phone _____ Email Address: _____

Name Organization/Corporation: _____

Address: _____ City: _____ St: _____ Zip: _____

Business Phone: _____ Email: _____

3. List your title, office, or position of authority within this group: _____

4. Explain the activity related to this Request for Waiver Fees: _____

5. Do you have an active tax-exempt status? ☐ Yes ☐ No (Attach Proof of Status to avoid delay or denial of request)

I hereby affirm that the statements made herein are true and correct, and that no false pretense or fraudulent purpose exists in giving this information.

Signature of Applicant

Date

STAFF USE ONLY

This request for Waiver of Fees has been: ☐ Approved ☐ Denied

Reason for denial: _____

County Representative:

Date: