



**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: 912-201-4300 | Fax 912-201-4301 | Website: <https://buildingsafety.chathamcountyga.gov/>**

## Special Event Application

Acceptance of payment by Chatham County does not constitute final approval of your application. This application is subject to all necessary approvals. Special Event Application Fees are as follow: \$100.00 per day, plus \$25.00 application fee (non-refundable)

S/E Permit Number: \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Property Identification Number (P.I.N): \_\_\_\_\_

**1. Applying Applicant's Information:**

Name: \_\_\_\_\_

**Your relationship with this business:**  Manager  Officer  Registered Agent  Sole Owner  Partner(s)

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. # \_\_\_\_\_

**2. Organization Information:**     Individual     Corporation (INC., LLC)     Partnership

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_

4. Address of Event: \_\_\_\_\_ Place: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Date(s) of Event: \_\_\_\_\_ to \_\_\_\_\_ Event Hours: \_\_\_\_\_ to \_\_\_\_\_

Set-up Date(s): \_\_\_\_\_ Clean-up Dates: \_\_\_\_\_

Will Street Need to be closed?  Yes  No (attach separate sheet listing streets closure)    Estimated Number of Attendees: \_\_\_\_\_

6. Will Alcoholic Beverages be sold or dispensed?  Yes  No    **If Yes, complete a Temporary Alcoholic Beverage Application.**

7. Will there be loud or amplified sound?  Yes  No    **If Yes, complete a Noise Permit Application.**

8. Will there be any vendors or booths?  Yes  No    **If Yes, all vendors must complete a Vendors Permit Application.**

9. Will extra Duty or Traffic Control Officers needed?  Yes  No    **If Yes, how many:** \_\_\_\_\_

**Requirements:** {X} P.I.N. [Property Identification Number]: Location of the Special Event may be found on your property tax bill or call the Tax Assessors Office: (912) 652-7271    <https://buildingsafety.chathamcountyga.gov/>

{X} Copy of applying applicant's Driver's License / State ID/ Passport (front and back)

{X} Notarized Affidavit Verifying Status for County Public Benefit Application

{X} Incorporation Certificate: Required if business is Incorporated or LLC (Certificate Page Only)

**Special Event Fees:**

Permit \$100.00 per day  
 Application \$25.00 (Non-Refundable)

**Vendor Fee**

**S/E Temporary Alcoholic Beverage Permit Fees:**

Application \$25.00 (Non-Refundable)  
 Ad \$15.00 (Non-Refundable)  
 Beer \$100.00 per day; Wine \$100.00 per day; Liquor \$100.00 per day

**I, the undersigned applicant, hereby request approval to host a Special Event within unincorporated Chatham County limits, and certify I am the person authorized by the business/organization herein named to file this application, including any attached documents. I further certify that all statements and information provided on and with this application is true, correct, and complete.**

\_\_\_\_\_  
**Signature of Applying Applicant**

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

**STAFF USE ONLY**

<hr/> <b>Police Department</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<hr/> Date
<hr/> <b>Fire Inspector / Director BSRS</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<hr/> Date
<hr/> <b>Public Works</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<hr/> Date
<hr/> <b>Parks &amp; Recreation</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<hr/> Date
<hr/> <b>Engineering</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<hr/> Date
<hr/> <b>Chief of Navigation, Mgmt. Branch</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<hr/> Date



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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 statement of facts 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.

I hereby declare under penalty of lying under oath that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
 Signature of Authorized Officer/Agent

\_\_\_\_\_  
 Printed Name of Authorized Officer/Agent

**Sworn to and subscribed before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SEAL**

\_\_\_\_\_  
 Notary Public Signature

My Commission expires:



## 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.

1. Name of Applicant: \_\_\_\_\_ Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

2. 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**  
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This request for Waiver of Fees has been:  Approved  Denied

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
County Representative:

\_\_\_\_\_  
Date: