



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 | <https://buildingsafety.chathamcountypa.gov/>

SPECIAL EVENT VENDOR APPLICATION

Vendor Fee: \$10.00 per day

1. Business Name: _____
2. Business Address: _____ City _____ ST _____ Zip _____
3. Phone: _____ Email _____
4. Applicant's Name: _____
5. Name of Business or Organization Sponsoring Event: _____
6. Location of Event (physical address and name): _____ City _____ ST _____ Zip _____
7. Your Business Activity for Event: _____
8. Date(s) of Event: _____ to _____ Time: _____ to _____
9. Will Alcoholic Beverages Be Sold or Dispensed?
(Alcoholic beverage license required + State approval) Yes No
10. Will Prepared Food Be Sold or Dispensed?
(Food Service permit is required through Health Department and must be attached for approval) Yes No
11. Will Produce Be Sold or Given Away?
(A Permit is required through Department of Agriculture and must be attached for approval) Yes No

THE UNDERSIGNED APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

Signature Date

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

Police Department Approved Denied _____
Date

Fire Inspector / Director BSRS Approved Denied _____
Date

Public Works Approved Denied _____
Date

Comments: _____

FEE EXEMPT [] PERMIT NUMBER _____



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 | <https://buildingsafety.chathamcountyga.gov/>

**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 _____

(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)

 Signature of Applicant

 Printed Name of Applicant

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

My Commission expires:

SEAL

 Notary Public Signature