APPLICATION FOR A LICENSED ALCOHOLIC BEVERAGE CATERER LICENSE

This is a supplemental application for a licensed alcoholic beverage by the drink establishment that is authorized to cater alcoholic beverage events in Dawson County. A Special Event Alcohol Permit is required for each catered event. See Form # 2-B (copy attached). Caterer's employees must be 21 years of age and hold valid employee permits.

Article 10 - Catering

Section 1000 Requirements: Requirements for a "Licensed Alcoholic Beverage Caterer License:
1) Restaurants and indoor commercial recreation establishments located in unincorporated Dawson County and that hold an alcohol by the drink license in accordance with Article 7 of this ordinance are the only establishments authorized to cater in the unincorporated areas of Dawson County. Such restaurants and indoor commercial recreation establishments must also comply with all provisions of this article.
2) The applicant shall hold a valid state license to sell malt beverages, wine, distilled spirits or some combination thereof by the drink for consumption on the premises.
3) The applicant shall hold a valid local county license to sell malt beverages, wine, distilled spirits, or some combination thereof, by the drink for consumption on the premises.
4) The applicant must be authorized to become a licensed alcoholic beverage caterer pursuant to O.C.G.A. § 3-11-1 et seq. (copy attached)
5) The applicant shall be a permitted Eating Establishment in accordance with the rules and regulations of the county Environmental Health Office.

Section 1002 Permitted Activities: Licensed Alcoholic Beverage Caterers are authorized to engage in, carry on or conduct the sale or distribution of alcoholic beverages off premises under the following conditions:
1) The distribution of alcoholic beverages is in connection with an "authorized catered event" for which a "Special Event Alcohol Permit" has been granted authorizing said event. The requirements for "Special Event Alcohol Permits" are detailed in Article 12 of this Ordinance.
2) A licensed alcoholic beverage caterer may sell only that type of alcoholic beverage authorized by the local alcoholic beverage license.
3) The licensed alcoholic beverage caterer shall not employ any person under 21 years of age to dispense, serve, sell or handle alcoholic beverages in accordance with O.C.G.A. § 3-11-4 et seq.
4) If the licensed alcoholic beverage caterer desires to provide alcohol on a Sunday, it distributes only those beverages which may be sold on Sundays in the county.
5) The licensed alcoholic beverage caterer complies with requirements of O.C.G.A. § 3-11-1 et seq.
6) The licensed alcoholic beverage caterer complies with the requirements contained in Articles 2 through 4 and Section 700 and 702 of Article 7 of this Ordinance.

Section 1003 Restaurants:
Restaurants which hold an alcohol by the drink license in accordance with Article 7 of this ordinance may cater events within the unincorporated areas of Dawson County so long as said establishments comply with this article.

FOR OFFICIAL USE ONLY:
Date Application Received: ________________________________
Current Alcohol by the Drink Licensee Name: ____________________________________________
Local Alcohol by the Drink License Number: __________________________
Local Alcoholic Beverage Caterer License Number: __________________________
State Alcoholic Beverage Caterer License Number: __________________________
Approved: ________________________________ Denied: ________________________________
County Manager: __________________________ Date: __________________________ County Manager: __________________________ Date: __________________________

1. TYPE OF LICENSE  (Check all that apply)
   - [ ] Beer
   - [ ] Wine
   - [ ] Distilled Spirits
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2. BUSINESS
   (a) Business Name: ________________________________________________

   (b) Location: ______________________________________________________
       Street Number           Street Name
       City                      State                     Zip Code                  Phone Number

   (c) Mailing Address: ________________________________
       For Renewals: __________________________________________________
       Street Number           Street Name
       City                      State                     Zip Code                  Phone Number

3. OWNER:
   (a) Full Name: ____________________________________________________
       Social Security #

   (b) Corporation or LLC Name (if applicable): ____________________________

   (c) Location: ______________________________________________________
       Street Number           Street Name
       City                      State                     Zip Code                  Phone Number

   (d) Mailing Address: ________________________________
       Street Number           Street Name
       City                      State                     Zip Code                  Phone Number

4. TYPE OF OWNERSHIP:
   □ Sole Proprietorship                                           □ Legally Registered Partnership
   □ Private Held Corporation                           □ Public Held Corporation
   □ Public Held Corporation Subject to S.E.C. Regulations □ Limited Liability Company
   □ Other; explain ____________________________________________

5. ADDITIONAL INFORMATION:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
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NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, DAWSON COUNTY

I, ________________________________, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONAL STATEMENT ARE TRUE AND CORRECT.

______________________________
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT ________________________________ SIGNED HIS NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS _______ DAY OF __________________________, 20 ___.

______________________________
NOTARY PUBLIC