



Application for Temporary Nonprofit Alcohol Permit

- The Forsyth County Alcohol Ordinance is available at forsythco.com. To locate the document select 'Alcohol License' from the Quick Links tab. This document is also available for review in the Department of Planning and Community Development. A temporary nonprofit alcohol permit will be granted to the same licensee a maximum of twelve days per calendar year.

- Submit completed applications to:

Forsyth County Department of Planning and Community Development
Business License Division
110 East Main Street, Suite 100
Cumming, GA 30040

- Applications will not be accepted without correct payment amounts. If you have questions about the fee amount please contact our office.
- Following the submittal of your application, applicants are required to visit the Forsyth County Sheriff's Office to authorize a criminal history background check. The Sheriff's Office will provide you a criminal history report; you must submit this report to the Department of Planning and Community Development.
- For questions related to the Forsyth County Alcohol Ordinance:

Amy Konrath, Business License Manager
770-886-2830
AJKonrath@forsythco.com

- To allow adequate review time, complete and accurate applications must be submitted 10-days prior to the proposed event.



Application for Temporary Nonprofit Alcohol Permit

Section I: General Information

1) Identify application type by checking one of the following boxes. Include a certified check or cashier's check made payable to Forsyth County.

- Beer and wine for consumption on the premises: \$50.00/day
- Distilled spirits for consumption on the premises: \$50.00/day
- Beer, wine and distilled spirits for consumption on the premises \$50.00/day

2) If operating under a trade name (DBA), provide the trade name (DBA):

3) Provide the name and address of the nonprofit entity requesting the temporary permit:

4) Provide the name of the individual to be primarily responsible for compliance with the Forsyth County Alcohol Ordinance. This person shall be the named permittee:

5) Include a copy of the Charter or Articles of Incorporation.

6) Include documentation verifying the organizations tax exempt status.

7) Can any officer, director, trustee, manager, member, or stockholder derive any financial gain from the sale of alcoholic beverages: [YES or NO]

8) The sale or consumption of alcoholic beverages is prohibited on sidewalks or parking lots. Provide a summary of the temporary special event, including the address:

9) Include copy of a letter of permission from the property owner.

10) What dates & days are you requesting the ability to sell alcohol, include what time sales will begin and end:

Section II: Registered Agent Verification

The permittee must have and continuously maintain in Forsyth County, a registered agent upon whom any process, notice, or demand required or permitted by law or under this Ordinance may be served. This person must be an individual and must be a resident of Forsyth County, Georgia.

11) Name of registered agent:

12) Address of registered agent:

13) Phone number of registered agent:

14) Registered Agent Verification:

I solemnly swear that the foregoing statements are true and complete. I understand that any falsehoods are grounds for automatic rejection of this application.

Name (Print)

Signature

Sworn to and subscribed before me this _____ day of _____, 201__.

Notary Public

Section III: Applicant Statement

15) I have read and understand the Forsyth County Alcohol Ordinance: [YES] or [NO]

Note to applicant: Permittee can provide a copy of his/her criminal history report from the Forsyth County Sherriff's Office if generated within the last 12 months. If report is older than 12 months a current criminal history check will be required.

16) I will visit the Forsyth County Sheriff's Office to initiate the criminal history record check: [YES] or [NO]

17) Full Name:

18) Date of Birth:

19) Phone Number:

20) E-Mail Address:

21) Address:

22) Resident of: _____ County, State of: _____

23) Are you a citizen of the United States or an alien lawfully admitted to this country as a permanent resident: [YES] or [NO]

24) Have you been convicted under any federal, state or local law of a felony: [YES] or [NO]

25) Have you been convicted under any federal, state or local law of any felony or misdemeanor involving moral turpitude : [YES] or [NO]

26) Are you in compliance with all federal, state and local regulations, including but not limited to payment of County taxes, fees and assessments: [YES] or [NO]

27) Have you been denied under the provisions of this Ordinance for the same type of permit in the last 12 months: [YES] or [NO]

28) Do you or any member of your immediate family own a financial interest in any other alcoholic beverage outlet, or any interest in a wholesale alcoholic beverage entity, and/or distillery or brewery : [Yes] or [No]

a) If YES to question 28, provide the name of the person, their relationship to you, the name of the outlet/wholesaler/distillery/brewery and the interest they have in the organization.

29) Have you been denied or had revoked within five years of the date of this application any permit issued to you by Forsyth County or any other city, county or state to sell alcoholic beverages: [YES] or [NO]

30) Has the proposed location had a past lease holder that has been denied or had revoked within five years of the date of this application any permit issued by Forsyth County or any other city, county or state to sell alcoholic beverages: [YES] or [NO]

31) Are you requesting the sale of distilled spirits: [YES] or [NO]

a) If YES to question 31, do you or a member of your immediate family have any interest in more than two retail dealer licenses for the sale of distilled spirits, regardless of the degree of such interest: [YES] or [NO]

b) If YES to question 31, do you or a member of your immediate family own any interest in a liquor distillery, or wholesale distributor: [YES] or [NO]

Section IV: Application Certification

Application must be sworn to and signed by the applicant in the presence of a notary public or other officer authorized to administer oaths. Any misstatement or concealment of fact in the application shall be grounds for denying an alcohol permit, and shall make the applicant liable for prosecution for perjury under the laws of the State of Georgia.

I solemnly swear that the foregoing statements are true and complete. I understand that any falsehoods are grounds for denial of this application.

Name (Print)

Signature

Sworn to and subscribed before me this _____ day of _____, 201__.

Notary Public



**Affidavit Verifying Residency Status of an Applicant
as Required by the Georgia Security and Immigration Compliance Act
O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a Forsyth County, Georgia Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for a Forsyth County Alcohol License.

_____ **I am a United States citizen**

_____ **I am a legal permanent resident of the United States**

_____ **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: _____.

The undersigned applicant hereby verifies that he or she is 18 years of age 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 such as a copy of a photo identification, driver's license, passport, permanent resident card, etc., provided with this affidavit can best be classified as:

_____.

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 in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

Applying on Behalf of / Name of Associated Business

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20 ____

Notary Public

My Commission Expires _____