

#### Forsyth County Department of Planning & Community Development (770) 781 2115 | www.forsythco.com 110 E. Main Street | Suite 100 | Cumming, GA 30040

#### Lanier Technical College Forsyth Conference Center Special Event Alcohol Permit Application

This application allows for profit businesses that possess a valid government-issued alcohol license for consumption on the premises, to request a permit to serve alcoholic beverages at the **Lanier Technical College Forsyth Conference Center** on a special event basis.

Please review the Forsyth County <u>Alcohol Ordinance</u> before applying for your alcohol license. This is also available for review in our office. For questions regarding this Ordinance, please contact:

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

Note to Applicant: Permittees must abide by all rules and policies of Lanier Technical College. Staff that will be serving alcohol must have 'server permits.' Server permits can be in the form of either a Forsyth County issued ID, or any other ID issued by a local governing authority and authorizing the employee to sell or serve alcoholic beverages.

Applications will not be accepted without correct payment amounts. If you have questions about the fee amount, please contact our office. Please call (770) 781-2115 x2830 or x4645 to schedule an appointment for application submittal.

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

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 background report; you must return this document to the Department of Planning and Community Development.

\*Non-Forsyth County businesses can provide a copy of the applicant's criminal history report from the Forsyth County Sheriff's Office if generated within the last 12 months.



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Se	ction I: General Information		
1)	Identify application type by checking one of the following boxes. Include a certified check or cashiers' check for \$50.00 made payable to Forsyth County.		
	☐ Beer and wine for consumption on the premises		
	☐ Distilled spirits for consumption on the premises		
	☐ Beer, wine and distilled spirits for consumption on the premises		
2)	If operating under a trade name (DBA), provide the trade name (DBA):		
	Provide a copy of your existing government-issued alcohol license.		
Se	ction II: Proposed Location / Event Information		
4)	The sale or consumption of alcoholic beverages is prohibited on sidewalks or parking lots. Provide a summary of the special event, including the location address:		
5)	What day is the special event:		
6)	What time will alcohol service begin and end:		

Sec	Section III: Registered Agent Verification			
7)	Name of registered agent (resides within Forsyth County):			
8)	Address of registered agent:			
9)	Phone number of registered agent:			
10)	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 thisday of, 20			
	Notary Public			

Sec	Section IV: Applicant Statement:					
11)	1) Full Name:					
12) Date of Birth:						
13)	) Phone Number:					
14)	E-mail Address: (required for named permittee only)					
15)	Address:					
16)	Resident of:County, State of:					
		ts with a Forsyth County or City of Cumming alcohol license are not required to complete In V of this application*				
Sec	ction	n V: Non-Forsyth County Businesses				
17)	Со	mplete item 17a if the applicant is a sole proprietor:				
	a)	Provide the name of the sole proprietor (this person will be the named permittee and must complete Sections II through VII of this application).				
18)	Complete items 18a through18d if the applicant is a partnership (this includes LLCs and t members).					
	a)	Provide the name and address of the partnership:				

permittee. (This person shall individually complete Sections II through VII of this app					
	c)	List the name of each partner/member:			
	d)	Include a copy of the partnership/operating agreement, including any amendments.			
19)	9) Complete items 19a through 19c if the applicant is a corporation.				
	a) Provide the name and address of the corporation:				
b) Provide the name of the officer or employee who will be primarily responsib operations of the permitted premises. (This person shall be the named permittee individually complete Sections II through VII of this application):					
	c)	Include a copy of the articles of incorporation and by-laws, including any amendments.			
20)	I will visit the Forsyth County Sheriff's Office to initiate the criminal history record check: [YES] or [NO]				
21)		ve you completed the mandatory alcohol training course provided by T.I.R.V., Evindi, or eration 21: [YES] or [NO] please include a copy of your certificate with your application.			
Forsyth County approved alcohol training companies: Evindi 678-336-7207 T.I.R.V 404-531-9237					

[NOTE: County staff can waive the requirement for a mandatory alcohol training course if the applicant submits a certificate of completion from a similar class.]

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

Operation 21 678-947-1521

23)	3) Are you a citizen of the United States, an alien lawfully admitted to this country as a permaner resident or a qualified alien or non-immigrant under the Federal Immigration and Nationality Adwith an alien number issued by the Department of Homeland Security or other federal immigration agency: [YES] or [NO]					
24)	Have you been convicted under any federal, state or local law of a felony: [YES] or [NO]					
	a)	If YES to question 24, provide detail of conviction including date and location:				
25)		ve you been convicted under any federal, state or local law of any felony or misdemeanor olving moral turpitude: [YES] <i>or</i> [NO]				
	a)	If YES to question 25, provide detail of conviction including date and location:				
26)		e you in compliance with all federal, state and local regulations, including but not limited to ment 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] <i>or</i> [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) Provide information detailing what interest your immediate family will have in the alcohol beverage outlet being requested from the County:
30) Have you been denied or had revoked within five years of the date of this application any licens issued to you by Forsyth County or any other city, county or state to sell alcoholic beverage [YES] or [NO]
Section VI: 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 a permit and shall make the applicant liable for prosecution for perjudicular the laws of the State of Georgia.  I solemnly swear that the foregoing statements are true and complete. I understand that an falsehoods are grounds for denial of this application.
Name (Print)
Signature
Sworn to and subscribed before me thisday of, 20
Notary Public

# FORSYTH COUNTY, GEORGIA

our Community. Your Future

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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:

willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall by 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	e of Associated Busines	SS		
SUBSCRIBED AND SWORN BE	efore me on this th	HE DAY OF, 20		
Notary Public				
My Commission Expires				

In making the above representation under oath, I understand that any person who knowingly and