



Forsyth County Business License Department
110 E. Main Street | Suite 130 | Cumming, GA 30040
(678) 455-9888 | www.forsythco.com

Application for Special Event Alcohol Permit for Non-Forsyth County Businesses

This application allows for businesses with an existing alcohol license for consumption on the premises, granted by a local government other than Forsyth County or the City of Cumming, to request a permit to operate a one-day cash bar at a location other than the licensed premises. A special event alcohol permit will be granted to the same licensee a maximum of twenty-four days per calendar year.

- Please review the Forsyth County [Alcohol Ordinance](#) 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

- You will need to complete your mandatory alcohol training with one of the following companies and provide a certificate of completion with this application.

Operation 21	678-947-1521
Evindi	678-336-7207
T.I.R.V.	404-531-9237

- When your application is completely executed with all applicable documents attached, and you are ready for submittal, call our office for an appointment.
- Following the submittal of your application, you are required to visit the Forsyth County Sheriff's Office to submit fingerprints and authorize a criminal history background check.
- Applications will not be accepted without correct payment amount. If you have questions about the fee amount please contact our office.
- To allow adequate review time, complete and accurate applications must be submitted **at least** 10-days prior to the proposed event.



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Section I: Application Type

1) Identify application type by checking one of the following boxes. Include a check made payable to Forsyth County. Visa and MasterCard are acceptable forms of payment, please contact our office for assistance.

- Beer and wine for consumption on the premises: \$250.00/day
- Distilled spirits for consumption on the premises: \$250.00/day
- Beer, wine and distilled spirits for consumption on the premises: \$250.00/day

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

3) Complete item 3a if the applicant is a sole proprietor.

a) Provide the name of the sole proprietor (this person will be the named licensee and must complete Sections II through VI of this application):

4) Complete items 4a through 4e if the applicant is a partnership (this includes LLCs and their members).

a) Provide the name and address of the partnership:

b) Provide the name of one of the individual partners/members who shall serve as the named licensee (this person must complete Sections II, IV, V and VI of this application):

c) List the name of each partner/member:

d) Each partner/member is considered an applicant and shall individually complete Sections IV, V and VI of this application. Print additional copies of these sections for each applicant identified in 4c.

e) Include a copy of the partnership/operating agreement, including any amendments.

5) Complete items 5a through 5e if the applicant is a corporation with its principal business being the sale of alcoholic beverages.

a) Provide the name and address of the corporation:

b) Provide the name of the majority stockholder or its principal officer that will be the named licensee (this person must complete Sections II, IV, V and VI of this application):

c) List the names of the majority stockholder and each principal officer:

d) The majority stockholder and each principal officer of the corporation are considered an applicant and shall individually complete Sections IV, V and VI of this application. Print additional copies of these sections for each applicant identified in 5c.

6) Complete items 6a through 6c if the applicant is a corporation with its principal business not being the sale of alcoholic beverages.

a) Provide the name and address of the corporation:

b) Provide the name of the officer or employee who is primarily responsible for the operations of the licensed premises. This person shall be the named licensee and shall individually complete Sections II, IV, V, and VI of this application:

c) Include a copy of the Articles of Incorporation and By-Laws, including any amendments.

7) Provide a copy of your existing local government-issued alcohol license.

Section II: Proposed Location

8) 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. (Applications regarding outside events anticipating more than twenty-five patrons must include a site plan, a crowd control plan, and security plan).

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

10) Will alcohol sales be limited to the provision of alcoholic beverages for consumption at a banquet, function, luncheon, reception or other similar event, where guest pay for alcoholic drinks on a per drink basis: [YES] or [NO]

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

Section III: Registered Agent

12) Name of registered agent:

13) Address of registered agent:

14) Phone number of registered agent:

15) 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 _____, 20____

Notary Public

Section IV: Applicant Statement

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

17) I understand that, if an alcohol permit is granted, I must maintain a copy of the Forsyth County Alcohol Ordinance on the permitted premises and require each employee to be familiar with the Forsyth County Alcohol Ordinance: [YES] or [NO]

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

19) Full Name:

20) Date of Birth:

21) Phone Number:

22) E-mail Address: *(required for named licensee only)*

23) Address:

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

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

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

a) If YES to question 26, provide detail of conviction including date and location:

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

a) If YES to question 27, provide detail of conviction including date and location:

28) Have you completed the mandatory alcohol training course provided by T.I.R.V., Evindi, or Operation 21: [YES] or [NO] *please include a copy of your certificate with your application.*

[NOTE: Certificate of completion from a similar class can be submitted with application. County staff will review certificate.]

29) 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]

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

31) 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 31, 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.

32) Provide information detailing what interest your immediate family will have in the alcoholic beverage outlet being requested from this County:

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

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

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

a) If YES to question 35, 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 35, do you or a member of your immediate family own any interest in a liquor distillery, or wholesale distributorship: [YES] or [NO]

Section V: Application Certification

Application must be sworn to and signed by the applicant(s) 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 to 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 _____, 20____.

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 _____