



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 Forsyth County Business

This application allows businesses with an *existing* alcohol license for consumption on the premises, granted by 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

- Submit completed applications to:

Forsyth County Business License Department
110 East Main Street, Suite 130
Cumming, GA 30040

- Applications will not be accepted without correct payment amounts. 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: General Information

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) Provide a copy of your existing Forsyth County or City of Cumming alcohol license.

3) Has there been any changes in any of the information or data contained in or furnished with your original alcohol license application: [YES] or [NO]

a) If YES to question 3, provide details of any changes:

4) Identify the named licensee as it appears on your existing license to sell alcohol for consumption:

5) If a trade name (DBA) is identified on your existing license to sell alcohol for consumption, please provide name.

6) 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 a security plan).

- 7) Include copy of a letter of permission from the property owner.
- 8) Will alcohol sales be limited to the provision of alcoholic beverages for consumption at a banquet, function, luncheon, reception or other similar event, where guests pay for alcoholic drinks on a per drink basis: [YES] or [NO]
- 9) 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 licensee 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.

- 10) Name of registered agent:

- 11) Address of registered agent:

- 12) Phone number of registered agent:

- 13) 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 III: Applicant Statement

To be completed by the named licensee (as identified on your existing license to sell alcohol for consumption)

14) Full Name:

15) Phone Number:

16) E-mail Address:

17) Address:

Section IV: 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 _____