



**ALCOHOLIC BEVERAGE CATERING OFF-PREMISES
APPLICATION/EVENT PERMIT**

Business Name _____ Phone _____

Business Address _____
Number and Street (room, apt., or suite no.) City State Zip

Alcohol License # _____ Alcohol Manager Name/Phone No. _____

Caterer's Name _____ Title _____

Email Address _____ Cell Number _____

Event Date _____ Event Time _____

Address of Event _____
Number and Street (room, apt., or suite no.) City State Zip

Type/Name of Event _____

Beverage(s) to be served: () Beer () Wine () Liquor () **Sunday Sales**

Quantity of Alcohol to be transported _____

Businesses licensed in the City of Acworth shall pay excise tax to the city on the amount of distilled spirits dispensed at this event. Businesses licensed by the City of Acworth will be required to include the foregoing liquor sales on their monthly reporting forms for 3% Liquor by the Drink tax. Please initial _____

I, _____, as an agent for _____, do swear that the statements made by me in the above and foregoing answers to questions are true and no false or fraudulent statement is made herein and such statements were made in order to procure the granting of a Catering Off-Premises Event Permit.

Date _____ Applicant's Signature _____

Sworn to and subscribed before me this
_____ day of _____, 20 _____

Notary Public
Commission Expires _____

For Office Use Only:
Approved () Yes () No
By _____ City Clerk
Date _____
NOTE: THIS FORM SHALL BECOME A LEGAL DOCUMENT UPON THE APPROVAL AND SIGNATURE OF THE CITY CLERK.