

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

DATE _____

BUSINESS ORGANIZATION INFORMATION

APPLICANT _____

**APPLICANT MUST HOLD CURRENT MILLEDGEVILLE & STATE OF GEORGIA LICENSE AND OCCUPATION TAX LICENSE
(COPIES OF SAME MUST ACCOMPANY APPLICATION)**

BUSINESS ADDRESS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____ PHONE(S) _____

SIGNATURE OF APPLICANT/LICENSEEE HOLDER _____

EVENT DETAILS

NAME OF EVENT _____

PHYSICAL ADDRESS OF EVENT _____

DATES OF EVENT _____ / _____ TO _____ ACTUAL EVENT HOURS _____ / _____
FROM TO BEGIN ENDING

TYPES AND QUANTITY OF ALCOHOLIC BEVERAGES TO BE SERVED: _____

YOU MAY ONLY CATER BEVERAGES ALLOWED BY YOUR CURRENT CITY OF MILLEDGEVILLE ALCOHOLIC BEVERAGE LICENSE

PROPERTY DETAILS

NAME OF PROPERTY OWNER _____

WRITTEN PERMISSION FROM OWNER OF PROPERTY MUST BE ATTACHED

ADDRESS OF OWNER _____

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PLEASE SIGN AND DATE

_____/_____

Tent Inspection (If Applicable)–Tent Permit Required

_____/_____

\$25 Permit Fee Paid

_____/_____

Planning & Development Approval

_____/_____

Fire Department Approval

_____/_____

Police Department Approval

_____/_____

License Manager’s Approval

_____/_____

CITY MANAGER’S APPROVAL

Permit Issued By _____ Date _____

THIS PERMIT IS VALID FOR THIS SPECIFIC EVENT ONLY AND IS NOT TRANSFERABLE