



City of Covington

ALCOHOLIC BEVERAGES NON-PROFIT PERMIT APPLICATION

Date Received: _____

**PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS
WILL BE RETURNED.**

Received By: _____

Permit No.: _____

Process No.: _____

I. LICENSE REQUIREMENTS:

- A copy of your current occupational tax (business license).
- A copy of your current on-premise consumption alcohol license if you are a resident caterer associated with a restaurant located within the City of Covington.
A copy of your 501(C) (3) non-profit verification for the business.
- A copy of your current alcohol license from another jurisdiction if you are a nonresident caterer.
- A copy of your current Georgia Department of Revenue State Alcohol License.
- If approved, a non-refundable permit fee in the amount of fifty dollars (\$50.00).
- non-criminal justice background check/fingerprinting completed thru GEMALTO approval (fee applies)

II. APPLICANT INFORMATION:

Applicant Name/Caterer: _____ Email: _____

Non-profit Name: _____

This is the primary person responsible for Alcohol License (not a business name).

Applicant must be at least (21) years of age.

The applicant shall not have been convicted, pled guilty or nolo contendere to any felony or to any other offense related to the sale, manufacture or use of alcoholic beverages or any Georgia controlled substance, as that term is defined in O.C.G.A. Section 16-13-21, sex crimes or crimes against children; provided, however, that if the applicant has had any such conviction and has successfully completed five years of any probation or parole imposed upon said conviction then this disqualification shall be removed.

Applicant's home address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Cell phone: _____ Business phone: _____

Does the applicant have a current and valid license from the City of Covington to sell or otherwise dispense malt beverages, wine or distilled spirits for on-premise consumption by the drink at a fixed location within the city? yes no



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If the answer to the above question is yes, please provide the following:

Business name: _____ Alcohol license number: _____

Business address: _____

Name of person listed on the alcohol license: _____

III. EVENT INFORMATION:

Event date(s): _____

Event location: _____

Event name: _____

Quantity and type of alcoholic beverages to be transported from the licensee's primary location to the location of the authorized catered event or function:

QUANTITY	TYPE
	MALT BEVERAGE
	WINE
	DISTILLED SPIRITS

IV. LIMITATION ON LICENSE:

A licensed alcoholic beverage caterer may sell or otherwise dispense only that which is authorized by his alcoholic beverage license. For example, if the alcoholic beverage caterer possesses a valid license to sell malt beverages, he may sell or otherwise dispense only malt beverages at the authorized catered event or function.

V. TAXATION AND RECORD KEEPING:

Tax on sales by resident caterers. Excise taxes are imposed upon the sale of alcoholic beverages by a resident caterer as provided in Article 3, Chapter 5.12 of the Covington Municipal Code of Ordinances. Tax on drinks served by nonresident caterers. Excise taxes are imposed upon the total of individual alcoholic beverage drinks served by a nonresident caterer in the amounts set forth in Article 3, Chapter 5.12 of the Covington Municipal Code of Ordinances.

Any alcoholic beverage caterer who holds an alcoholic beverage license by virtue of its operation of a restaurant shall include the dollar amount of sales of alcoholic beverages at any off-premises catered



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event or function towards such licensee's total alcoholic beverage sales for purposes of calculating the ratio of dollar alcohol sales to dollar of food sales in accordance with Section 5.12.030 of the Covington Municipal Code of Ordinances.

VI. AFFADAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION:

I, _____ am applying to the City of Covington, Georgia for a
(Name)

____ 1) Alcoholic Beverage Resident Caterer License

____ 2) Alcoholic Beverage Nonresident Caterer License

____ 3) Alcoholic Beverage Non-profit- License

I hereby state, under oath, with respect to my application for

(Name of business, corporation, partnership, or other private entity)

that:

____ 1) I am a United States citizen or a legal permanent resident

OR

____ 2) I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 year of age or older, lawfully present in the United States. *

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

Alien Registration Number for Non-Citizens*

NOTARY SEAL:

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

Notary Public

My Commission Expires: _____

*Note: O.C.G.A. 50-36-1 (e) (2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number, because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration numbers. Qualified aliens that do not have an alien registration number may supply another identifying number below: