



City Clerk's Office - Business Licensing Division

130 E. 1st Street - P.O. Box 229 - Tifton, GA 31793-0229

(229) 382-6231 - Fax (229) 391-3990

Website: http://www.tifton.net Email: cityclerk@tifton.net

APPLICATION FOR ONE-DAY ALCOHOL LICENSE
CATERING EVENT PERMIT

No application shall be processed no less than fourteen (14) days prior to the event.

NOTE: The City of Tifton accepts NO liability for this event

INSTRUCTIONS: Every question must be fully answered, typewritten or printed in ink. If the space provided is not sufficient, answer the questions on a separate sheet and indicate in the space provided that such separate sheet is attached.

LICENSE FEE \$100.00

Name of Event: _____ Actual Date of Event: _____

Type of Event: Wedding Reception [] Family Reunion [] Party (What Kind) _____
[] Other _____

Assembly Time for Event Participants: _____ A.M. or P.M. _____ A.M. or P.M.

Actual Start Time of the Event: _____ A.M. or P.M. Open Bar Yes [X] []

Actual End Time of the Event: _____ A.M. or P.M. Cash Bar Yes [X] []

Location of Event: _____

Alternative Location: _____

Alcoholic Beverage License #: _____

Are you a U.S. Citizen? [] Yes [] No

Host or Sponsor Making Application:

Name: _____ Res. Phone: _____

Residence Address: _____ Bus. Phone: _____

Business Address: _____ Fax #: _____

Occupation: _____ E-mail: _____

Host or Sponsor in Charge of Event: (Caterer)

Name: _____ Res. Phone: _____

Residence Address: _____ Bus. Phone: _____

Business Address: _____ Fax #: _____

Occupation: _____ E-mail: _____

Name of Organization: _____ Non-Profit? [] Yes [X] No

Is proposed event to be held by, or on behalf of, for any person other than applicant? Yes [] No [X]

(If yes, please fill in Name, Address & Phone Number of Person whom event is for)

Estimated quantities of Malt Beverages, Wine and or Distilled Spirits:

Estimated Number of People: _____ Legal Age: _____ Not Legal Age _____

Has applicant provided security and parking enforcement plans? Yes No

Any additional information that should be considered:

If have carefully read the foregoing application and swear that every statement made is true and correct to the best of my knowledge and belief.

(Signature is required before approval will be granted.)

Signature of Person Making Application

Date

Alcoholic Beverage Coordinator/Rona Martin

Date

NOTE: THE CITY OF TIFTON ACCEPTS NO LIABILITY FOR THIS EVENT

City Manager

Approved
 Denied

Date

ALL SIGNATURES REQUIRED FOR APPROVAL