



City Clerk's Office - Business Licensing Division
 204 N. Ridge Avenue - 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
 CHARITABLE ORGANIZATION**

Date of Application _____

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

I. CHARITABLE ORGANIZATION

Name: _____

Address: _____
 (Street, Road, RFD, Box Number)

City: _____ State: _____ Zip Code: _____ Business Phone () _____

- () I.R.S. Tax Exempt Number: _____
- () Incorporated as a Nonprofit Corporation - Please provide a copy of 501c3 form
- () Formal Organization, With Consitution / By Laws, Board of Directors

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

II. ORGANIZATION REPRESENTATIVE (must be a resident of the City of Tifton)

Name: _____ Phone: _____

Address: _____

III. ACTIVITY

Type of Activity: _____

Name of Facility: _____

Address of Facility: _____

Date of Activity: _____ Time: _____ Est. # Attending _____

IV. CHARITABLE PURPOSE

- | | |
|--|---|
| () Relief of the Indigent | () Libraries |
| () Medical Research and/or provision of Med. Equip. | () Zoos |
| () Education; Including Youth Education | () Scientific Research & Development |
| () Historical Preservation | () Community Development |
| () Crime Prevention & Rehabilitation | () Industrial & Commercial Recruitment |
| () Fine Arts | () Recreation |

V. ALCOHOLIC BEVERAGE - Consumption on Premises

() Distilled Spirits () Beer () Wine

VI. FINAL REPORT - (Submitted 30 Days after conclusion of activity)

Statement of Gross Receipts: _____

Expenses Paid: _____

Net Proceeds Remaining: _____

Statement of how, to whom and for what purpose said net proceeds were distributed:

OATH

I (we) do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a City License as a dealer in alcoholic beverages and liquors are true and complete and no false or fraudulent statement or answer is made herein to procure granting of license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of license issued pursuant to this application. Should any changes occur during the year for which a license is issued pursuant to this application, which would require a different answer to any question contained in this application, such changes must be reported as an amendment to this application within 2 days. The failure to make such amendment shall be cause for revocation of any license issued.

Sworn to and described before me

This _____ day of _____ 20____ Signature _____

Notary Public

FOR OFFICE USE ONLY

- 1. Organization met all criteria: Yes () No ()
- 2. Location conforms to all regulations: Yes () No ()

Review Committee: Date: _____

City Council: Date: _____

APPROVED () DISAPPROVED () RETURNED TO COMMITTEE ()

Mayor

Date