City of Vidalia, Georgia Application for Alcoholic Beverage License One Day Permit

NAME OF ORGINAZATION: APPLICANT INFORMATION (PERSON APPLYING: OWNER, PRESIDENT, CEO, ETC.) NAME: (LAST) (FIRST) (MI) ADDRESS: PHONE: (W) (H) SS# DATE OF BIRTH: RESIDENT OF VIDALIA: YES/NO NUMBER OF YEARS: HAVE YOU EVER HAD AN ALCOHOLIC BEVERAGE LICENSE REVOKED? (CITY OR STATE) IF YES, EXPLAIN HAVE YOU EVER BEEN CONVICTED OF OR PROCUTED FOR A CRIMINAL OFFENSE? IF YES, EXPLAIN IS THE EVENT A NON-PROFIT EVENT: YES NO ARE YOU FAMILIAR WITH THE LOCAL ORDINANCES, REGULATIONS AND STATE LAWS GOVERNING THE POSSESSION AND SALE OF ALCOHOL?	PLEASE PRINT OR TYPE ALL INFORMATION	DATE:	
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NAME:	ATTACH NON-PROFIT STATUS:		
NAME:			
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	THE POSSESSION AND SALE OF ALCOHOL?	?	_
ARE YOU WILLING TO ABIDE BY THESE?	ARE YOU WILLING TO ABIDE BY THESE? _		
LOCATION AND DATE OF SPECIAL EVENT:	LOCATION AND DATE OF SPECIAL EVENT:	·	
DOES THE LOCATION HOLD A CITY ALCOHOL LICENSE: YES NO	DOES THE LOCATION HOLD A CITY ALCOH	HOL LICENSE: YES NO	
I do hereby authorize the review of, and full disclosure of all records concerning myself to the duly authorized agent of the City of Vidalia. I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or part upon this release authorization will be considered in compiling any report for the City of Vidalia.	understand that any information obtained by personal history	background investigation, which is developed directly or indirectly, in whole or p	art,
I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.			
A photocopy of this release will be valid as original thereof, even though the said photocopy does not contain an original writing of my signature.	A photocopy of this release will be valid as original thereof, ev	ven though the said photocopy does not contain an original writing of my signature	•
APPLICANT'S SIGNATURE DATE	APPLICANT'S SIGNATURE	DATE	

ALL INFORMATION GIVEN WILL BE SUBJECT TO VERIFICATION

I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR THIS APPLICATION IS GROUNDS FOR FINE, REVOCATION OF LICENSE, OR BOTH. IF MANAGEMENT CHANGES I AGREE TO FURNISH CORRECTED INFORMATION TO THE CITY OF VIDALIA WITHIN 10 DAYS. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL.

APPLICANT'S SIGNATURE DATE NOTARY PUBLIC DATE

1.	NON PROFIT ONE DAY EVENT	\$50.00	\$
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	POLICE			
(012) 527 7661		(CHIEF OF POLICE)	(DATE)	
(912)-537-7661	MAYOR &			
		(CITY CLERK)	(DATE)	
	COUNCIL			

REVISED 3/15/16