

MADISON

G E O R G I A

Office Use Only

date received: 3/6/17
 application complete / fee: 3/6/17
 City Manager Approval: _____
 Police Dept. Approval: via email 3/8/17

SPECIAL EVENT ALCOHOL POURING PERMIT APPLICATION

PRODUCTS TO BE SOLD:

BEER WINE LIQUOR (additional \$25 fee)

LICENSE FEE NON-PROFIT

\$25 Per Event - Only Six Permits a Year

Qualified Non-Profit Civic Organization ONLY

1. Copy of corporate charter and by-laws or a copy of tax exempt status - (501 C3 letter) from IRS.
2. License fee of \$25 per licensed event, not to exceed 6 events per year and 3 days per event - 1 liquor permit per year.

ORGANIZATION OR BUSINESS NAME Madison-Morgan Conservancy

MAILING ADDRESS PO Box 752

CITY, STATE & ZIP CODE Madison, Ga 30650

FEDERAL EMPLOYER ID NO. _____ GA. SALES TAX NO. N/A

GA. WITHHOLDING NO. _____

NAME OF EVENT Derby Day 2017 DATE & TIME OF EVENT May 6, 2017 4:30pm

PLACE OF EVENT - STREET ADDRESS 568 Academy St. Madison

ALCOHOL LICENSEE Madison-Morgan Conservancy

TELEPHONE NO. Work: _____ Home: () _____

NAME OF PERSON RESPONSIBLE FOR THE EVENT Christine McCauley

LIST OF OFFICERS & TITLES:

1. Robert Trulock, President
2. Nancy Greene, Vice President
3. Art Dobby, Treasurer

Does your nonprofit civic organization have at least 75 members regularly paying monthly, quarterly, semiannual or annual dues?
Yes

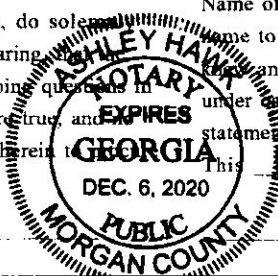
Does your event involve any acts of gambling, betting, games of chance, punch boards, slot machines, lotteries or tickets of chance?
No

NOTE: ALL LAWS AND REGULATIONS RELATING TO THE SALE OF ALCOHOLIC BEVERAGES MUST BE COMPLIED WITH. IT IS UNDERSTOOD THAT THE PERSON NAMED HEREIN IS IN CHARGE AND RESPONSIBLE FOR EVENT, AND ALL OFFICERS OF ORGANIZATION MAY BE HELD LIABLE AND RESPONSIBLE FOR ANY VIOLATION OF LAW OR REGULATION. GEORGIA SALES TAX MUST BE REMITTED TO THE STATE ON ALL SALES AT THIS EVENT. IF THE ORGANIZATION DOES NOT HOLD A GEORGIA SALES TAX NUMBER THE ORGANIZATION MUST FILE A MISCELLANEOUS SALES TAX RETURN.

PLEASE NOTE THAT APPLICATION & MATERIALS ARE DUE 14 DAYS PRIOR TO EVENT

STATE OF GEORGIA _____ I hereby certify that Christine McCauley (Full Name of Applicant) is personally known to me, that he signed his

I, Christine McCauley Applicant, do solemnly swear subject to criminal penalties for false swearing, statement and answers made by me to the foregoing questions, this application for a City of Madison license, and false or fraudulent statement or answer is made the granting of such license.



This _____ day of March, 2017
 _____ (Applicant Signature) (Full name in ink) _____ (Notary Public)



City of Madison
ATTN: CITY CLERK
P.O. Box 32
Madison, Georgia 30650
(706) 342-1251