



City of Dawsonville
P.O. Box 6, 415 Highway 53 East Suite 100
Dawsonville, Georgia 30534
Phone: (706)265-3256
Email: clerk@dawsonville-ga.gov
Website: www.dawsonville-ga.gov

**Catered Event
Permit Application
One per Event**

Application MUST be received a minimum of 3 days prior to the event with all documentation included. Permit MUST be picked up and displayed at event. Sheriff's Office will be notified.

Type of License:	Fee	
Catered Event Permit – Domiciled Caterer	\$25	
Catered Event Permit – Non-Domiciled Caterer	\$50	
Total Payable to "City of Dawsonville"		\$

CATERER INFORMATION: Contact Person: _____
Licensed Caterer Business Name: _____
Address: _____ Phone# _____
City: _____ State: _____ Zip: _____ Fax# _____
Email Address: _____ Web Address: _____

LOCATION OF EVENT: Contact Person at Location: _____
Location Name: _____
Address: _____ Phone# _____
City: _____ State: _____ Zip: _____ Fax# _____

EVENT TIMING: Date: _____ Time: Start: _____ a.m. / p.m. End: _____ a.m. / p.m.

LICENSE: Attach a copy of the: Current Alcohol License Current Business License Servers Current Pouring Permit
Is this a Non-Profit Charitable event? _____ Attach a copy of the 501(c)3

OATH:

I, _____, do solemnly swear, subject to the penalties of false swearing, that the information contained in this application are true and correct; and that I am authorized to use the alcohol license referenced with this application; and, the business to which the alcohol license is issued is catering the event outlined above. In addition, I agree to abide by the rules and regulations of the City of Dawsonville's Alcohol Ordinance.

I, _____, do solemnly swear, subject to the penalties of false swearing, that a caterer's license is not necessary because the alcoholic beverages are being purchased from a licensed establishment located in the City.

Applicant's Signature Date

DISTANCE REQUIREMENT: Sections 3-37 of the alcohol ordinance require that all licenses be issued for areas with the Commercial zoning classification. It also provides for a distance requirement of 100 yards from any church or alcohol treatment facility, or 200 yards from any school building or daycare facility.

FOR OFFICIAL USE ONLY:

Completed Application Date: _____ Amount Paid \$ _____ Check # _____ / Cash

Copy of Alcohol License Copy of Business License Copy of Pourers Permit Non-Profit Charitable Entity: Waived Yes / No