



## TEMPORARY/SPECIAL EVENT (DISPENSING ALCOHOL) PERMIT CHECKLIST

**THE ATTACHED APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO YOUR SCHEDULED EVENT. APPLICATIONS RECEIVED WITH LESS THAN 30 DAYS' NOTICE WILL NOT BE ACCEPTED OR PROCESSED. NO ADVERTISEMENTS, FEE COLLECTION, OR ORDERS SHOULD BE DONE BY THE APPLICANT ONLINE OR ON SOCIAL MEDIA UNTIL THIS APPLICATION HAS BEEN REVIEWED AND APPROVED BY THE CITY OF POOLER'S MAYOR AND COUNCIL.**

- ✓ Complete Application. The application must be completed in its entirety. To speed up the process, please include event flyers, routes, maps, and any other supporting documents regarding the event.
- ✓ ALL commercial businesses and non-profit organizations, regardless of possessing an active city-issued alcoholic beverage license, MUST also apply for the State of Georgia's Special Event Liquor License on their website: <https://gtc.dor.ga.gov/> (This is NOT applicable to private events [i.e., weddings, family reunions, baby showers] unless a licensed business will be catering; in such case, the licensed catering business must apply for the State's Special Event Liquor License).
- ✓ All applicants must visit the Pooler Police Department and have a background check completed. This process is done on Mondays & Wednesdays 9:00 a.m. – 4:30 p.m. and Fridays 9:00 a.m. – 12:00 p.m. The fee for this service is \$20.00 (fees are subject to change). Please contact Pooler PD at (912) 748-7333 if you have questions about the background check process.
- ✓ Contact the Business Registration department at (912) 748-7261, ext. 109, to schedule an appointment to submit the application, turn in your background check and pay the non-refundable fee (\$100/day plus \$20 administrative fee), or email the form and supporting documents to [hvillafana@pooler-ga.gov](mailto:hvillafana@pooler-ga.gov), then call to make a phone payment with a debit/credit card (Visa or MasterCard only). **This permit will only be issued for a maximum of 2 days.**
- ✓ If seeking a waiver of fees, please indicate this on the application and attach, if applicable, your 501(C)(3) IRS letter. **Please note that only Mayor and Council can waive fees.**
- ✓ If your event will have food vendors (i.e., food trucks), please make sure to mention this in your application and indicate that food will be sold/provided. **If food vendors are not indicated on the application, they will NOT be allowed at the event. (If alcohol will not be served, this is not the correct form; please fill out the Special Event Permit application or contact us for more information).**
- ✓ After submitting your application and payment, the Zoning Administrator, Police Chief, and Fire Chief will review your application. At that time, each department head will make recommendations for approval or denial and indicate what special stipulations, if any, must be completed prior to the application being presented to Mayor and Council.
- ✓ A representative from the Business Registration department will contact you to inform you of the recommendations made and/or stipulations required by each department and provide you with contact information, if needed, to coordinate the use of police officers and/or emergency management personnel.
- ✓ Contact all Department personnel, as mentioned previously, to schedule the use of off-duty officers and emergency staff as required.
- ✓ A representative from the Business Registration dept. will contact you to inform you when your Temporary/Special Event Permit application will be reviewed by the Mayor and Council (during a regularly scheduled council meeting). Please make plans to attend this meeting.
- ✓ If approved, the Special Event Permit will be emailed and mailed to you within 2-3 business days after the council meeting and a copy of your permit will be uploaded to the State's website. **Please note that ALL alcohol must be purchased from a wholesaler and not from a liquor store.** If your event permit is not approved and you would like to appeal the City's decision, please contact us via email at [hvillafana@pooler-ga.gov](mailto:hvillafana@pooler-ga.gov).



# TEMPORARY/SPECIAL EVENT (DISPENSING ALCOHOL) PERMIT APPLICATION

1. **APPLICANT'S INFORMATION:**

Applicant's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Business name \_\_\_\_\_

Business Alcohol License # \_\_\_\_\_

\_\_\_\_\_ Do you attest that 80% of the proceeds benefit the non-profit?  
Non-profit Name and IRS Status (if applicable) Yes No (please circle one)

**EVENT INFORMATION:** Type of event? (please circle one) OPEN (public) CLOSED (INVITATION ONLY)

Date of Event \_\_\_\_\_ Location of Event \_\_\_\_\_ Entry Fee (if any) \_\_\_\_\_

Starting Time of Event \_\_\_\_\_ Ending Time of Event \_\_\_\_\_ Estimated # of Participants \_\_\_\_\_

Description of Event – *If requesting the closing or use of city streets, please provide a map clearly marking the streets to be used.*

Will food be sold or given away?  Yes  No  
*If yes, please ensure that all vendors adhere to the regulations of the Chatham County Environmental Health Department.*

**NOTICE:** The City of Pooler may impose special stipulations of approval, including but not limited to, the requirement to hire adequate off-duty police personnel to ensure public safety.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Date Scheduled for Council Meeting: \_\_\_\_\_

Approved  Denied Special Stipulations: \_\_\_\_\_

Mayor's Signature: \_\_\_\_\_



# NEW ALCOHOLIC BEVERAGE LICENSE APPLICATION

Finance Department 100 US Hwy 80 SW, Pooler, GA 31322 P: 912-748-7261

This application must be filled out for processing. Please answer all questions in black or blue ink.  
Do not enter "Same", "N/A", "See below" or use white-out on this application.

Type of Business (please select appropriate one):

- Restaurant      Bar/Lounge      Hotel/Motel      Caterer      Event Venue  
 Convenience/Gas/Drug Store      Manufacturer/Distillery/Brewery      Super Market/Grocery  
 Wholesale/Distributor      Package/Liquor Store      Specialty Shop      Special Event Permit  
(Dispensing Alcohol)

<b>BUSINESS INFORMATION</b>			
LEGAL STRUCTURE OF ENTITY: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership			
LEGAL BUSINESS NAME:		DOING BUSINESS AS (DBA) NAME (if applicable)	
FEDERAL EMPLOYMENT ID NUMBER (FEIN):		GEORGIA SALES TAX ID NUMBER (STIN):	
BUSINESS ADDRESS (Physical Location):		CITY:	STATE:      ZIP CODE:

<b>APPLICANT INFORMATION</b>					
APPLICANT FULL LEGAL NAME (Last, First, Middle):				ISSUING STATE/DRIVER LICENSE NUMBER:	
SOCIAL SECURITY NUMBER:			DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH (City, State, Country):	
RACE:	SEX:	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
PHYSICAL HOME ADDRESS:		CITY:	STATE:	ZIP CODE:	
MAILING ADDRESS: (if different)		CITY:	STATE:	ZIP CODE:	
HOME PHONE NUMBER:		MOBILE NUMBER:		EMAIL ADDRESS:	

<b>OWNER INFORMATION (if other than applicant)</b>					
OWNER FULL LEGAL NAME (Last, First, Middle):				ISSUING STATE/DRIVER LICENSE NUMBER:	
SOCIAL SECURITY NUMBER:			DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH (City, State, Country):	
PHYSICAL HOME ADDRESS:		CITY:	STATE:	ZIP CODE:	
MAILING ADDRESS: (if different)		CITY:	STATE:	ZIP CODE:	
HOME PHONE NUMBER:		MOBILE NUMBER:		EMAIL ADDRESS:	

<b>ADDITIONAL OWNERS' INFORMATION</b> <small>Please list all owners, if more than one, who have an ownership interest of 10% or more in the business. Use additional paper if needed.</small>		
BUSINESS OWNER NAME:	BUSINESS OWNER'S ADDRESS:	BUSINESS OWNER'S TELEPHONE NUMBER:
<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>



# NEW ALCOHOLIC BEVERAGE LICENSE APPLICATION

## CRIMINAL HISTORY

**WARNING - Failure to make full disclosure in responses to these questions may result in denial or subsequent revocation of the license.**

Has the applicant or any person connected with or having an interest in said business:

- a. Ever been convicted of any criminal violation or city ordinance violation?  Yes  No  
*(Other than a traffic violation)*
- b. Ever served time in prison or other correctional institution?  Yes  No
- c. Ever had an alcoholic beverage license suspended or revoked at any time in any locality?  Yes  No  
*yes, list details on separate sheet of paper.*
- d. Ever previously or currently held/hold a license to sell wine, beer and/or distilled spirits/liquor?  Yes  No  
*(If yes see question f. If no skip question f)*
- e. If yes to question e, were there any violations of any law, regulation or ordinance relating to such business?  Yes  No

NOTE: If the answer to any question in this section is "yes" for the applicant or any person connected with or having an interest in said business, describe circumstances in detail for each person. Please provide and attach a written explanation.

Before the undersigned attesting officer duly authorized to administer oaths, personally comes the applicant for a license to conduct the sale of alcoholic beverages in the City of Pooler, says that the information given, and the statements made in this application are true, correct, and complete under penalty of law.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Seal

My Commission Expires: \_\_\_\_\_

**NOTICE:** The applicant for an alcoholic beverage license shall be the owner of the business. If this is a corporation, partnership or other legal entity, the applicant must be a substantial and major stockholder, or the applicant may be the General Manager charged with the regular operation of said business on the premises for which the license is issued. Applicant for an alcoholic beverage license, as well as every owner having 10% or more ownership, must submit to fingerprinting by using the GAPS system prior to submitting the application. Instructions for fingerprinting are attached.





# NEW ALCOHOLIC BEVERAGE LICENSE APPLICATION

CLASSIFICATIONS					
RETAIL <small>(new applications received after July 1<sup>st</sup> rates are prorated to 50% off)</small>					
CLASS	CLASSIFICATION	LIQUOR, BEER & WINE	BEER & WINE	BEER ONLY	TOTAL
A	Retail Package	<input type="checkbox"/> 1 \$1850	<input type="checkbox"/> 2 \$800	<input type="checkbox"/> 3 \$600	
B	Consumption On-Premises	<input type="checkbox"/> 1 \$2150	<input type="checkbox"/> 2 \$1000	<input type="checkbox"/> 3 \$750	
WHOLESALE					
CLASS	CLASSIFICATION	PRICE		TOTAL	
C	Liquor	<input type="checkbox"/> \$3200			
D	Beer & Wine	<input type="checkbox"/> \$1900			
MANUFACTURERS					
CLASS	CLASSIFICATION	PRICE		TOTAL	
E	Brewer, manufacturer of malt beverages	<input type="checkbox"/> \$1075			
G	Manufacturer of wine	<input type="checkbox"/> \$2250			
H	Distiller, manufacturer of distilled spirits	<input type="checkbox"/> \$2250			
HOTELS, EVENT VENUES, & CATERERS					
CLASS	CLASSIFICATION	PRICE		TOTAL	
F1	Hotel	<input type="checkbox"/> \$2500			
F2	Special event venue	<input type="checkbox"/> \$2000			
L	Consumption off-premises, Caterer	<input type="checkbox"/> \$1500			
SPECIAL EVENTS & COMPLIMENTARY ALCOHOL					
CLASS	CLASSIFICATION	PRICE		TOTAL	
I	Temporary/Private Event (max 2 days)	<input type="checkbox"/> \$100/day			
J	Home Brew Special Event (max 2 days and 6 days per annum)	<input type="checkbox"/> \$100/day	OUT-OF-CITY CATERERS <input type="checkbox"/> \$50/day (+ 3% excise tax)		
K	Complimentary Beer & Wine	<input type="checkbox"/> \$250			
ADD-ON LICENSES					
CLASS	CLASSIFICATION	APPLICABLE LICENSES	PRICE	TOTAL	
A	Brewpub	B1, B2, B3, E	<input type="checkbox"/> \$850		
C1	Sunday Sales (Retail)	A1, A2, A3, C, D, E, F1, F2, G, H	<input type="checkbox"/> \$750		
C2	Sunday Sales (11:00 a.m.)	B1, B2, B3, F1, F2	<input type="checkbox"/> \$1000		
D	Tasting Event (must notify 5 days prior and 52 max events per annum)	A1, A2, A3	<input type="checkbox"/> No fee		
NEW APPLICATION FEES					
CLASS	FEES		GRAND TOTAL <small>(add all above selections and application fees)</small>		
A1 - H & L	<input type="checkbox"/> \$290				
I, J & K	<input type="checkbox"/> \$20				

FOR OFFICE USE ONLY:				
Rcvd:	By:	Amt Paid:	Lic#	Issued:



**TEMPORARY/SPECIAL EVENT  
(DISPENSING ALCOHOL)  
PERMIT APPLICATION  
(Staff review page)**

**STAFF RECOMMENDATIONS – CITY OF POOLER USE ONLY**

<b><u>BUILDING &amp; ZONING DEPARTMENT</u></b>			
The Building & Zoning Department has reviewed and examined the application. Based on the findings and the requirements of the Zoning Ordinance of the City of Pooler, the application is therefore recommended for:			
PIN#:	Zoning District:	Approval: <input type="checkbox"/>	Denial: <input type="checkbox"/>
Reviewed By:		Date:	
Comments: _____			
_____			
_____			
_____			

<b><u>POLICE DEPARTMENT</u></b>			
The Police Department has reviewed the application and the details of the event. Based on their findings and the requirements of the Code of Ordinances of the City of Pooler, the application is therefore recommended for:			
Reviewed by:	Date:	Approval: <input type="checkbox"/>	Denial: <input type="checkbox"/>
Comments/Concerns: _____			
_____			
_____			
_____			

<b><u>FIRE DEPARTMENT</u></b>			
The Fire Department has reviewed the application and the details of the event. Based on their findings and the requirements of the Code of Ordinances of the City of Pooler, the application is therefore recommended for:			
Reviewed by:	Date:	Approval: <input type="checkbox"/>	Denial: <input type="checkbox"/>
Comments/Concerns: _____			
_____			
_____			
_____			



## AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for an Alcohol License (type of public benefit), as referenced in O.C.G.A. § 50-36-1, from the City of Pooler, Georgia, the undersigned applicant verifies one of the following with respect to my application for public benefit.

1.)  I am a United States citizen.

OR

2.)  I am a legal permanent resident.

OR

3.)  I am qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

If you chose #2 or #3, my alien number issued by the Department of Homeland Security or other federal immigration agency is:

\_\_\_\_\_

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can be best classified as:

\_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Name of Business

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Seal

My Commission Expires: \_\_\_\_\_