



# CITY OF BUCHANAN

## TEMPORARY ALCOHOL EVENT PERMIT APPLICATION

4300 Georgia Highway 120 | (770) 646-3081 | [mglore@buchananga.gov](mailto:mglore@buchananga.gov)

### TEMPORARY SPECIAL EVENT ALCOHOL PERMIT

#### Eligibility for a Temporary Special Event Alcohol Permit:

A Temporary Special Event Alcohol Permit may be issued by the City of Buchanan to a person, firm, or corporation hosting an approved special event, subject to the following conditions:

**1. Application and Fee Requirement**

- a. Applicants must submit a completed application to the City of Buchanan and pay the required **\$25.00 application fee**.

**2. Application Deadline**

- a. All applicants must submit a completed application **no less than five (5) business days prior** to the scheduled event date.

**3. Law Enforcement Presence**

- a. The presence of a certified P.O.S.T. (Peace Officer Standards and Training) officer at the special event **is encouraged but not required**.

**4. Police Department Approval or Revocation**

- a. The proposed event must receive prior approval from the **City of Buchanan Police Department** regarding crowd control, traffic control, and appropriate security measures. The **Chief of Police or their designee** may immediately revoke a Temporary Special Event Alcohol Permit if continued alcohol sales are determined to pose a threat to the health, welfare, or safety of the public.

**5. Location Requirements**

- a. The premises where the special event is to be held must comply with all applicable **distance requirements from certain uses**, as established by City ordinances and applicable law.

- 6. Age Requirement for Alcohol Service-** Any bartender, alcohol server, or permit holder must be **eighteen (18) years of age or older**, pursuant to **O.C.G.A. § 3-11-4**.



# CITY OF BUCHANAN

## TEMPORARY ALCOHOL EVENT PERMIT APPLICATION

4300 Georgia Highway 120 | (770) 646-3081 | [mglore@buchananga.gov](mailto:mglore@buchananga.gov)

### 7. Indemnification Requirement

- a. As a condition of issuance of a Temporary Special Event Alcohol Permit, the permit holder shall **indemnify and hold harmless the City of Buchanan**, its officers, employees, and agents from any claims, demands, damages, or causes of action arising from or related to activities associated with the special event.

### 8. Permit Issuance

- a. Upon verification that the applicant has satisfied all applicable requirements, the **City Clerk** shall issue the Temporary Special Event Alcohol Permit.

### 9. Compliance with Local Ordinances

- a. All events operating under a Temporary Special Event Alcohol Permit must comply with the **City of Buchanan Noise and Nuisance Ordinances** and all other general provisions, licensing requirements, and regulations applicable to establishments that permit alcohol consumption on the premises, with the exception of the full-service kitchen requirement.

*Please submit the following permit application and required supplemental material to the City of Buchanan, 4300 Georgia Highway 120, Buchanan, Georgia 30113. If you have any questions, please contact 770-646-3081.*



# CITY OF BUCHANAN

## TEMPORARY ALCOHOL EVENT PERMIT APPLICATION

4300 Georgia Highway 120 | (770) 646-3081 | [mglore@buchananga.gov](mailto:mglore@buchananga.gov)

### APPLICANT INFORMATION

---

Organization, Business, or Individual Name: \_\_\_\_\_

Physical Business/ Organization Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### EVENT DETAILS

---

Name of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Event Hours From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Type of alcohol to be served at event:  Wine  Beer  Mixed Drinks

Alcohol Provided by: \_\_\_\_\_

How will alcohol be dispensed?  Sold  Giveaway/Bring your Own

**Note:** If alcohol is being **sold**, it is required that you provide a copy of the State Alcohol License, Local Jurisdiction Alcohol License, Occupational Tax Certificate, Driver's License of all servers, list of employees, and Liability Insurance.

### PROPERTY DETAILS

---

Name of Property Owner: \_\_\_\_\_

Owners Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Note:** The Special Event Temporary Alcohol Permit shall be issued only to an individual person, the business owner/sponsor of the event. In this case, business owner/sponsor means the person responsible for planning, producing and conducting the special event. If a group, organization, association or other entity is sponsoring the special event, a designated agent shall be named for purposes of the permit, and that individual shall be solely and fully responsible for compliance with all provisions of the Special Event Alcohol Permit



# CITY OF BUCHANAN

## TEMPORARY ALCOHOL EVENT PERMIT APPLICATION

4300 Georgia Highway 120 | (770) 646-3081 | mglore@buchananga.gov

### APPLICANT CERTIFICATION/AFFIDAVIT

---

Name of Event: \_\_\_\_\_

Brief Description of Event:

\_\_\_\_\_  
\_\_\_\_\_

Physical Address of Event: \_\_\_\_\_

I hereby agree that as a condition to the Issuance of a Special Event Temporary Alcohol Permit, the business owner/sponsor of the Event shall indemnify and the City harmless from claims, demand or cause of action which may arise from activities associated with the event.

I hereby solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Special Event Temporary Alcohol Permit, are true and no false or fraudulent statement or answer is made herein to procure the granting of such permit.

I hereby state and understand that should a complaint be filed against the owner/sponsor of the Event for violation of any regulation associated with the application for the City of Buchanan Special Event Temporary Alcohol Permit, the permit issued for the event will immediately become void and will not reissue for the same location.

Owner/Sponsor Signature: \_\_\_\_\_

Sworn and attested before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature/Seal: \_\_\_\_\_

**For Official Use Only:**

Approved  Denied

Police Chief: \_\_\_\_\_ City Clerk: \_\_\_\_\_



# CITY OF BUCHANAN

## TEMPORARY ALCOHOL EVENT PERMIT APPLICATION

4300 Georgia Highway 120 | (770) 646-3081 | [mglore@buchananga.gov](mailto:mglore@buchananga.gov)

### LIST OF EMPLOYEES FOR EVENT

---

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Position: \_\_\_\_\_