



# APPLICATION FOR TEMPORARY ALCOHOLIC BEVERAGE LICENSE



### 1. Type of Application (Check One)

- |                  |                       |
|------------------|-----------------------|
| Special Event    | Beer/Wine Amenity     |
| Temporary Permit | Off-Premises Catering |

### 2. Permit Fees

- |                           |   |
|---------------------------|---|
| Special Event             | \$250   |
| Beer/Wine Amenity         | \$50  |
| Temporary/Catering Permit | \$250 (Fee Waived if applicant holds a valid City of Suwanee Alcohol License) |

### 3. Event Information

Name: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Date of the Event: \_\_\_\_\_ Time: \_\_\_\_\_

### 4. Business Information

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Location: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

### 5. Cater License Number: \_\_\_\_\_

### 6. Applicant Information

Full Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# APPLICATION FOR TEMPORARY ALCOHOLIC BEVERAGE LICENSE



## AFFIDAVITS VERIFYING STATUS FOR CITY PUBLIC BENEFITS APPLICATION

PLEASE SIGN THE DOCUMENT ONLY IN THE PRESENCE OF THE NOTARY PUBLIC. THIS AFFIDAVIT MUST BE EXECUTED ANNUALLY.

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, Alcohol License, or other public benefit document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), O.C.G.A. Section 50-36-1, from the CITY OF SUWANEE, the undersigned applicant representing the private employer known as:

**Business Name:** \_\_\_\_\_ (Must complete ALL sections below)

**SECTION A** (Choose one of the following)

**(10 or More Employees)** On January 1st of the below signed year, the individual, firm, or corporation employed TEN (10) OR MORE employees. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). - [uscis.gov/everify](https://uscis.gov/everify)  
The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below.

**E-Verify:** \_\_\_\_\_ **Date of Authorization:** \_\_\_\_\_

**(9 or Less Employees)** On January 1st of the below signed year, the individual, firm, or corporation employed LESS THAN TEN (10) employees - **Exempt from E-Verify registration.**

**SECTION B** (Choose one of the following)

- I am a United States citizen.**  
Please submit a copy of your current Secure and Verifiable Document(s) such as: a driver's license, military id card, or passport.
- I am a legal permanent resident of the United States.**  
Please bring a copy of your Permanent Resident Card.
- I am a 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.  
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 the O.C.G.A. §50-36-1(e)(1), with this affidavit.

**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 ALLOWED BY SUCH STATUTE.**

**SECTION C** (Must be completed with a notary)

**Subscribed and sworn before me on this the**

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
notary public

\_\_\_\_\_  
name of applicant

\_\_\_\_\_  
signature of applicant

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

\_\_\_\_\_  
city where executed

\_\_\_\_\_  
state