

**CHATHAM COUNTY
SPECIAL EVENT PERMIT
APPLICATION**

1. APPLICANT'S NAME _____
2. HOME ADDRESS _____
- MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
3. APPLICANT'S DATE OF BIRTH _____ SSN _____ EMAIL _____
4. NAME OF ORGANIZATION _____
5. ADDRESS OF ORGANIZATION _____
6. TELEPHONE NUMBER OF BUSINESS OR ORGANIZATION REPRESENTED _____
7. CONTACT PERSON(S): _____
8. NAME OF EVENT _____
9. LOCATION OF SPECIAL EVENT (STREET ADDRESS) _____
10. DATES AND TIMES DURING WHICH ACTIVITIES WILL BE CONDUCTED _____
11. DESCRIBE NATURE OF ACTIVITIES TO BE CONDUCTED _____
12. SET-UP DATE(S) _____ CLEAN-UP DATES _____
- WILL STREET(S) NEED TO BE CLOSED? NO _____ YES _____ LIST STREET(S): _____
13. ESTIMATED # OF ATTENDEES _____
14. WILL ALCOHOLIC BEVERAGES BE SOLD OR DISPENSED?
(Complete **Alcoholic Beverage License Application**) YES _____ NO _____
15. WILL THERE BE LOUD OR AMPLIFIED SOUND? YES _____ NO _____
16. WILL THERE BE ANY VENDORS OR BOOTHS?
(Must complete **Vendor Permit Application**) YES _____ NO _____
17. EXTRA DUTY OFFICERS NEEDED? YES _____ NO _____ HOW MANY _____

HUTCHINSON ISLAND LOCATION ONLY: WILL ACCESS TO GRAND PRIZE OF AMERICA AVENUE BE RESTRICTED OR BLOCKED IN ANY WAY?

YES _____ NO _____ IF YES, PLEASE EXPLAIN AND INCLUDE TIME(S): _____

SPECIAL EVENT APPLICATION FEES: \$100.00 per day plus \$25.00 application fee (non-refundable) Checks Payable to Chatham County

THE UNDERSIGNED APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

APPROVED _____	DISAPPROVED _____	POLICE DEPARTMENT CHIEF OF POLICE	DATE
APPROVED _____	DISAPPROVED _____	PUBLIC WORKS DEPARTMENT DIRECTOR OF PUBLIC WORKS	DATE
APPROVED _____	DISAPPROVED _____	ZONING ZONING ADMINISTRATOR	DATE
APPROVED _____	DISAPPROVED _____	HEALTH DEPARTMENT (Food Service Only) OFFICIAL REPRESENTATIVE	DATE
APPROVED _____	DISAPPROVED _____	U.S. ARMY CORPS OF ENGINEERS CHIEF OF NAVIGATION, MGMT. BRANCH	DATE
PERMIT FEE \$ _____		RECEIPT NUMBER _____	
CHECK # _____		PERMIT # _____	



CHATHAM COUNTY

DEPARTMENT OF BUILDING SAFETY
AND REGULATORY SERVICES
P.O. Box 8161, Savannah, GA 31412-8161
1117 Eisenhower Drive, Suite D, Savannah GA 31406
912-201-4300 | Fax 912-201-4301
<http://buildingsafety.chathamcountyga.gov>



Gregori S. Anderson, CBO
Director

Clifford Bascombe, CBO
Assistant Director

O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in O.C.G.A. § 50-36-1, from the Department of Building Safety and Regulatory Services, the undersigned applicant verifies **ONLY** 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 of the United States. **or;**
- 3) _____ 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 _____**

***(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)**

The undersigned applicant also hereby verifies that he or she is 18 years 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 classified as _____ (such as: state issued driver's license, state issued identification, passport, etc.

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.

Executed in _____ (City), _____ (State).

Signature of Applicant: _____ Date

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS

____ DAY OF _____, 20____

My Commission Expires:

NOTARY PUBLIC

SEAL



CHATHAM COUNTY

DEPARTMENT OF BUILDING SAFETY
AND REGULATORY SERVICES
1117 Eisenhower Dr., Suite D, P.O. Box 8161
Savannah, GA 31412-8161
912-201-4300 | Fax 912-201-4301
<http://buildingsafety.chathamcountyga.gov>
OCCUPATIONAL TAX DIVISION

Gregori S. Anderson, CBO
Director

Clifford Bascombe, CBO
Assistant Director

A waiver of fees is typically granted only to non-profit organizations that are defined as organizations that are classified as non-profit by the federal Internal Revenue Service and are exempt from federal income taxes under Internal Revenue Service regulations. Churches are considered non-profit by the Internal Revenue Service, and thus qualify for a waiver. Exemption from registration and payment of business taxes does not exempt any such business from compliance with Chatham County's zoning, building code and other regulations. Any exemption granted shall be subject to revocation in the event that any said organization should fail to maintain its tax-exempt status.

Please provide the following:

1. Name of Applicant: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Telephone: _____ Email: _____

Business Address: _____ City: _____ St: _____ Zip: _____

Business Phone: () _____ Email: _____

2. Please provide the name of organization/corporation, which you represent:

3. List your title, office or position of authority within this group:

4. Explain the activity related to this Request for Waiver Fees:

5. Do you have an active tax-exempt status? Yes { } No { }
(ATTACH PROOF OF STATUS TO AVOID DELAY OF APPROVAL)

I hereby affirm that the statements made herein are true and correct, and that no false pretense or fraudulent purpose exists in giving this information.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

THIS REQUEST FOR WAIVER HAS BEEN: ACCEPTED { } DENIED { } DATE: _____

Reason for denial:

Chatham County Codebook

Chapter 16 Business Regulations and Licensing

§16-134 Alcoholic Beverage Licenses.

4. Alcoholic Beverage Permit for Special Event. Upon application to the Inspections Department and payment of the applicable fees as provided by this Section, the County Commissioners shall be authorized to approve the issuing of a permit for the temporary dispensing of alcoholic beverages in conjunction with a Special Event, under the following conditions:

a. Any temporary Special Event for which dispensing of alcoholic beverages is requested must meet the following criteria:

- (1) Sponsored by a private non-profit organization as classified by the U. S. Internal Revenue Service, and no less than 80% of the proceeds of the event must benefit the sponsoring non-profit organization, or;
- (2) Sponsored by a for-profit business, the applicant must possess a valid Chatham County Tax Certificate or valid license from a municipality within Chatham County for the sale of alcoholic beverages for on-premises consumption under this ordinance, and;
- (3) Food must be served during any period of time that alcoholic beverages are served, and;
- (4) The hours of any such Special Event must be between 8:00 A.M. - 11:00 P.M. Monday through Saturday; 12:30 P.M.-11:00 P.M., Sunday.
- (5) All applicants and permit holders must comply with all State statutes and County Ordinances governing the dispensing of alcoholic beverages including but not limited to hours of operation, setback requirements and noise limitations.
- (6) Each Special Event shall last a maximum of five (5) calendar days induration and the applicant shall not be eligible for a Special Event License more frequently than once every six (6) months.

5. Advertisement. All persons, firms or corporations desiring to engage in the dispensing of alcoholic beverages in conjunction with a Special Event must advertise the application in a local newspaper prior to being placed on the agenda for the Chatham County Commissioners approval. The fee charged for such advertising shall be paid by the applicant.

6. Fees. Each applicant for a new Special Event Alcoholic Beverage License shall pay an application fee of \$25.00 and a regulatory fee according to the following for each calendar day of the event.

a. Beer \$100.00

b. Wine \$100.00

c. Liquor \$100.00

(§16-134, 4, 1-3, amended 4/11/97)

7. Compliance with the Parade and Public Assembly Ordinance, as determined by the Director of Building Safety and Regulatory Services or his/her designee. (Amended March 12, 2004)



CHATHAM COUNTY

DEPARTMENT OF BUILDING SAFETY
AND REGULATORY SERVICES
1117 Eisenhower Dr., Suite D, P.O. Box 8161
Savannah, GA 31412-8161
912-201-4300 | Fax 912-201-4301
<http://buildingsafety.chathamcountyga.gov>
OCCUPATIONAL TAX DIVISION

Gregori S. Anderson, CBO
Director

Clifford Bascombe, CBO
Assistant Director



A waiver of fees is typically granted only to non-profit organizations that are defined as organizations that are classified as non-profit by the federal Internal Revenue Service and are exempt from federal income taxes under Internal Revenue Service regulations. Churches are considered non-profit by the Internal Revenue Service, and thus qualify for a waiver. Exemption from registration and payment of business taxes does not exempt any such business from compliance with Chatham County's zoning, building code and other regulations. Any exemption granted shall be subject to revocation in the event that any said organization should fail to maintain its tax-exempt status.

Please provide the following:

1. Name of Applicant: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Telephone: _____ Email: _____

Business Address: _____ City: _____ St: _____ Zip: _____

Business Phone: () _____ Email: _____

2. Please provide the name of organization/corporation, which you represent:

3. List your title, office or position of authority within this group:

4. Explain the activity related to this Request for Waiver Fees:

5. Do you have an active tax-exempt status? Yes { } No { }
(ATTACH PROOF OF STATUS TO AVOID DELAY OF APPROVAL)

I hereby affirm that the statements made herein are true and correct, and that no false pretense or fraudulent purpose exists in giving this information.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

THIS REQUEST FOR WAIVER HAS BEEN: ACCEPTED { } DENIED { } DATE: _____

Reason for denial:
