

**CHATHAM COUNTY  
SPECIAL EVENT VENDOR  
APPLICATION**

**(Vendor Fee: \$10.00 per day)**

1. BUSINESS NAME \_\_\_\_\_
2. BUSINESS ADDRESS \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_
3. PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_
4. APPLICANT'S NAME \_\_\_\_\_
5. NAME OF BUSINESS OR ORGANIZATION SPONSORING EVENT \_\_\_\_\_
6. LOCATION OF SPECIAL EVENT (*PHYSICAL ADDRESS*) \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_
7. YOUR BUSINESS ACTIVITY FOR EVENT \_\_\_\_\_
8. DATES OF SPECIAL EVENT \_\_\_\_\_
9. WILL ALCOHOLIC BEVERAGES BE SOLD OR DISPENSED? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Alcoholic beverage license required + State approval)
- WILL PREPARED FOOD BE SOLD OR SERVED? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Food Service permit is required through Health Department  
and must be attached for approval)
- WILL PRODUCE BE SOLD? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Permit is required through Department of Agriculture  
and must be attached for approval)

**COPY OF CURRENT DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION IS MUST BE SUBMITTED  
ALONG WITH APPLICATION**

**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**

COMMENTS \_\_\_\_\_  
\_\_\_\_\_

**ZONING**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
ZONING ADMINISTRATOR DATE

**HEALTH DEPARTMENT (If required)**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
DATE

PERMIT FEE \_\_\_\_\_ FEE EXEMPT [ ] PERMIT NUMBER \_\_\_\_\_

CHECK/M.O. # \_\_\_\_\_ CASH [ ] CREDIT CARD [ ] RECEIPT NUMBER \_\_\_\_\_



# 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