## Al Hoyle, Mayor Sharon Nelson, City Clerk



COUNCIL MEMBERS: Ruth Caudell Al Fuller Kathryn Lancey Lynelle Stewart David Westmoreland

## **CITY OF ELLIJAY**

Georgia's Apple Capital

## Alcoholic Beverage Caterers License

CATERER INFORMATION:					
Contact Person:					
Licensed Caterer Business Name:	_				
Address:			Phone#_		
City:	State:	Zip:	Fax#_		
Email Address:	V	Veb Address:	Address:		
LOCATION OF EVENT:					
Contact Person at Location:					
Location Name:					
			Phone#		
City:	State:	Zip:	Fax#_		
EVENT TIMING: Date:	Time: Start:	a.m. / p.m.	End:	a.m. / p.m.	
ATTACH A COPY OF ALL:					
☐ Current On-Premise or Off-Premise	Alcohol License DOR A	pplication Form ATT-4SP	☐ Certificate of	Liability Insurance	
THESE ITEMS MUST B	E RECEIVED AT LEAST 15	BUSINESS DAYS PRI	OR TO THE DATE	OF THE EVENT	
	do solemnly swear, subject	to the populties of folco	awaaring that the i	nformation contained in this	
application is true and correct; and that the alcohol license is issued is catering Ordinance, Chapter 6, Division 4, and amount of \$1,000,000.00 for the date o	I am authorized to use the a the event outlined above. In I understand that I must add	alcohol license reference n addition, I agree to abi	d with this applicati de by the rules and	on; and, the business to which regulations of the City of Ellij	
DISTANCE REQUIREMENT: Section alcohol treatment facility owned and op daycare facility be maintained.					
<b><u>MOTE:</u></b> All laws and regulations relating herein is in charge and responsible for regulation. Georgia sales tax must be renumber the organization must file a mis	event, and all officers of orga emitted to the state on all sa	anization may be held lia les at this event. If the o	able and responsible	e for any violation of law or	
Applicant's Signature			ıre	Date	