



BOARD OF COMMISSIONERS
DOUGHERTY COUNTY
ALBANY, GEORGIA

Dougherty County One-Day Beer/Alcohol License
Application Process

1. Applicant completes the one-day application and SAVE Affidavit and returns the notarized documents to the County Commission Office, 222 Pine Avenue, Room 540 with a check/money order for the \$25.00 fee made payable to Dougherty County.
2. Application is reviewed by the County Commission in a Work Session and approved or denied in a Regular Meeting.
3. Applicant is notified. If denied, a letter of denial is mailed to the applicant. If approved, the application is taken to the City Treasurer's Office, 240 Pine Avenue for further instructions regarding State (Dept. of Revenue) licensing procedures and fees by the applicant.
4. Applicant should submit the Final Report, which includes the statement of Gross Receipts and Net Proceeds Distribution, within 30 days after conclusion of the activity. The report can be emailed to the County Clerk and a copy will be forwarded to the Albany-Dougherty Marshal's Office. *Failure to do may result in denial of future applications.*

Concerns can be addressed by:

City of Albany
Marshal's Division
240 Pine Ave, Ste 150
Albany, Georgia 31701
229-431-2118 office

Georgia Department of Revenue
Alcohol and Tobacco Division
1105-D West Broad Avenue
Albany, Georgia 31707
(229)420-1220 Office
(229)317-9326 Fax

Revised July 3, 2017



**BOARD OF COMMISSIONERS
DOUGHERTY COUNTY
ALBANY, GEORGIA**

ONE DAY ALCOHOL LICENSE APPLICATION

LICENSE FEE: \$25.00

INSTRUCTIONS: All questions must be fully answered, typewritten or printed in ink. When completed, it must be dated, signed and verified under oath by the applicant and filed with all supporting documents and a money order, cashiers or certified check for the exact fee with the Dougherty County Clerk, 222 Pine Avenue, Suite 540, Albany, GA 31702 three weeks prior to the date of the event.

I. CHARITABLE ORGANIZATION

Name: _____

Address: _____

Business Phone: _____ City: _____ State: _____ Zip: _____

IRS Tax Exempt Number: _____

() Incorporated as a non-profit corporation

() Formal Organization, with Constitution/Bylaws, Board of Directors

President: _____ Treasurer: _____

Vice President _____ Secretary: _____

II. ORGANIZATION REPRESENTATIVE

Name: _____ Age: _____

Address: _____ City: _____ State _____ Zip: _____

Phone: (w) _____ (c) _____

Email: _____

III. ACTIVITY

Type of Activity: _____

Name of Facility: _____

Address of Facility: _____

Date & Time of Activity: _____

IV. CHARITABLE PURPOSE

() Relief of the Indigent

() Libraries

() Medical Research

() Zoos

() Education, including Youth Education

() Scientific Research & Development

() Historical Preservation

() Community Development

() Crime Prevention & Rehabilitation

() Industrial & Commercial Recruitment

() Fine Arts

() Recreation

(over)

V. ALCOHOLIC BEVERAGE

() Consumption (Liquor/Mixed) () Beer () Wine

VI. FINAL REPORT (To be submitted within 30 days after conclusion of activity).

A. Statement of Gross Receipts: _____

Expenses Paid: _____

Net Proceeds Remaining: _____

Statement of how, to whom and for what purposes said net proceeds were distributed:

NOTE: If this portion is not completed, future applications may be denied.

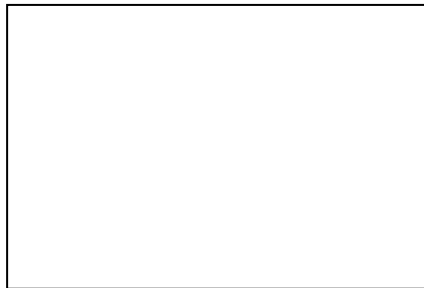
OATH

I (we) do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a one-day County license for alcoholic beverages and liquors are true and complete and no false or fraudulent statement or answer is made herein to procure granting of license, that any license issued pursuant to the application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

Signature: _____ Date of Application _____

Sworn to and executed before me this
_____ day of _____, 20_____

Notary Public Signature



SEAL

FOR OFFICE USE ONLY

1. Organization met all criteria: Yes: _____ No: _____
2. Location conforms to all regulations: Yes: _____ No: _____

Work Session Date: _____

Approved: _____ Disapproved: _____ Date: _____

Representative, Board of Commissioners of Dougherty County, Georgia