

**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 (*STREET 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)

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

SIGNATURE

DATE

•COPY OF CURRENT DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION IS REQUIRED

OFFICE USE ONLY BELOW:

COMMENTS _____

ZONING

APPROVED _____ DISAPPROVED _____ ZONING ADMINISTRATOR _____ DATE _____

HEALTH DEPARTMENT (If required)

APPROVED _____ DISAPPROVED _____ DATE _____

PERMIT FEE \$ _____ RECEIPT NUMBER _____

CHECK # _____ CASH _____ CREDIT CARD _____ PERMIT NUMBER _____



CHATHAM COUNTY

DEPARTMENT OF BUILDING SAFETY
AND REGULATORY SERVICES

P.O. Box 8161
Savannah, GA 31412-8161
912-201-4300 | Fax 912-201-4301
<http://buildingsafety.chathamcounty.org>

OCCUPATIONAL TAX DIVISION



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