



Bibb County
Tax Commissioner
Samuel Wade McCord

188 Third Street
Macon, GA 31201
(478) 621-6500

Deputy Tax Commissioner
Business Services
Tanja Battle

Special Event Application – Retail Fee: \$250/day Non-Profit: \$0

*****NO LIQUOR ON SUNDAY WITHOUT SUNDAY SALES PERMIT*****

All alcohol SERVICE & CONSUMPTION must cease at 11:30 PM.

If your event is for multiple days, you must submit a separate application and fee for each day.

Each event must be held at least 30 days after the date of application submission to the Macon-Bibb County Tax Commissioner's Office.

Proof of Planning & Zoning Compliance for the holding of a special event as described, at the event venue, for which proof must have been issued in the past year.

- 1. A Zoning Compliance Form** for the address of the event from Macon-Bibb County Planning and Zoning Commission, located at 200 Cherry Street, Suite 301, Macon, GA 31201; (478) 241-2554
- 2. A Code Acknowledgment Form** signed by a Code Enforcement officer, located at 700 Poplar Street, Macon, GA 31201; (478)803-0470
- 3. Application** must be submitted with fee to our office for approval.
- 4. If Non-Profit**, submit application to our office via email: BusinessLicenses2@maconbibb.us, mail, or in person.



Tax Commissioner's Office
188 Third Street, Macon, Georgia 31201
Mail to: Tax Commissioner's Office PO Box 4503
Macon, GA 31208-4503

Special Event Application – Retail Fee: \$250/day Non-Profit: \$0

*****NO LIQUOR ON SUNDAY WITHOUT SUNDAY SALES PERMIT*****

Will the event have a cash bar: Yes No Check Here if Non-Profit _____

Will the event have an open bar: Yes No

Alcohol to be sold or served: BEER/MALT WINE DISTILLED SPIRITS

Business Name: _____

Business Address: _____
Street Address City State Zip Code

Business Phone Number: (____) _____ Email: _____

Licensee/Agent Name: _____ Alcohol Caterer License Number: _____

Event Information

Date catered event: _____ Time of event: _____
Month/Day/Year Start End

Name of catered event: _____

Address of catered event: _____
Street Address City State Zip Code

Name of Person Transporting Alcohol: _____

DL Number & State: _____ Telephone Number: (____) _____

I declare under penalty of false swearing, that I examined the above information on this application and to the best of my knowledge and belief is true, correct, and complete. I attest that I am the licensee on the current alcoholic beverage license.

Signature of Licensee

Date



Tax Commissioner's Office
188 Third Street, Macon, Georgia 31201
Mail to: Tax Commissioner's Office PO Box 4503
Macon, GA 31208-4503

LIST OF EVENT STAFF
(Please Print)

Name: _____ Alcohol Handler License Number: _____

Contact Phone number: _____

Name: _____ Alcohol Handler License Number: _____

Contact Phone number: _____

Name: _____ Alcohol Handler License Number: _____

Contact Phone number: _____

Name: _____ Alcohol Handler License Number: _____

Contact Phone number: _____

Name: _____ Alcohol Handler License Number: _____

Contact Phone number: _____

Name: _____ Alcohol Handler License Number: _____

Contact Phone number: _____

Name: _____ Alcohol Handler License Number: _____

Contact Phone number: _____

Name: _____ Alcohol Handler License Number: _____

Contact Phone number: _____

ARMED SECURITY PERSONNEL REQUIRED TRAINING COMPLIANCE FORM

Instructions:

This form must be completed by any bar or nightclub operating with an alcohol license which allows or requires security personnel to carry firearms while working. The form shall be submitted upon applying or renewing any license to sell alcohol on the premises. This form is not required for businesses employing certified peace officers in good standing with the Georgia Peace Officer Standards and Training Counsel. Applicants applying for special events which employ armed security personnel are required to submit this form.

Pursuant to the licensing requirements of Sec. 4-550 of the Macon-Bibb County Code of Ordinances, attach the following documentation to this form prior to submission:

1. A copy of the applicant's valid private security business license, issued by the Georgia Board of Private Detective and Security Agencies.
2. A list containing the names and dates of birth of all persons who will be working as armed security personnel at the applicant's place of business or special event location. Use the attached form.

NOTE: IT IS A VIOLATION TO ALLOW ANY PERSON NOT LISTED TO WORK AS AN ARMED SECURITY PERSONNEL WITHOUT FIRST SUBMITTING AN UPDATED COPY OF THIS FORM TO THE TAX COMMISSIONER'S OFFICE. PENALTIES FOR VIOLATING THIS RULE MAY INCLUDE THE LOSS OF YOUR ALCOHOL LICENSES.

3. A copy of a valid private security license from the Georgia Board of Private Detective and Security Agencies for each person named who will be working as armed security personnel at the applicant's place of business or special event location.

If you are not operating as a bar or nightclub with armed security personnel, simply check the box on this form for "Exempt" and sign at the bottom.

Business Name: _____

Business Address: _____

- Exempt:** Check this box if you certify that you will not hire any armed security personnel, or that you are not operating as a bar or nightclub.

Applicant/Agent Signature

Date

ARMED SECURITY PERSONNEL IDENTIFICATION FORM

Instructions:

*Please list every individual who may be working as armed security personnel at your bar or nightclub. Certified peace officers do not need to be listed and may be added in the future without updating this list. If you hire anybody in the future to work as armed security personnel at your bar or nightclub, this list **MUST** be updated to include that person before they are allowed to carry a firearm while working at your business. Use additional copies of this sheet if necessary.*

IF ANY PERSON NOT ON THIS LIST IS FOUND TO BE WORKING AS ARMED SECURITY PERSONNEL AT YOUR BAR OR NIGHTCLUB, THEN YOU MAY BE SUBJECT TO PENALTIES OF UP TO \$1000 PER VIOLATION AND UP TO 6 MONTHS IN JAIL, AS WELL AS THE LOSS OF ALL ALCOHOL LICENSES ISSUED TO YOU WITHIN MACON-BIBB COUNTY.

1.			
	Name	Date of Birth	GBPDSA Private Security License #
2.			
	Name	Date of Birth	GBPDSA Private Security License #
3.			
	Name	Date of Birth	GBPDSA Private Security License #
4.			
	Name	Date of Birth	GBPDSA Private Security License #
5.			
	Name	Date of Birth	GBPDSA Private Security License #
6.			
	Name	Date of Birth	GBPDSA Private Security License #
7.			
	Name	Date of Birth	GBPDSA Private Security License #
8.			
	Name	Date of Birth	GBPDSA Private Security License #
9.			
	Name	Date of Birth	GBPDSA Private Security License #



1327504012



Georgia Department of Revenue
 Alcohol and Tobacco Division
 Telephone: (404) 417-4900
 Email: ATDIV@dor.ga.gov

ALCOHOL BEVERAGE CATERING QUANTITY & DESTINATION REPORT

Submit online at <https://gtc.dor.ga.gov>

CATERER		DESTINATION	
STATE LICENSE NUMBER:		DATE OF EVENT:	TIME OF EVENT:
NAME OF LICENSE:		NAME OF EVENT:	
NAME OF BUSINESS:		REPRESENTATIVE:	
ADDRESS:		ADDRESS:	
CITY:	COUNTY:	CITY:	COUNTY:

	CONTAINER (Bottle, Can, Plastic)	SIZE (Ounces, Liter, ML.)	QUANTITY	LIQUOR	BEER	WINE	EXCISE TAX
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

*Any changes made to this form after it is submitted must have written approval before transporting. Changes must be submitted to the local Revenue Alcohol Agent. **A copy of your local permit(s) must accompany this report while in transport.



Macon-Bibb County

Certificate of Good Standing

Instructions: This Certificate is used to certify the tax compliance status of certain individuals or business entities with a connection to a person or business that is applying for or being considered for some privilege with the Macon-Bibb County Government. These privileges may include:

- Obtaining a building permit, plat approval, building inspection report, or certificate of occupancy
- Obtaining or renewing any alcohol or privilege license
- Being appointed to any board or position of trust requiring confirmation of the County Commission.
- Being awarded a contract through a formal competitive bid or proposal process
- Being awarded a non-competitive contract over \$50,000.00
- Registering to bid on any surplus real property sold by the Macon-Bibb County Government or the Macon-Bibb County Tax Commissioner
- Any other privilege granted by Macon-Bibb County which may require certifying tax compliance status

If **AN INDIVIDUAL OR SOLE PROPRIETORSHIP** is applying for a privilege requiring this form, then that individual must complete this Certificate using his or her name as both the applicant and the subject.

If **AN ENTITY** is applying for a privilege requiring this form, then an owner or manager must complete this Certificate using the entity's name as both the applicant and the subject; and **ONE ADDITIONAL CERTIFICATE** must be completed **FOR EACH** individual identified as an owner in the entity's Certificate.

FOR BOTH INDIVIDUALS AND ENTITIES, if the privilege requested is a building permit, plat approval, building inspection report, certificate of occupancy, alcohol license, or other privilege license, then **ONE ADDITIONAL CERTIFICATE** must be completed listing the landowner of the construction site or business location as the subject.

All required completed certificates must be submitted together. Giving false, incomplete, or inaccurate information on this Certificate may result in the denial of any privilege the applicant is applying for, as well as the revocation of any privilege previously granted by Macon-Bibb County, and may constitute the crimes of false writing or false swearing, which carry a penalty of up to five years in prison and up to a \$1,000 fine.

Macon-Bibb County Certificate of Good Standing

1. Name and Title of the **Applicant**: _____

2. Name of **Applicant** and subject of this certificate:

3. Benefit or privilege for which the applicant is applying (mark one):

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Plat Approval	<input type="checkbox"/> Building Inspection Report	<input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/> Alcohol License (Any)	<input type="checkbox"/> Privilege License (Any other than alcohol)	<input type="checkbox"/> Political Appointment	<input type="checkbox"/> Competitive Contract Bid or Proposal
<input type="checkbox"/> Non-Competitive Contract over \$50,000	<input type="checkbox"/> Registering to Bid on Real Property	<input type="checkbox"/> Other: _____	

4. If the subject is an individual or sole proprietorship, then list all business entities in which the subject has a direct or indirect ownership interest of 25% or more, or legal control over. If the subject is an entity, then list all individuals who have a direct or indirect ownership interest of 25% or more in the subject entity, or who exercise legal control of the entity. Use additional sheets if needed.

5. I, the undersigned, do hereby swear or affirm that the information contained in this Certificate is true and complete to the best of my available knowledge. I further swear or affirm that, as of today, none of the individuals or entities listed in this Certificate are more than 90 days delinquent on the payment of any ad valorem property taxes due to the Macon-Bibb County Government. I understand that giving false, incomplete, or inaccurate information on this Certificate may result in the denial of any privilege the applicant is applying for, as well as the revocation of any privilege previously granted by Macon-Bibb County, and may constitute the crimes of false writing or false swearing, which carry a penalty of up to five years in prison and up to a \$1,000 fine.

Print and Sign Name

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public
My commission expires:

Macon-Bibb County Certificate of Good Standing

1. Name and Title of the applicant: _____
2. Name of **Venue Owner and** subject of this certificate, if different from the applicant:

3. Benefit or privilege for which the applicant is applying (mark one):

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Plat Approval	<input type="checkbox"/> Building Inspection Report	<input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/> Alcohol License (Any)	<input type="checkbox"/> Privilege License (Any other than alcohol)	<input type="checkbox"/> Political Appointment	<input type="checkbox"/> Competitive Contract Bid or Proposal
<input type="checkbox"/> Non-Competitive Contract over \$50,000	<input type="checkbox"/> Registering to Bid on Real Property	<input type="checkbox"/> Other: _____	

4. If the subject is an individual or sole proprietorship, then list all business entities in which the subject has a direct or indirect ownership interest of 25% or more, or legal control over. If the subject is an entity, then list all individuals who have a direct or indirect ownership interest of 25% or more in the subject entity, or who exercise legal control of the entity. Use additional sheets if needed.

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Print and Sign Name

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public
My commission expires:

Event Host

Individual or organization to act as Host for the event:

I, _____, hereby certify that I
Name of individual or representative of hosting organization

am not employed by or personally affiliated with either the event venue or the Alcoholic Beverage Caterer that is the subject of this application. I further certify that I am in charge of the event, that I am liable for damage that may occur to the venue as a result of the event, that I will be present for the entire event, and that I have the authority to immediately shut down the event if required to do so by law enforcement or Macon-Bibb County Code Enforcement.

I understand that the Alcoholic Beverage Caterer for this event must cease the dispensing, serving, or selling of any alcoholic beverage by 11:30 pm. I further understand that all patrons of the event must leave the premises of the event no later than 11:59:59 pm.

Signature of individual or representative of hosting organization

Date: _____



Code Enforcement Acknowledgment
700 Poplar Street
Macon, GA 31201
(478) 803-0470

Complete name and date of event:

Name of Event _____

Date of Event _____

Application submitted to Code Enforcement on _____
Date

Check either option.

For Office use Only:

_____ After review of this application, this event is deemed in compliance with the requirements as listed in MBCC Sec 4-217.

_____ After review of this application, this event does not comply with requirements as listed in MBCC Sec 4-217.

Signature of Director of Code Enforcement or Designee

Date