



**Development Services Division**  
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Office Hours: M – F 8 AM - 5 PM

## **ALCOHOLIC BEVERAGE CATERER Off-Premise Consumption Permit Application**

Company name: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary point of contact / Responsible party name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Types of alcohol licensed to sell/serve: *(Circle all that apply)* BEER WINE DISTILLED SPIRITS SUNDAY SALES

State Alcohol License Number and expiration date: \_\_\_\_\_

Local Municipality Alcohol License Number and expiration date: \_\_\_\_\_

Local Municipality Occupational Tax License Number and expiration date: \_\_\_\_\_

Name of event: \_\_\_\_\_

Address of event: \_\_\_\_\_

Date of event: \_\_\_\_\_ Is this event on a Sunday? Yes or No

*\*The Alcoholic Beverage Caterer must comply with state law with respect to the service of alcoholic beverages on Sunday.*

Type of alcohol being provided for this event only: *(Circle all that apply)*

BEER WINE DISTILLED SPIRITS SUNDAY SALES

### **Initial below acknowledging you have provided the required support documents**

- \_\_\_\_ Occupational Tax License from your local municipality.
- \_\_\_\_ Alcohol License from your local municipality.
- \_\_\_\_ Sunday Sales License from your local municipality – if applicable to this event.
- \_\_\_\_ State Alcohol License.
- \_\_\_\_ Point of contact / responsible party's picture identification.

For this event: Is a Special Event Permit required? Yes or No

If yes: Who is the applicant for the Special Event Permit? \_\_\_\_\_

Has the Special Event Permit been approved? \_\_\_\_\_

