



SPECIAL EVENT PERMIT APPLICATION FOR ALCOHOLIC
BEVERAGES IN THE CITY OF COMMERCE, GEORGIA

Name of Applicant: _____

Address of Applicant: _____

Contact number: _____

Email address: _____

Location and address for event: _____

Description of event: _____

Date and Time of the event: _____

Estimate number of attendants: _____

Host of the Event and Contact number: _____

*******FEES: Filing fee of \$25.00 and Permit Fee of \$50.00 must be paid at time of application**

I personally appeared before the undersigned attesting official swearing that all information furnished hereto is true and correct to be best of my knowledge. I understand the policy of alcohol for the event I am applying for.

Signed: _____ Date: _____

Licenses Fee \$ _____ Date Paid: _____

Approved by: _____

Return to: Commerce City Clerk

[Type text]