

OCONEE COUNTY BOARD OF COMMISSIONERS

P.O. Box 145
23 North Main Street
Watkinsville, Georgia 30677
Phone (706) 769-5120 ~ Fax (706) 769-0705

CATERING LICENSE APPLICATION

1. **Owner of Restaurant/Business:** _____

Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Contact Person: _____ Phone: _____

Email: _____

2. **Name of Restaurant:** _____

Restaurant Location: _____

3. **License Fee (due at application and annual renewal): \$600.00**

If application is made during the calendar year, fee will be prorated on a quarterly basis upon approval of Catering License.

Please check all that apply: ___ Beer ___ Wine ___ Distilled Spirits

Registered Agent: _____

Address: _____

Phone: _____ Email: _____

Will the Registered Agent be present at catering events? Yes ___ No ___

4. **Responsible Alcohol Sales and Service (RASS) Training:**

Name _____ Date of Training _____

Name _____ Date of Training _____

Name _____ Date of Training _____

**APPLICANTS LOCATED OUTSIDE
OF OCONEE COUNTY'S JURISDICTION**

5. Attach current Catering License from local jurisdiction.

6. Residency/Age Requirement:

Is there anyone serving alcohol that will be on the premises for an event that is not a legal resident of the United States? Yes _____ No _____

Are all servers at least 18 years of age? Yes _____ No _____

If not a U.S. citizen, can they legally be employed in the United States? Yes _____ No _____ If yes, please explain on separate page and submit copies of eligibility.

7. Disclosure of Previous Denials:

Is there anyone connected with this business that has applied for a beer, wine, and/or liquor license from Oconee County or other City or County in the State of Georgia or other state or political subdivision and been denied such? Yes _____ No _____ If yes, please give full details on separate page.

8. Disclosure of Licenses Held:

Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category? Yes _____ No _____ If yes, please give full details on separate page.

9. Disclosure of felony/other convictions or offenses:

Is there anyone connected with this business that has been convicted of a felony or a crime involving moral turpitude? Yes _____ No _____ If yes, please give full details on separate sheet including dates, charges and disposition.

Is there anyone connected with this business that has been convicted of any state, federal or local ordinance pertaining to the manufacture, possession, use, transportation or sale of malt beverages, wine or intoxicating liquors, or the taxability thereof within the last 10 years immediately prior to the filing of this application? Yes _____ No _____ If yes, please give full details on separate page including dates, charges and disposition.

Is there anyone connected with this business that has been found in violation of the ordinances of Oconee County, or any other county or municipality, governing alcoholic beverages licenses within the last five (5) years immediately prior to the filing of this application? Yes _____ No _____ If yes, please give full details on separate page.

Is there anyone connected with this business that has been convicted under any Federal, State or County law for a criminal offense involving alcoholic beverages, gambling or tax law violations? Yes _____ No _____ If yes, please give full details on separate page.

Pursuant to Title II ADA and Section 504 of the Rehabilitation Act of 1973, as amended, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Financial Assistance or under any program or activity conducted by Oconee County, Georgia. Additionally, pursuant to Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987, no person shall on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity conducted by Oconee County, Georgia.

ALL APPLICANTS

I, _____ solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a license to cater events that will include the sale of malt beverages, wine and/or distilled spirits in Oconee County, Georgia, is true and correct and to the best of my knowledge. I fully understand that any false information may cause the denial or revocation of said license and that I am to adhere to all Oconee County Ordinances.

Print full name as signed below

Signature of Applicant/Registered Agent

Title

Date

NOTARY PUBLIC:

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

(SEAL)

NOTARY PUBLIC

OCONEE COUNTY
CATERING LICENSE – CLASS F

Name of Restaurant/Business Owner: _____

Restaurant Name: _____

Restaurant Address: _____

A Class F Catering License is here by approved based on the Catering License Application for the above-named Restaurant Owner as of the _____ day of _____, 20____.

Justin Kirouac, County Administrator