

TOWN OF BRASELTON

**APPLICATION FOR A SPECIAL EVENT PERMIT
FOR THE DRINKING OF ALCOHOLIC BEVERAGES**

PERSON SEEKING ISSUANCE OF PERMIT:

Name: _____

Address: _____

Telephone Number: _____

ORGANIZATION:

Name: _____

Address: _____

Telephone Number: _____

Authorized & Responsible Heads: _____

CHAIRMAN OF THE EVENT:

Name: _____

Address: _____

Telephone Number: _____

DATE OF SPECIAL EVENT: _____

HOURS OF THE SPECIAL EVENT: _____

PARTICIPANTS: _____

ESTIMATED NUMBER OF PEOPLE WHO WILL ATTEND: _____

DESCRIPTION OF THE EVENT (Including all locations where alcohol will be consumed):

A copy of this application along with a filing fee of \$25.00 and a special event permit fee of \$50.00 must be filed with the Clerk of the Town of Braselton no less than 30 days and no more than 90 days before the date upon which the special event is to be held.

U.S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath pursuant to O.C.G.A. 50-36-1(e), as an applicant for a Town of Special Event Permit I swear or affirm under oath the following with respect to my application for a Town of Braselton Special Event Permit for:

_____ Business Name

Check (X) One of the Following:

A _____ I am a United States citizen and 18 years of age or older.
A copy of a valid and verifiable ID must be presented as part of this affidavit.

OR

B _____ I am either a legal permanent resident of the United States or qualified alien or non-immigrant under the Federal Immigration and Nationality Act and 18 years of age or older and lawfully present in the United States of America.

Alien Registration number for non-citizens: _____ (Required)

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

- 1. Valid, Unexpired Foreign Passport with I-94
- 2. Temporary Resident Alien Card (I-688)
- 3. Employment Authorization Card (I-76 or I-688A)
- 4. Employment Authorization Document (I-688B)
- 5. Refugee Travel Document (I-571)

Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20

Sworn to and subscribed

Signature of Applicant

Print Name

Before me this _____ day
Of _____, 20__:

(SEAL)

Notary Public
My Commission Expires: _____

PLEASE EXECUTE THE APPLICABLE AFFIDAVIT BELOW FOR E-VERIFY COMPLIANCE. IF YOUR BUSINESS MEETS ONE THE EXEMPTION CRITERIA(see next page), PLEASE EXECUTE THE EXEMPTION AFFIDAVIT

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36- 60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

OR

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d) By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20

Sworn to and subscribed

Signature of Applicant

Print Name

Before me this ____ day
Of _____, 20__:

(SEAL)

Notary Public

My Commission Expires:_____

Private Employer Exemptions for E-Verify

If your business falls into one of the below categories, it is exempt.

- After January 1, 2012 – Employers of 500 or more on January 1
- After July 1, 2012 – Employers of 100 to 499 as of January 1
- After January 1, 2013 – Employers of 11 to 99 as of January 1
- Never – Employers of 10 or less on January 1