



FLOYD COUNTY, GEORGIA

TEMPORARY PERMIT APPLICATION - NON-PROFIT

SUPPLEMENTAL APPLICATION FOR MALT BEVERAGE LICENSE

1. Applicant Name _____

2. Phone Number: _____

3. Date(s) of Event: _____

4. Proposed Location where sale of Beer/Wine will take place: _____

5. Will pouring of beer/wine take place inside a building? Yes No

* If yes, where? _____

6. Name of Corporation or Organization to which proceeds will be donated:

7. Is the entity or individual listed in number 5 above a 501(c)(3) organization? Yes No

* If yes, attach documentation confirming that donee of proceeds is a Corporation or Organization that is qualified as an exempt organization under applicable provision of the Internal Revenue Code.

Signature of Applicant

TO BE COMPLETED BY OFFICE OF COUNTY CLERK

Date Fees Paid: _____

Amount Paid: _____

Received by: _____

Application considered by Board of Commissioners on: _____

Approved: _____

Not Approved: _____

Date Issued: _____

License Number: _____

CLERK OF BOARD