# City of Ringgold

## PREFERRED ALCOHOL CATERER OR CONCESSIONAIRE

**FOR MALT BEVERAGE, WINE AND SALE OF ALCOHOLIC BEVERAGE FOR CONSUMPTION ONLY ON PREMISES OF RINGGOLD HISTORIC DEPOT, PATRIOT HALL OR RINGGOLD MARKET PAVILION**

**NAME OF RENTER:** _____

**EVENT DATE:** _____

**EVENT TYPE:** _____

**EVENT LOCATION:** _____

**Name of Caterer:** _____
*(MUST HAVE A CURRENT ALCOHOLIC BEVERAGE LICENSE)*

**Business Address:** _____

**Name of Responsible Person:**_____
*(THIS PERSON MUST BE PRESENT AT ALL TIMES DURING EVENT WHEN ALCOHOL IS BEING SERVED AND HAVE ACTIVE POURING PERMIT ON PERSON)*

**24 hour contact #** _____

**NOTE: All paperwork and fees must be turned in to the City Manager at City Hall, 150 Tennessee Street _fifteen (15) days before the event date._**

**(For in-office use only)**

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### CERTIFICATION
**Verify all that apply and initial**

Deposit Paid _____        Fee Paid _____

Current License _____        Current Occupational Tax _____

Current Pouring Permit _____        Current on All Taxes _____


**APPROVED:_____ DENIED:_____ DATE: _____**

**POST THIS PERMIT IN CONSPICIOUS PLACE DURING EVENT**

**Fee Schedule:**
**Deposit - $200.00 (refundable upon satisfactory inspection)**
**Caterer Fee - $50.00**

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**OATH:** I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application conditioned upon a fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. I have received a copy of the City of Ringgold Malt Beverage and Wine Ordinance and/or Consumption of Liquor on Premises in Restaurants Ordinance as amended **and swear and affirm that I will abide by and comply with all of the terms of the Ordinance.**

_____
Signature of Applicant

_____
Signature of Responsible Person

_____
Date

Sworn to and subscribed before me

this _____ day of _____, 20_____

_____
Notary Public, State of Georgia

My Commission Expires: _____

Malt Beverage, Wine and/or Liquor **must be limited to inside the Depot, Patriot Hall and Benton Coal Pavilion** and under **NO** Circumstances shall it be consumed outside.

_____ Applicant initials