



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

PREFERRED 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: _____

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)

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	

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 under **NO** Circumstances shall it be consumed outside.

_____ Applicant initials