



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

**PLEASE PROVIDE A COPY OF CURRENT ALCOHOLIC BEVERAGE LICENSE AND
CURRENT POURING PERMIT FOR RESPONSIBLE PERSON.**

EVENT DATE: _____

EVENT TYPE: _____

Name of Caterer: _____

Business Address: _____

Name of Responsible Person: _____

***(THIS PERSON MUST BE PRESENT AT ALL TIMES DURING EVENT WHEN
ALCOHOL IS BEING SERVED)***

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 CONSPICUOUS 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: _____

THIS _____ DAY OF _____ 20_____.

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

_____ Applicant initials