Ben Hill County Georgia

DEPARTMENT OF BUILDING SAFETY
AND REGULATOR SERVICES

O.C.G.A. § 50-36-1 (E)(2) **Affidavit Verifying Status**
For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Ben Hill County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in **O.C.G.A. § 50-36-1,** from the ***Department of Building Safety and Regulatory Services,*** the undersigned application verifies **ONLY** one of the following with respect to my application for public benefit:

1) _____ I am a United States citizen: **or;**

2) _____ I am a legal permanent resident of the United States: **or;**

3) _____I am qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **My alien number issued by the Department of Homeland Security or other federal immigration agency is___**

(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT AND BACK)

The undersigned applicant also hereby verifies that he or she is 18 years or older and has provided at least one secure and verifiable document as required by **O.C.G.A. 50-36-1(c)(1),** with this affidavit. **The secure and verifiable document provided with this affidavit can be classified as** _____(such as: state issued driver's license, state issued identification, passport, etc).

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of **O.C.G.A. §16-10-20,** and face criminal penalties as allowed by such criminal statute.

Executed in_____(City), _____(State).

_____ _____

Signature of Applicant **Date**

_____

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS

_____DAY OF_____20____.

_____

NOTARY PUBLIC

My Commission Expires:_____

SEAL

Ben Hill County Georgia

DEPARTMENT OF BUILDING SAFETY
AND REGULATOR SERVICES

A waiver of fees is typically granted only to non-profit organizations that are defined as organizations that are classified as non-profit by the federal Internal Revenue Service and are exempt from federal income taxes under Internal Revenue Service regulations. Churches are considered non-profit by the Internal Revenue Service, and thus qualify for a waiver. Exemption from registration and payment of business taxes does not exempt any such business from compliance with Ben Hill County's zoning, building code and other regulations. Any exemption granted shall be subject to revocation in the event that any said organization should fail to maintain its tax-exempt status.

Please provide the following:

1. Name of Applicant:_____

   Home Address:_____Phone:_____

   Business Address:_____City_____ST____Zip_____

   Business Phone: (____)_____Email:_____

2. Please provide the name of organization/corporation, which you represent:

   _____

3. List your title, office or position of authority within this group:

   _____

4. Explain the activity related to this Request for Waiver Fees:

   _____

5. Do you have an active tax-exempt status: Yes [ ] No [ ]
   (ATTACH PROOF OF STATUS TO AVOID DELAY OF APPROVAL)

I hereby affirm that the statements made herein are true and correct, and that no false pretense or fraudulent purpose exists in giving this information.

_____ _____

Signature of Applicant Date

****

FOR OFFICE USE ONLY

THIS REQUEST FOR WAIVER HAS BEEN:

ACCEPTED_____ DENIED_____ DATE:_____

Reason for denial:_____

BEN HILL COUNTY
SPECIAL EVENT PERMIT APPLICATION
(Complete this form if less than 100 in attendance)

1. APPLICANT'S NAME:_____
2. HOME ADDRESS:_____

   MAILING ADDRESS_____CITY_____ST:____ZIP_____
3. APPLICANT'S DOB_____SSN_____EMAIL_____
4. NAME OF ORGANIZATION_____
5. ADDRESS OF ORGANIZATION_____
6. PHONE NUMBER OF BUSINESS OR ORGANIZATION REPRESENTED_____
7. CONTACT PERSON(S)_____
8. NAME OF EVENT_____
9. LOCATION OF SPECIAL EVENT (STREET ADDRESS)_____
10. DATES AND TIMES DURING WHICH ACTIVITIES WILL BE CONDUCTED_____

    _____
11. DESCRIBE NATURE OF ACTIVITIES TO BE CONDUCTED_____

    _____
12. SET UP DATE(S)_____CLEAN UP DATE(S)_____

    WILL STREET(S) NEED TO BE CLOSED? NO___YES___LIST OF STREET(S)_____

    _____
13. ESTIMATED # OF ATTENDEES_____
    (LESS THAN 100)
14. WILL ALCOHOLIC BEVERAGES BE SOLED OR DISPENSED? YES___NO____
    CURRENT LIC.#_____
15. WILL THERE BE LOUD OR AMPLIFIED SOUND? YES___NO____
16. WILL THERE BE ANY VENDORS OR BOOTHS? YES___NO____
17. EXTRA DUTY OFFICERS NEEDED? YES___NO____

*Complete Alcoholic Beverage License Application **Complete Vendor Application

SPECIAL EVENT APPLICATION FEES: $100.00 PER DAY PLUS $25.00 application fee (non-refundable)

Checks payable to Ben Hill County

THE UNDERSIGNED APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

_____ _____

SIGNATURE DATE

**BELOW IS FOR OFFICE USE ONLY **

POLICE DEPARTMENT

APPROVED_____ DISAPPROVED_____ _____ _____

BEN HILL COUNTY POLICE DATE

PUBLIC WORKS DEPARTMENT

APPROVED_____ DISAPPROVED_____ _____ _____

DIRECTOR OF PUBLIC WORKS DATE

ZONING

APPROVED_____ DISAPPROVED_____ _____ _____

ZONING ADMINISTRATOR DATE

PARKS AND RECREATION

APPROVED_____ DISAPPROVED_____ _____ _____

OFFICIAL REPRESENTATIVE DATE

U.S. ARMY CORPS OF ENGINEERS

APPROVED_____ DISAPPROVED_____ _____ _____

CHIEF OF NAVIGATION, MGMT, BRANCH DATE

PERMIT FEE $_____ RECEIPT NUMBER_____

CHECK/M.O. #_____ PERMIT #_____

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Guideline for Fees	Special Event with Alcoholic Beverages	Process
Special Event $100.00 per day Application Fee (Non-Refundable) $25.00 Vendor Fee $10.00 **Special Event with Alcoholic Beverages** Application Fee (Non-Refundable) $25.00 Ad Fee (Non-Refundable) $15.00 Beer $100.00 per day Wine $100.00 per day Liquor $100.00 per day Checks, cash, credit cards or money orders accepted. Checks payable to Ben Hill County. Cashier closes at _____pm **Special Event Permit** All applications must be submitted **4-6 weeks** prior to the scheduled event to allow appropriate required time for processing, approval and issuance of permit. Pre-Approval Required (handled by staff) • Zoning Administrator • Police Department • Public Works • Engineering Dept (for road closures) • County Manager • Board of Commissioners (alcohol only) Health Department (If serving food) Must obtain Food Service Permit prior to applying (229-XXX-XXXX)	Any temporary Special Event for which dispensing of alcoholic beverages is requested must meet the following criteria: • Sponsored by a private non-profit organization as classified by the IRS, and no less than 80% of the proceeds of the event must benefit the sponsoring non-profit organization (**fill out Waiver of Fees request & submit proof),** or; • Sponsored by a for-profit business, applicant must possess a valid Ben Hill County Tax Certificate or valid license from a Ben Hill County municipality for the sale of alcoholic beverages for on-premises consumption, and; • Food must be served during any period of time that alcoholic beverages are served, and; • The even hours must be **between 8am – 11pm Mon through Sat; 12:30 pm – 11 pm on Sun** • Permit holders must comply with all State statutes and County Ordinances governing the dispensing of alcoholic beverages including but not limited to house of operation, setback requirements and noise limitations. • Special Even can last a maximum of five (5) calendar days and the applicant will Not be eligible for a Special Event License more frequently than **once every six (6) months.** **PROCESS** 1. All applicants must be fingerprinted at the BHCSO located at 255 Appomattox Rd, Fitzgerald, GA 31750 between ___am and____pm on _____and _____only. 2. The following items must be submitted:	• Completed and notarized application. (Notary available) • BHCSO Fingerprint Notification • Copy of Driver's License or State ID • All applicable fees (see Fee Guideline) 3. Subject to all necessary approvals by Zoning, Fire Inspector and Police Chief. 4. Once approval is granted, an ad will be placed by staff in the Fitzgerald Herald. 5. You will then receive written notification for a date to appear at the County Commission Board for final approval. 6. Applications could take up to **45** days for approval **PARADE AND PUBLIC ASSEMBLY PERMIT** Public assembly means any meeting, demonstration, picket line, rally or gathering of persons, for a common purpose as a result of prior planning that interferes with the normal flow or regulation of pedestrian or vehicular traffic or occupies any public area in a place open to the general public. • Requires Parade and Public Assembly Permit Application • An indemnification and Hold Harmless Agreement must be signed and notarized • Final approval by County Manager

Ben Hill County Department of Building Safety and Regulatory Services Mission Statement:

To safeguard the general welfare of the citizens of Ben Hill County through the timely issuance of permits, inspections, tax certificates and animal tags; and the professional administration of State and County laws and ordinances."

Guideline for Fees

Special Event	$100.00 per day
Application Fee (Non-Refundable)	$25.00
Vendor Fee	$10.00

Special Event with Alcoholic Beverages

Application Fee (Non-Refundable)	$25.00
Ad Fee (Non-Refundable)	$15.00

Beer	$100.00 per day
Wine	$100.00 per day
Liquor	$100.00 per day

Checks, cash, credit cards or money orders accepted. Checks payable to Ben Hill County. Cashier closes at _____pm

Special Event Permit

All applications must be submitted **4-6 weeks** prior to the scheduled event to allow appropriate required time for processing, approval and issuance of permit.

Pre-Approval Required
(handled by staff)

- Zoning Administrator
- Police Department
- Public Works
- Engineering Dept (for road closures)
- County Manager
- Board of Commissioners (alcohol only)

Health Department (If serving food) Must obtain Food Service Permit prior to applying (229-XXX-XXXX)

Special Event with Alcoholic Beverages

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Process

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- Copy of Driver's License or State ID
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