



City of LaGrange
200 Ridley Ave
LaGrange, GA 30240

**CITY OF LAGRANGE, GEORGIA
SPECIAL EVENT PERMIT
TO SERVE ALCOHOL**

Request Date: _____

SPECIAL EVENT FOR ALCOHOL LICENSE FOR: BEER ___ WINE ___ LIQUOR ___

Event Host/Sponsor: _____

Contact Phone # _____

Date of Event: _____ Time of Event: _____ Duration: _____

Address of Event: _____

I certify that all information submitted is true, correct and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Signature of Event Host/Sponsor: _____ Phone# _____

Owner of Property: _____ Occupation Tax License # _____
(If Event host or Sponsor is not the owner of the property)

() Approved * () Disapproved
Attest: _____ Date: _____
City Manager or Designee

(Please attach a copy of the event center agreement)

***FINAL APPROVAL FROM THE DEPT OF REVENUE**

State Approval License # _____ (Tbd from the State if applicable)
Please email or fax copy of the State Special event License
creeves@lagrange-ga.org , anixon@lagrange-ga.org fax number 706-883-2048