



# 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 Server Pouring Alcoholic Beverage: \_\_\_\_\_  
*(THIS PERSON MUST BE PRESENT AT ALL TIMES DURING EVENT WHEN  
ALCOHOL IS BEING SERVED)*

Name of Responsible 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)

<b>CERTIFICATION</b>	
Verify all that apply and initial	
Deposit Paid _____	Fee Paid _____
Current License _____	Current Occupational Tax _____
Current Pouring Permit _____	Current on All Taxes _____
<b>APPROVED:</b> _____	<b>DENIED:</b> _____ <b>DATE:</b> _____
<b>POST THIS PERMIT IN CONSPICIOUS PLACE DURING EVENT</b>	
<b>Fee Schedule:</b>	
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