



CITY OF DACULA
442 HARBINS RD.
P.O. BOX 400
DACULA, GA., 30019
770-963-7451

WINE AND/OR BEER TASTING PERMIT

Business: _____ Contact Name: _____

Phone Number: (____) - _____ Street Address: _____

From Week - _____ Thru Week- _____

Detailed Description, Location, and Proposed Staffing of the Event:

PERMIT MUST BE RENEWED ON AN ANNUAL BASIS (\$200 ANNUAL FEE).

PERMIT ONLY ALLOWS WINE / BEER TASTINGS **ONCE PER WEEK** ON THE PREMISES.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE CITY OF DACULA CODE OF ORDINANCES **SEC. 4-291** AND AGREE TO ITS TERMS AND THAT ALL THE ABOVE STATEMENT ARE TRUE TO THE BEST OF YOUR KNOWLEDGE.

Applicant Signature: _____ Date: _____

MARSHAL REVIEW:

RECEIVED \$200 ANNUAL FEE? YES () NO ()
IS THE WINE/BEER TASTING AREA PROPERLY SEGREGATED? YES () NO ()
IS THE AGE IDENTIFICATION PROCESS OF TASTERS ACCEPTABLE? YES () NO ()
ANY OUTSTANDING QUESTIONS ABOUT THE EVENT? YES () NO ()

Approved by: _____ Date: _____