

CITY OF LAWRENCEVILLE
PO BOX 2200, LAWRENCEVILLE, GA 30046
PLANNING, ZONING & INSPECTIONS DEPARTMENT

SPECIAL USE ALCOHOL EVENT 2008

(as per regulations Chapter 34, section 34-101.1(b)(3) of the City of
Lawrenceville General Code of Ordinances)

<http://www.lawrencevillega.org/Portals/0/PZ/GeneralCode/CHAPTER%2034-ALCOHOLIC%20BEVERAGES%20SALES%20%20CONSUMPTION.pdf>

The application and all required documents and fees must be complete or the application will not be accepted.

Documents required at the time of submittal:

- 1) Application Form, signed and notarized
- 2) Disclosure of campaign contribution form
- 3) Letter of intent
- 4) A boundary survey signed by a GA. Registered surveyor
 - a. Drawn to scale
- 5) A site Plan: 1 8.5" x 11" copy and 7 full size copies
 - a. Must be done by a GA registered surveyor or engineer
 - b. Must be drawn to scale
 - c. Must show all improvements for the proposed event
 - i. Buildings, Parking spaces,
 - ii. Streets, Ingress/egress points
 - iii. Sidewalks
 - d. Must include ownership information, state specific proposed use
- 6) Fee
 - a. \$2000.00 application fee
 - b. Please make checks payable to the: City of Lawrenceville

The applicant shall appear* before the City Council. There will be presentation by the applicant, and opposition will be given time to speak. A vote would then take place either approving, approving with conditions, denying, or tableing the request.

* The applicant, or a representative on his behalf, must be present at all the meetings to answer any questions that may arise. If the applicant fails to attend the meetings, his rezoning request may be tabled until the next meeting. However, the Planning Commission and/or Mayor and City Council may act upon the rezoning request if they choose to do so.

CITY OF LAWRENCEVILLE
PLANNING, ZONING & INSPECTIONS DEPARTMENT
SPECIAL USE ALCOHOL EVENT APPLICATION 2008

RESTAURANT NAME: _____ OWNER: _____

ADDRESS OF EXISTING LOCATION: _____ Bus Lic # _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

CONTACT PERSON CELL PHONE NUMBER _____

LOCATION OF SPECIAL USE EVENT

STREET ADDRESS: _____

PRESENT ZONING: _____ SIZE OF AREA: _____

TYPE OF ALCOHOL TO BE SERVED: DISTILLED SPIRITS ___ BEER ___ Wine ___

DATE(S) OF EVENT _____ TIME OF EVENT _____

DESCRIPTION OF SECURITY _____

SIGNATURE OF APPLICANT DATE

TYPED OR PRINTED NAME DATE

NOTARY PUBLIC DATE

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Have you, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to the Mayor of the City of Lawrenceville or a member of the City Council of the City of Lawrenceville?_____

If the answer is yes, please complete the following section:

NAME OF GOVERNMENT OFFICIAL	CONTRIBUTIONS (LIST ALL WHICH AGGREGATE TO \$250.00 OF MORE)	DATE WHEN CONTRIBUTION WAS MADE WITHIN LAST TWO YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you, within the two years immediately preceding the filing of this application, made gifts having in the aggregate a value of \$250.00 or more to the Mayor of the City of Lawrenceville or a member of the City Council of the City of Lawrenceville?_____

If the answer is yes, please complete the following section:

NAME OF GOVERNMENT OFFICIAL	DESCRIPTION OF GIFTS VALUED AT \$250.00 OR MORE	DATE WHEN GIFT WAS MADE WITHIN LAST TWO YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____