

**AFFIDAVIT VERIFYING NON-PROFIT
EVENT STATUS**

(Please sign the document only in the presence of the Notary Public)



Revenue
Department

By executing this affidavit under oath, as an applicant for a City of Savannah, Georgia Temporary Alcohol Permit as referenced in the City of Savannah code 6-1223, I am stating the following with respect to my application for a City of Savannah, GA

(Check one) () **Temporary Alcohol Permit**

(Print name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

I understand that, per the City of Savannah code 6-1223, a non-profit event must

_____ Submit no less than 80% of the net proceeds to the sponsoring non-profit

_____ Include signage indicating the non-profit sponsor at the primary event entrance

_____ Submit a reconciliation of actual revenues if requested by the Revenue Director or his/her designee

In making the above representation under oath, I understand that any person who knowingly and willingly 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.

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE ____ DAY OF _____, 20 ____

Notary Public

My Commission Expires: ____/____/____

Seal

Printed Name of Applicant

Signature of Applicant

Date

Title