



**City of Atlanta | Office of Special Events | Alcohol Location Information**

Submitted By: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Submitted To: \_\_\_\_\_ Submitted Via: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Event Address: \_\_\_\_\_

Alcohol License Name & Address: \_\_\_\_\_

Alcohol Agent: \_\_\_\_\_

Is this a non-profit organization with alcohol license: \_\_\_ Yes \_\_\_ No

Number of Locations: \_\_\_\_\_

Alcohol Delivery Date/Location: \_\_\_\_\_

Note: Please be specific with EACH alcohol location description below:

**Location 1 \_\_\_B \_\_\_W \_\_\_L**

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 2 \_\_\_B \_\_\_W \_\_\_L**

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 3 \_\_\_B \_\_\_W \_\_\_L**

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 4 \_\_\_B \_\_\_W \_\_\_L**

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 5** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 7** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 9** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 11** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 6** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 8** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 10** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 12** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 13** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 15** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 17** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 19** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 14** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 16** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 18** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_

**Location 20** \_\_B \_\_W \_\_L

Location Description: \_\_\_\_\_

Date 1: \_\_\_\_\_ Time 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time 3: \_\_\_\_\_

Date 4: \_\_\_\_\_ Time 4: \_\_\_\_\_

Date 5: \_\_\_\_\_ Time 5: \_\_\_\_\_