

# Special Event Permit Application

*Venue applicants must submit their application 5 (five) business days before the event. All applicants for festivals and/or any other yearly event must submit their application by the 1<sup>st</sup> of February of each year.*

Date \_\_\_\_\_

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

Event Website: \_\_\_\_\_

Date of Event: \_\_\_\_\_ (Event Time) From : \_\_\_\_\_ ( a.m. /p.m.) To: \_\_\_\_\_ (a.m./p.m.)

Event has a Facebook account: (yes/no)

## Permit Fees:

**Special Event Permit Application Fee:** \$10

**Street Closure:** Additional \$150 for each street closed for up to 6 hours. The applicant must pay an additional \$50 an hour for each street closed after the 6 hours have been exceeded.

**Power Outlets:** Additional \$20 an hour if power outlets will be used.

Location of Streets/Sidewalk Blockage/Closure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Blockage/Closure Time: \_\_\_\_\_ From \_\_\_\_\_ (a.m./p.m.) To \_\_\_\_\_ (a.m./p.m.)

Complete Description of the event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Estimated number of Participants/ Spectators: \_\_\_\_\_

Name of Applicants: \_\_\_\_\_

Email: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Home Phone# \_\_\_\_\_ Work # \_\_\_\_\_

Name of Organization (If applicable):

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_

Person in charge on day of event:

Email: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_

\_\_\_\_\_

## Route Information (Parades/Races):

Assembly Location: \_\_\_\_\_ Assembly Time: \_\_\_\_\_

Completion Point: \_\_\_\_\_ Start Time: \_\_\_\_\_

Route Map Attached? \_\_\_\_\_ (Required)

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## The Permittee:

- 1.) All venue applicants must submit their application 5 (five) business days before the event.
- 2.) All applicants for festivals and/or any other yearly event must submit their application by the 1<sup>st</sup> of February of each year. This will allow us to have a yearly calendar set for all city events.
- 3.) Must be on site during the event
- 4.) Is responsible for all clean up after the event.
- 5.) Is responsible for payment for costs related to the event and any damages to the area or equipment.
- 6.) Must possess permit during event.

## The City of Buchanan, GA. :

- 1.) Reserves the right to determine to whom permits are issued.
- 2.) Can cancel the permit if the permittee is in violation of the terms and conditions of the permit.
- 3.) Is NOT responsible for any sums of money expended by permittee in anticipation of the planned activity.
- 4.) The City reserves the right to have a space free of charge for all events within the City. The space shall be located directly in front of the courthouse.

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### (Official Use Only)

Type of event (circle all that apply):

(Block Party) (Parade) (Athletic Event)

(Other Special Event)

Mayor: \_\_\_\_\_ Date: \_\_\_\_\_

Police Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Public Works Director: \_\_\_\_\_ Date: \_\_\_\_\_

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## Reimbursement and Indemnification Agreement

In consideration of the granting of a special event permit by the City of Buchanan for an event to occur on (date) \_\_\_\_\_, 20\_\_\_\_ from (time)\_\_\_\_\_ at

(location)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I the permittee and the undersigned, as an individual applicant or as a sponsoring organization applying for a special event permit from the City of Buchanan, do hereby agree to reimburse the City of Buchanan for any cost incurred by the City in repairing damages as a result of this event. Furthermore, the undersigned agrees to indemnify the City of Buchanan and acknowledges that the City is not responsible for any injury occurring in connection with this event.

### Individual Applicant (Signed in presence of Notary Public):

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Driver's License Number/Expiration Date:

\_\_\_\_\_

### Sponsoring Organization (Signed in presence of Notary Public):

Organization's Name: \_\_\_\_\_

Authorized Officer' Name and Title:

\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Driver's LicenseNumber/ExpirationDate:

\_\_\_\_\_

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## **Individual Applicant Signature Notary:**

Signed before me in the State of Georgia, County of Haralson, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_ (Notary Public)(Seal)

My commission expires: \_\_\_\_\_

## **Sponsoring Organization Signature Notary:**

Signed before me in the State of Georgia, County of Haralson, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_ (Notary Public)(Seal)

My commission expires: \_\_\_\_\_

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*Contact Phone Numbers below for questions:*

*AJ Scott, Mayor*

*770-646-3081*

*Maizie Glore, Deputy Clerk [mglore@buchananga.gov](mailto:mglore@buchananga.gov)*

*770-646-3081*