



SPECIAL EVENTS PERMIT APPLICATION

CITY OF FORT VALLEY
204 WEST CHURCH STREET,
FORT VALLEY, GEORGIA 31030
PHONE: (478) 825-8261



AN APPLICATION FOR A PERMIT SHALL BE SUBMITTED TO THE DIRECTOR WITH A NON-REFUNDABLE APPLICATION FEE THAT SHALL BE \$15 AND MADE AVAILABLE FOR PUBLIC EXAMINATION IN THE OFFICE OF THE CITY CLERK AND ON THE CITY WEBSITE NO LATER THAN 30 DAYS PRIOR TO THE PROPOSED EVENT. THE PERMIT APPLICATION WILL BE AVAILABLE AT THE CITY CLERK'S OFFICE FOR PUBLIC EXAMINATION FOR NO LESS THAN 5 BUSINESS DAYS.

Organization/Company Name:

Mailing Address:

City: _____

State:

Zip Code:

Phone #: _____

Primary Contact First Name:

Last Name:

Primary Contact Phone #:

Non-Profit Organization? YES NO

If Non-Profit Organization, please provide 501C(3) number:

Event Start Date: Time:

Event End Date: Time:

Venue Name:

Venue Address:

City: State: Zip Code:

Please provide a timeline for your event:

Set-up Time:

Attendees Begin To Arrive:

Clean-up Begins:

TIMELINE FOR RACE USE ONLY

SIGN-IN/ON-SITE REGISTRATION: _____

ASSEMBLY OF PARTICIPANTS: _____

RACE START TIME: _____

RACE FINISH TIME: _____

AWARDS/PRIZES: _____

Estimated number of participants:

Estimated number of police officers needed for this event:

Other City Departments needed for event (Public Works, Fire Dept, etc.): (eg. first aid)

What environmental impacts could this event potentially have (sound, material left on site, toilet facilities,etc., ETC.):

Any Temporary Signage used for the event:

Description of plans for waste disposal:

Request for street closure: YES NO

If YES, what street(s):

Request for public facilities: YES NO

If YES, what facilities:

The applicant further deposes that he/she understands the permit for which application is made is for the time period noted on this application. The applicant also understands the special event permit rules/regulations in its entirety.

I declare under penalty of perjury that this statement has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. I further acknowledge that any false information contained herein shall be grounds for rejection of the application.

Organizer Applicant's Signature

Notary Public

Date

Commission Ends: _____

PLEASE DO NOT SIGN THIS APPLICATION UNLESS IT IS WITNESSED BY A NOTARY PUBLIC
(THE CITY CLERK'S OFFICE HAS A NOTARY PUBLIC)

CITY ADMINISTATOR OFFICE USE ONLY

AMOUNT: _____ DATE ISSUED: _____ PERMIT#: _____

COMMENTS: _____

Additional documents needed along with completed 'Special Event Permit Application'

Copy of \$1 million liability insurance policy

Site plan of event

A signed statement of understanding from the affected property owners