SPECIAL EVENTS PERMIT APPLICATION
CITY OF CENTERVILLE
300 EAST CHURCH STREET
CENTERVILLE, GEORGIA 31028
PHONE: (478) 953-4734  FAX: (478) 953-4797

AN APPLICATION FOR A PERMIT SHALL BE SUBMITTED TO THE DIRECTOR WITH A NON-REFUNDABLE APPLICATION FEE THAT SHALL BE $15 FOR NON-PROFIT ORGANIZATIONS AND $25 FOR FOR-PROFIT ORGANIZATIONS 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.

NAME OF ORGANIZATION/COMPANY: ____________________________________________________________

MAILING ADDRESS: _______________________________________________________________________

CITY: ___________________ STATE: _______ ZIP CODE: _________________________________

PHONE #: ___________________________

PRIMARY CONTACT NAME: _____________________________________________________________

PRIMARY CONTACT PHONE NUMBER: ____________________________________________________

NON-PROFIT ORGANIZATION (CHECK ONE): _______ YES _______ NO

IF NON-PROFIT ORGANIZATION, ARE YOU PLEASE PROVIDE 501C(3) NUMBER: ______________________________

EVENT DATE (S) & TIME(S): _____________________________________________________________

VENUE NAME & ADDRESS: ___________________________________________________________________

PLEASE PROVIDE A TIMELINE FOR YOUR EVENT:

| SET-UP TIME: ___________________________________________ |
| ATTENDEES BEGIN TO ARRIVE: _____________________________ |
| CLEAN UP: ___________________________________________ |

| 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: ___________________________________________________________________

REVISED 10/16/2019
OTHER CITY DEPARTMENTS NEEDED FOR EVENT (PUBLIC WORKS, FIRE DEPT, ETC.) (EG. FIRST AID):

WHAT ENVIRONMENTAL IMPACTS COULD THIS EVENT POTENTIALLY HAVE (SOUND, MATERIALS LEFT ON SITE, TOILET FACILITIES, 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)

ECONOMIC DEVELOPMENT OFFICE USE ONLY

AMOUNT: _______________ DATE ISSUED: ___________ LICENSE #: _______________
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
SPECIAL EVENTS PERMIT COST ANALYSIS
(FOR INTERNAL USE ONLY)
CITY OF CENTERVILLE
300 EAST CHURCH STREET
CENTERVILLE, GEORGIA 31028
PHONE: (478) 953-4734 FAX: (478) 953-4797

POLICE DEPARTMENT
Personnel Needed: ____________ for ____________ hours at the rate of ____________ per hour.

Total Personnel Cost Estimated: ____________________

Other Resources Needed: ________________________________

Other Equipment Needed: ________________________________

Chief Initials: ____________________________

FIRE/EMS DEPARTMENT
Personnel Needed: ____________ for ____________ hours at the rate of ____________ per hour.

Total Personnel Cost Estimated: ____________________

Other Resources Needed: ________________________________

Other Equipment Needed: ________________________________

Chief Initials: ____________________________
STREETS AND UTILITIES DEPARTMENT
Personnel Needed: _____________ for _____________ hours at the rate of _____________ per hour.
Total Personnel Cost Estimated: _________________

Other Resources Needed: __________________________________________________________

Other Equipment Needed: _________________________________________________________

Director Initials: ____________________________

ECONOMIC DEVELOPMENT DEPARTMENT
Personnel Needed: _____________ for _____________ hours at the rate of _____________ per hour.
Total Personnel Cost Estimated: _________________

Other Resources Needed: __________________________________________________________

Other Equipment Needed: _________________________________________________________

Director Initials: ____________________________