



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: _____

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, TOLIET FACILITIES, ETC.): _____

ANY TEMPORARY SIGNAGE USED FOR THE EVENT: _____

DESRPTION 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)**

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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: _____