



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: \_\_\_\_\_

<b>TIMELINE FOR RACE USE ONLY</b>	
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: \_\_\_\_\_