

# CITY OF FORT OGLETHORPE

500 City Hall Drive, P.O. Drawer 5509 Fort Oglethorpe, Georgia 30742 Telephone 706-866-2544 Fax 706-861-5086 www.fortogov.com

#### APPLICATION FOR SPECIAL EVENT PERMIT

**Definition of a Special Event:** A special event is any activity sponsored by an organization or individual for profit or nonprofit and held on public or private property and shall include but not be limited to block parties, trade shows, festivals, fairs, fun runs, roadway foot races, fundraising walk, auction, bikeathons, parades, carnivals, filming/movie events, concerts, motorcycles rides, and which event is to be held: 1) Wholly or partially on property owned by the City of Fort Oglethorpe 2) On a street or sidewalk located within the City limits and will likely result in the obstruction of such streets or sidewalks or will likely compromise the ability of the City to respond to a public safety emergency; 3) On any property, but requires for its successful execution the provision and the coordination of the City services to a degree over and above that which the City routinely provides.

Application for a Special Event Permit must be submitted to the Economic Development and Events Department at least **90 days prior** to the date the event is requesting to be scheduled, however, applications may not be submitted more than 365 days in advance. A non-refundable **\$50.00 application fee** shall be paid at the time the application is submitted. Such fee shall be payable to the City of Fort Oglethorpe by cash, money order or cashier's check.

	Application Date:			
Event Name:				
Event Start Date:	Event Er	nd Date:	Hours of Ev	vent:
Event Set-up Date:	Time:	Event Brec	kdown Date:	Time:
Indicate an alternate st	art/end date should (	unforeseen circums	tances require the ev	rent to be rescheduled:
Alternate Start Date:	Alternate	end Date:	Alterna	te Hours:
Event Location:				
Type of event: ☐ Ceremo ☐ Festival/F Event Purpose and Short	air □ Parade □ At	hletic Event 🗆 Filr	m Shoot/Movie Eve	nt □ Other
Everil 1 dipose and short	Description:			
Expected Attendar	ice Number:	Is this	an annual event? _	
Is this the first ti	me this event has b	een held in Fort (	Oglethorpe?	
Date by whic *Please note that no evo			ed to begin:ived Council approve	

\*Please note that no event should be advertised until it has received Council approval. All applicants should contemplate the Council approval process when determining the commencement of advertising and the submittal of the application.

Please answer the fo	llowing questions:
♦ Is this a charity event? ☐ Yes ☐ No	
<ul> <li>❖ Will donations be taken? □ Yes □ No</li> <li>❖ Is this a public event? □ Yes □ No</li> </ul>	
Is admission charged? ☐ Yes ☐ No If Yes, how much is the	e price of admission
$\  \   \  \  $ Will non-profit or for-profit vendors be present? $\square$ Yes $\square$ N	
♦ Will food be served or available for purchase? ☐ Yes ☐ N	10
<ul> <li>♦ Will there be a stage/temporary structures? □ Yes □ No</li> <li>♦ Will first aid/medical support be present? □ Yes □ No</li> </ul>	
<ul> <li>Will first aid/medical support be present? ☐ Yes ☐ No</li> <li>Will there be live animals? ☐ Yes ☐ No</li> </ul>	
<ul> <li>♦ Will alcohol be served or available for purchase? ☐ Yes [</li> </ul>	□No
❖ Does the event use fireworks? ☐ Yes ☐ No	
♦ Will there be live music? ☐ Yes ☐ No If Yes, who is perform	
Will the event cross roadways or require road closures? application.	Yes □ No It Yes, include a detailed map with this
<ul> <li>Will the event need additional law enforcement presence</li> </ul>	e? □ Yes □ No
❖ Will the event require barricades, cones, barrels? ☐ Yes ☐	
❖ Will there be inflatables? ☐ Yes ☐ No	
*Please ask for a list for site specific rules	;, regulations, and requirements
Organization/Applicant Full Name:	
Organization/Applicant Full Name:	
Address:	
City:	State:Zip:
Primary Contact Person:	
Phone Number:	Email:
Secondary Contact Person:	
Phone Number:	Email:
List all requested City services to be provided for this e	event:
Any additional comments or information about the e	vent:
,	
Liability Insurance Carrier:	
*Proof of insurance <u>MUST</u> be provided to the Economic Deve	elopment and Events Director at least <b>two weeks</b> prior to
the event. The City of Fort Oglethorpe shall be designate	d as an additional insured. Failure to provide proof of
insurance shall not waive the organizer's liability and m	nay result in revocation of the special event permit.
*Responses to the questions in this application may result in the nee additional info	
* The applicant/event organizer may be required to deliver written	notice to all businesses and residents on or near the event site.
By submitting and signing this application, the reque	ester and his/her organization agree to adhere to
and follow all the requirements of City of Fort Oglethorp	
state, and federal laws and regulations.	
Drintad name:	
Printed name:	

### **Required Application Checklist:**

1.	☐ <b>Application:</b> Submission of a completed application 90 days prior to the requested event date, but no greater than 360 days prior to the requested event day.
2.	☐ <b>Application Fee:</b> A non-refundable application fee of \$50.00 dollars due at the time an application is submitted.
3.	□ <b>Location:</b> The outermost boundaries of the special event shall be fully and clearly delineated on a map, which shall be no smaller than 8 ½" x 11" and attached to the application for permit. All public streets and/or sidewalks within and adjacent to such area(s) or public rights of way on which government services are impacted shall be clearly identified. <b>For Races:</b> Include a map of the race route and include the starting line, warm up area, finish line, packet pick up/registration area, and participant stations along the route.
4.	☐ <b>Vendors:</b> Attach a separate sheet listing all vendors with a description of conditions/limitations for each, the purpose of having them at the event, and their contact information.
5.	☐ <b>Temporary Structures:</b> Attach a separate sheet listing all such structures with a description of each. Including, but not limited to stages/dance floors, portable bathrooms, starting or finish line structures, art/sculptures, inflatables, tents larger than 12'x12', etc.
6.	☐ <b>Temporary Banners/Signs:</b> Attach a separate sheet listing all such banners/signs you intend to use with a description of each. All signage should be submitted to the Economic Development and Events Department no later than two weeks prior to the event date.
7.	☐ <b>Assumption of Risk and Liability Waiver:</b> Sign and turn in with your application (attached to this application).
8.	□ Parking Plan: Attach a parking plan and/or parking map.
9.	□ Liability Insurance Copy: Liability Insurance must have the City of Fort Oglethorpe as a <u>named insured</u> if an event is on City property. Proof of insurance <u>MUST</u> be provided to the Economic Development and Events Director at least two weeks prior to the event. A general liability or comprehensive liability insurance policy covering bodily injury, death, personal injury, and property damage, with limits not less than one million dollars combined single limit per occurrence. Failure to provide proof of insurance shall not waive the organizer's liability and may result in revocation of the special event permit.
10.	☐ Council Approval: All special event permit requests must be heard and approved by the Fort Oglethorpe
	City Council prior to the event. Council approval is a step in the permitting issuance process. Council approval of a permit request does not result in immediate issuance of a permit. A special event permit certificate will be issued only when all requirements of the application have been met. Please see the above list for the required steps, documentation, etc. needed to have a permit certificate issued.
Up	on receipt and completion of all the required checklist items above, a permit will be issued.
	Assumption of Risk and Waiver of Liability
responsible to expense of a an activity corelease, coverepresentation arising out on egligence of	luntarily agree to assume all of the foregoing risks and accept sole responsibly for any injury to those I am legally for and myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or my kind, that I or the party I am responsible for may experience or incur in connection with mine or their participation and at this event and/or at a City Facility. On my behalf and on behalf of those I am legally responsible for, I hereby mant not to sue, discharge, and hold harmless and indemnify the City, its employees, agents, sponsors, and wes, of and from any and all claims, including all liabilities, claims, actions, damages, costs, or expenses of any kinds for relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or fithe City, its employees, agents, sponsors, and representatives, whether injury of any kind occurs before, during, or on of a City facility and/or at this event.
Si	gnature of Applicant Date

Print Name of Applicant

Date

### FOR OFFICIAL USE ONLY

## Fort Oglethorpe Special Event Permit Authorization Form

(To be communicated with required/designated officials to whom the event pertains)

	Date Received:
	Payment Received:
☐ Department of Public Health:	
	(Signature and title of representative)
(comments)	
☐ Catoosa County Fire Department:	
	(Signature and title of representative)
(comments)	
☐ Fort Oglethorpe Police Department:	
	(Signature and title of representative)
(comments)	
☐ Public Works Department:	
	(Signature and title of representative)
(comments)	
☐ Building/Planning/Zoning Official:	
	(Signature and title of representative)
(comments)	
☐ Public Utilities Department:	
	(Signature and title of representative)
(comments)	
☐ Recreation and Leisure Department:	
	(Signature and title of representative)
(comments)	
$\square$ Economic Development and Events Department: $\_\_\_$	
	(Signature and title of representative)
(comments)	
☐ Finance Department:	
	(Signature and title of representative)
(comments)	
Approved in Council:	
(City Manager)	(Date)