



Date Received: \_\_\_\_\_  
Payment Received: \_\_\_\_\_

# City of Fort Oglethorpe: Special Event Permit

## APPLICATION FOR SPECIAL EVENT PERMIT

Application must be filed at least 90 days prior to the date the event is scheduled, however, applications may be submitted earlier. 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 by cash, money order or cashier's check.

Application Date: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Indicate an alternate start/end date should unforeseen circumstances require the event to be rescheduled:

Alternate Start Date: \_\_\_\_\_ Alternate End Date: \_\_\_\_\_ Alternate Hours: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Purpose and Description: \_\_\_\_\_

Expected Attendance Number: \_\_\_\_\_ Is this an annual event? \_\_\_\_\_

Is this the first time this event has been held in Fort Oglethorpe? \_\_\_\_\_

Date by which advertisement for event is expected to begin: \_\_\_\_\_

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

Liability Insurance Carrier: \_\_\_\_\_

*\*Proof of insurance **MUST** be provided to the Economic Development and Events Director at least two weeks prior to the event. The City of Fort Oglethorpe shall be designated as an additional insured. **Failure to provide proof of insurance shall not waive organizer's liability and may result in revocation of special event permit.***

Does event use fireworks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a public event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is admission charged? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will donations be taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a charity event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be served? <input type="checkbox"/> Yes <input type="checkbox"/> No

Organization/Applicant Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you requesting City sponsorship of this event? \_\_\_\_\_

List all requested City services to be provided for this event: \_\_\_\_\_

Any additional comments or information about the event: \_\_\_\_\_

*\*Responses to the questions in this application may result in the need to complete additional permits or applications, or to provide additional information.*

*\* The 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 requester and his/her organization agree to adhere to and follow all the requirements of City of Fort Oglethorpe Ordinance No. 2021-15, as well as all other local, state, and federal laws and regulations.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please Attach the Following to this Application:

- 1. Location:** 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 street 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.
- 2. Vendors:** Attach a separate sheet listing all vendors with a description of conditions/limitations for each, why they will be at the event, and their contact information.
- 3. Temporary Structures:** 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.
- 4. Temporary Banners/Signs:** 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.
- 5. Assumption of Risk and Liability Waiver:** Sign and turn in with your application.

## Assumption of Risk and Waiver of Liability

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to those I am legally responsible for and myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I or the party I am responsible for may experience or incur in connection with mine or their participation in an activity conducted at this event and/or at a City Facility. On my behalf and on behalf of those I am legally responsible for, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify the City, its employees, agents, sponsors, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, sponsors, and representatives, whether injury of any kind occurs before, during, or after utilization of a City facility and/or at this event.

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Signature of Participant or Parent/Guardian

Date

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Print Name of Participant or Parent/Guardian

Date

FOR OFFICIAL USE ONLY

**Fort Oglethorpe Special Event Permit Authorization Form**

(To be completed by required/designated officials)

Fort Oglethorpe Police Department: \_\_\_\_\_  
(Signature and title of representative)

\_\_\_\_\_  
(comments)

Catoosa County Fire Department: \_\_\_\_\_  
(Signature and title of representative)

\_\_\_\_\_  
(comments)

Public Works Department: \_\_\_\_\_  
(Signature and title of representative)

\_\_\_\_\_  
(comments)

Department of Public Health: \_\_\_\_\_  
(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)

Economic Development and Events Department: \_\_\_\_\_  
(Signature and title of representative)

\_\_\_\_\_  
(comments)

Approved in Council: \_\_\_\_\_ on \_\_\_\_\_  
(City Manager) (Date)