



City of Fort Oglethorpe
Building Department
500 City Hall Drive
Fort Oglethorpe, Georgia 30742
706-866-2544 ext. 1200

Application for Special Event Permit

(Application Must be filed at least 60 days prior to the date the event is scheduled)

Date of Application: ____/____/____ Hours of Operation _____

Event Name: _____

Event Location: _____

Event Start Date: _____ Event End Date: _____

Event Purpose and Description: _____

Expected Attendance No.: _____

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.

Liability Insurance Carrier: _____

Vendors: Attach a separate sheet listing all vendors with a description of conditions/limitations for each.

Temporary Structures: Attach a separate sheet listing all such structure with a description of each.

Temporary Banners/Signs: Attach a separate sheet listing all such banners/signs with a description of each.

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 You Be Taking Donations: <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

List request for any special City services:

The event organizer may be required to deliver written notice to all businesses and residents on or near the event site.

Organization/Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Person _____

Primary Contact Phone: _____ Secondary: _____

Primary Contact Email: _____

Secondary Contact Person: _____

Secondary Contact Phone: _____

Secondary Contact Person Email: _____

FORT OGLETHORPE SPECIAL EVENT PERMIT SIGN OFF SHEET

Fort Oglethorpe Police Department: _____
(Signature or Representative)

(Comments)

Fort Oglethorpe Streets Department: _____
(Signature or Representative)

(Comments)

Fort Oglethorpe Recreation Department: _____
(Signature or Representative)

(Comments)

Fort Oglethorpe Building and Zoning Department: _____
(Signature or Representative)

(Comments)

Fort Oglethorpe Sewer and Water Department: _____
(Signature or Representative)

(Comments)

Catoosa County Fire Department: _____
(Signature or Representative)

(Comments)

Catoosa County Environmental Health: _____
(Signature or Representative)

(Comments)