

Special Event Permit Application

Date _____

Name of Event: _____

Event Website: _____

Date of Event: _____ (Event Time) From : _____ (a.m. /p.m.) To: _____ (a.m./p.m.)

Event has a Facebook account: (yes/no)

Location of Streets/Sidewalk Blockage/Closure:

Blockage/Closure Time: _____ From _____ (a.m./p.m.) To _____ (a.m./p.m.)

Complete Description of the event:

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Estimated number of Participants/ Spectators: _____

Name of Applicants: _____

Email: _____

Address: _____

Home Phone# _____ Work # _____

Name of Organization (If applicable): _____

Address: _____

Home Phone# _____ Work# _____

Person in charge on day of
event: _____

Email: _____

Address: _____

Home Phone# _____ Work# _____

Route Information (Parades/Races):

Assembly Location: _____ Assembly Time: _____

Completion Point: _____ Start Time: _____

Route Map Attached? _____ (Required)

Notes: _____

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The Permittee:

- 1.) Must be on site during the event
- 2.) Is responsible for all clean up after the event.
- 3.) Is responsible for payment for costs related to the event and any damages to the area or equipment.
- 4.) Must possess permit during event.

The City of Buchanan, GA. :

- 1.) Reserves the right to determine to whom permits are issued.
 - 2.) Can cancel the permit if the permittee is in violation of the terms and conditions of the permit.
 - 3.) Is NOT responsible for any sums of money expended by permittee in anticipation of the planned activity.
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(Official Use Only)

Type of event (circle all that apply):

(Block Party) (Parade) (Athletic Event)

(Other Special Event)

Authorizing Official: _____ Date: _____

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Reimbursement and Indemnification Agreement

In consideration of the granting of a special event permit by the City of Buchanan for an event to occur on (date) _____, 20____ from (time)_____ at
(location)_____

I the permittee and the undersigned, as an individual applicant or as a sponsoring organization applying for a special event permit from the City of Buchanan, do hereby agree to reimburse the City of Buchanan for any cost incurred by the City in repairing damages as a result of this event. Furthermore the undersigned agrees to indemnify the City of Buchanan and acknowledges that the City is not responsible for any injury occurring in connection with this event.

Individual Applicant (Signed in presence of Notary Public):

Print Name: _____ Signature: _____

Address: _____

Telephone Number: _____

Driver's License Number/Expiration Date: _____

Sponsoring Organization (Signed in presence of Notary Public):

Organization's Name: _____

Authorized Officer' Name and Title: _____

Address: _____

Telephone Number: _____

Driver's License Number/Expiration

Date: _____

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Individual Applicant Signature Notary:

Signed before me in the State of Georgia, County of Haralson, this _____ day of _____, 20____, by _____.

_____ (Notary Public)(Seal)

My commission expires: _____

Sponsoring Organization Signature Notary:

Signed before me in the State of Georgia, County of Haralson, this _____ day of _____, 20____, by _____.

_____ (Notary Public)(Seal)

My commission expires: _____

This permit application composed by Mayor Chase Croft on September 24, 2013 and is subject to change with vote of the City Council.

Special Event Permit Application

Contact Phone Numbers below for questions:

Johnnie Sue Thornton, Main Street Affiliate Chairman

770-527-4157

Johnny Pope, Mayor

770-646-3081

Betty Harvell, City Clerk bharvell@buchananga.com

770-646-3081