Venue applicants must submit their application 5 (five) business days before the event. All applicants for festivals and/or any other yearly event must submit their application by the 28th of February of each year.

Date	_		
Name of Event:			
Event Website:			
Date of Event:	(Event Time) From :	(a.m. /p.m.) To:	<u>(a.m./p.m.)</u>
Event has a Facebook account:	(yes/no)		
All permit applications must be driver's license, and a letter fro			
Permit Fees:			
Special Event Permit Applicatio	n Fee: \$10		
Street Closure: Additional \$150 additional \$50 an hour for each			nust pay an
Power Outlets: Additional \$20 a	an hour if power outlets will be	used.	
Location of Streets/Sidewalk Blo	ockage/Closure:		
Blockage/Closure Time:	From (a	.m./p.m.) To	(a.m./p.m.)
Complete Description of the eve	ent:		

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Email: Address: Home Phone# Work # Name of Organization (If applicable): Address: Address: Home Phone# Work# Person in charge on day of event: Email: Address: Home Phone# Work#			
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# Nork#	Estimated number of Particinants / Spe	ectators:	
Email: Address: Home Phone# Work # Name of Organization (If applicable): Address: Address: Home Phone# Work# Person in charge on day of event: Email: Address: Home Phone# Work#			
Address: Home Phone# Work # Name of Organization (If applicable): Address: Home Phone# Work# Person in charge on day of event: Email: Address: Image: Constraint of the second	Name of Applicants:		
Home Phone# Work # Name of Organization (If applicable): Address:	Email:		
Name of Organization (If applicable): Address: Home Phone# Work# Person in charge on day of event: Email: Address: Home Phone# Work# More Phone# Work# Route Information (Parades/Races): Assembly Location:	<u>Address:</u>		
Address: Home Phone# Work# Person in charge on day of event: Email: Address: Image:	Home Phone#	Work #	
Home Phone# Work# Person in charge on day of event: Email: Address: Home Phone# Work# Home Phone# Work# Address:	Name of Organization (If applicable):		
Person in charge on day of event: Email: Address: Address: Home Phone# Work# Route Information (Parades/Races): Assembly Location:	Address:		
event:	Home Phone#	Work#	
Address: Home Phone# Work# Route Information (Parades/Races): Assembly Location: Assembly Time:			
Home Phone#Work#	Email:		
Route Information (Parades/Races): Assembly Location:	<u>Address:</u>		
Assembly Location: Assembly Time:	Home Phone#	Work#	
	Rou	te Information (Parades/Races):	
Completion Deint	Assembly Location:	Assembly Time:	
Completion Point: Start Time:	Completion Point:	Start Time:	

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Route Map Attached?	(Required)
Notes:	

The Permittee:

- 1.) All venue applicants must submit their application 5 (five) business days before the event.
- All applicants for festivals and/or any other yearly event must submit their application by the 1st of February of each year. This will allow us to have a yearly calendar set for all city events.
- 3.) Must be on site during the event
- 4.) Is responsible for all clean up after the event.
- 5.) Is responsible for payment for costs related to the event and any damages to the area or equipment.
- 6.) 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.
- 4.) The City reserves the right to have a space free of charge for all events within the City. The space shall be located directly in front of the courthouse.

(0	Official Use	<u>Only)</u>	
Type of ev	vent (circle a	ll that apply):	
(Block Party)	(Parade)	(Athletic Event)	
(Ot	ther Special	Event)	
Mayor:		Date:	_
Police Chief:		Date:	_
Public Works Director:		Date:	_ ge 3 of (

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Reimbursement and Indemnification Agreement

In consideration of the granting o	f a special event permit b	y the City of Bucha	nan for an
event to occur on (<i>date</i>)	, 20	from (<i>time</i>	e)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: ______

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Driver's LicenseNumber/ExpirationDate:

Individual Applicant Signature Notary:

Signed before me in the State of Georgia, County of Haralson, this		
	(Notary Public)(Seal)	
My commission expires:		
Sponsoring Organization Signature No	tary:	
Signed before me in the State of Georg , 20, by	ia, County of Haralson, this	day of

_____ (Notary Public)(Seal)

My commission expires:___

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Contact Phone Numbers below for questions:

AJ Scott, Mayor

770-646-3081

Maizie Glore, Deputy Clerk mglore@buchananga.gov

770-646-3081