

Special Event Permit Application

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: _____

Special Event Permit Application

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.
 - 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.
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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's Name and Title:

Address: _____

Telephone Number: _____

Special Event Permit Application

Driver's License Number/Expiration

Date: _____

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: _____

Special Event Permit Application

This permit application composed by Mayor A.J Scott on September 18, 2023 and is subject to change.

Contact Phone Numbers below for questions:

AJ Scott, Mayor

770-646-3081

Maizie Truett, Deputy Clerk mtruett@buchananga.com

770-646-3081