

EVENT PERMIT APPLICATION REQUEST

Advance Application Fee and/or Deposit Required
Please attach any additional information to this form.



Return to:
City of Dahlonega
Attn: City Clerk
465 Riley Road
Dahlonega, GA 30533

FOR OFFICIAL USE ONLY

Organizational Status:

Non- Profit Commercial
 Independent Maps Attached
 Alcohol Permit Required
 License Verified

Notice: Sponsors of Events held on public property will be required to provide Liability Insurance in an amount not less than \$1,000,000.00 (\$2,000,000.00 Aggregate), naming the City of Dahlonega, its officers, officials, employees and agents as an additional insured party to the contract (See Section 28-90 of Ordinance 2020-11 for full details). For additional information regarding this requirement please contact the City of Dahlonega City Clerk. An insurance certificate consistent with these requirements must be provided to the City in order for your application to be deemed complete.

Please provide the following information:

Sponsor(s) Name: _____

Sponsor listed *MUST* be present at the Event

Sponsor(s) Organization: _____

Address: _____

Sponsor Telephone: Office: _____

Home: _____

Cell: _____

Sponsor(s) Email: _____

Secondary Event Contact Name: _____

Secondary Contact Address: _____

Secondary Contact Telephone: Office: _____

Home: _____

Cell: _____

Secondary Contact Email: _____

Is this the first time for this event? YES NO

If yes, City Council approval of event is required.

Nature of the Event/Event Purpose / Brief Description (Describe Demonstration or Special Event):

Will the event include Hancock Park? YES NO

Do pole banners need to be installed on the Square by Public Works? YES NO

Banners will be installed one month prior to the event and removed afterwards by public works staff for a nominal fee.

If Demonstration Check Here: _____

If Special Event, Identify Special Event Category :

Sports Event Pageant Carnival Historical Reenactment Fair Festival
 Exhibition Dramatic Presentation Historical Celebration Marathon
 Race/Walk/Bike Block Party Movie Filming Parade
 Other (Describe Other) _____

Event Venue and Location Requested: _____

List Parade/Race/Walk Street Routes, If Applicable (A clear & legible map showing parade/walk/run routes also requested-Please attach map to application):

Street Closing Requested? YES NO If Yes, Include Locations and Closing/Opening Time(s):

Location(s):

Closing Date(s) _____ Closing/Opening Time(s): From _____ am/pm until _____ am/pm

Applications shall not be accepted more than fourteen months prior to the proposed date of an event

Event Start Date/Time: _____ **Event End Date/Time:** _____
(Weekday) (Date) (Time) (Weekday) (Date) (Time)

Event Assembly (Set Up) Date/Time (Include Weekday): _____
(Weekday) (Date) (Time)

Event Disbanding (Breakdown) Date/Time (Include Weekday): _____

(Weekday) (Date) (Time)

Event Rain Date Requested: YES NO Date Requested: _____
(Weekday) (Date)

Estimated # of Participants: _____ Will Amplified Music Be Used: YES NO

Identify Type of Musical Entertainment Requested: Band Disc-Jockey Other

City Utilities Needed? YES NO

Identify Type of Utilities Needed, If Applicable:

If yes, additional fees may apply.

Please note gas powered generators are *prohibited*.

City Equipment Requested, If So Please Identify Type of Equipment: YES NO

Type of Equipment Requested, If Applicable: _____

The City of Dahlonega does not control the Visitors Center plaza or restrooms. If your event would like to use these facilities, please contact the Dahlonega-Lumpkin County Chamber of Commerce by calling 706-864-3711. If you would like your event to be incorporated into the Dahlonega-Lumpkin County Chamber of Commerce’s marketing efforts, please contact them with event information.

Other City Services Requested YES NO

(Please identify the area of services needed including staff assistance if applicable): _____

**PLEASE USE THIS SPACE TO PROVIDE A DIAGRAM OF HOW YOU PROPOSE TO SET UP THE
EVENT VENUE SPACE**

Is the sponsor inviting, advertising or publicizing the event to groups and or other persons that the sponsor does not directly represent? ___ Yes ___ No

If yes, please describe _____

Please describe the approximate number of persons, animals, and or vehicles that will participate in the event: _____

Please list and describe the number, type, and size of banners, placards, and signs to be used in the event: _____

Please list and describe the number of persons who will be designated by the sponsor to monitor the event: _____

Will an admission be charged for this event? ___ Yes ___ No

How many people do you anticipate will be attending the event? _____
If your answer is greater than 500 please provide the location and number(s) of people who attended the past three events staged by the sponsor (or the sponsor's officers, directors or other principals). _____

IDENTIFY EVENT EQUIPMENT & QUANTITY OF EQUIPMENT TO BE PLACED IN/ON REQUESTED

# of Booths _____	Size of Each Booth _____
# of Canopies (Pop-Up) _____	Size of Each Canopy _____
# of Tables _____	Size of Each Table _____
# of Tents _____	Size of Each Tent _____
# of Stands _____	Size of Each Stand _____
Other Equipment _____	(See Below)

(PLEASE DESCRIBE OTHER EQUIPMENT REQUESTED FOR PLACEMENT):

Please note if "other" equipment includes the use of a moon bounce and or inflatable carnival type rides and activities provided by a 3rd party vendor, proof of insurance by the vendor providing such equipment will be required. The 3rd party vendor shall provide a current certificate of insurance indicating at least \$1 million in general liability and completed operations coverage and certificate of workers' compensation coverage, if applicable. Said insurance shall name the City of Dahlonega (including its officers, officials, employees and agents) as an additional insured

party to the insurance contract. A copy of said documents must be provided to the City Clerk by the requested due date specified.

Alcoholic Beverage Involved In This Activity: ___ Yes ___ No (If Yes please describe circumstances involved with the use of alcoholic beverage and if the activity involves the sale of alcohol at this event)

Describe: _____

HEALTH DEPARTMENT INFORMATION REQUESTED

Will Food Be Distributed At This Event: ___ Yes ___ No (If Yes a Provide Health Department Permit)

Number of Vendors _____ Contact Name: _____
Contact Telephone: _____

If mobile food vendors will be distributing food at this event, they must comply with City of Dahlonega Ordinance 2020-07 in addition to State laws.

Is Site Equipped With Water Faucets/Fixtures: ___ Yes ___ No

Means of Wastewater Disposal: _____

Sponsor/Applicant Signature: _____ Date: _____

Date Application Form Received by City Clerk: _____

Date All Fees and Deposits Received by City Clerk: _____

Date Application Deemed to be Complete: _____

Date Permit Granted or Denied: _____

By accepting a permit issued by the City pursuant to this Article, the Sponsor represents that (1) all information included or presented as part of the permit application was, to the best of the Sponsor's information and belief; complete and correct; (2) that all terms and conditions of such permit have been or will be complied with; and (3) that a copy of the permit will be made available for inspection by any City representative during the event.

Sponsor/Applicant Signature: _____ Date: _____

Reviewing parties:

City Clerk: _____
City Manager: _____
Downtown Development Authority: _____
Police Chief/City Marshal: _____
Public Works: _____
Other: _____