



Special Events  
Permit Application

City of Senolia  
P.O. Box 310  
Senolia, GA 30276  
770.599.3679

**SUMMARY OF EVENT**

**EVENT TITLE** \_\_\_\_\_

**DATES REQUESTED:** start \_\_\_\_/\_\_\_\_/\_\_\_\_ time: \_\_\_\_\_ end \_\_\_\_/\_\_\_\_/\_\_\_\_ time: \_\_\_\_\_

Host Affiliation: \_\_\_\_\_  
**Name of Chief** \_\_\_\_\_  
**Officer of Org:** \_\_\_\_\_  
 Applicant/Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Email: \_\_\_\_\_

**EVENT TYPE:**       Athletic/Tournament       Exhibit/Special Attraction  
                           Festival/Wedding       Parade/Procession/March  
                           Concert/Performance       Farmer/Outdoor Market  
                           Run/Walk/Bike       Fundraiser  
                           Other: \_\_\_\_\_

**ACTIVITY DESCRIPTION:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of Participants and Spectators:  
 \_\_\_\_\_

**MARK ALL THAT APPLY:**     Alcohol       Signage/Banners       Amplified Sound/Music  
                                   Tents/Canopies     Carnival Rides       Fireworks/lasers  
                                   Pond/Lake       Portable Restrooms     Generators/Electricity  
                                   Trash/Recycling     Road Closing/Crossing     Transportation Shuttle  
                                   Police       Cones/Barrels/Barricades     Vendors/Concessions  
                                   Fire/Ems       Inflatable Recreation     Crowd Control

**\*\*All proposed road closings shall be approved by the Mayor and Council at least two months prior to the event. If approved, all affected addresses shall be notified at least 2 weeks prior to the event.\*\***

**LOCATION TYPE:**  
 City Facility (select from right)  
 Residential  
 Commercial/Industrial

**CITY FACILITY:**  
 Marimac Lakes Park       Seavy Street Park  
 Public Streets/Right of Way     Multi-Use Trails  
 City Hall/Parking Lot       Barnes St. Parking

**ADMISSION:**  Public (no cost)     Tickets/Entry Fees     Registration (Pre and at event)     Private

## SIGNAGE

Temporary signs are permitted for approved special events. Signs cannot be placed in the medians or right-of-ways within the City. A detailed sign plan, including the size and proposed locations of the signs should be provided as an attachment to the site plan.

**It is not permitted to mark the roadway in any way or for any purpose.**

## ENTERTAINMENT AND RELATED ACTIVITIES

Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Music                             | <input type="checkbox"/> Amplification         |
| <input type="checkbox"/> Electricity (describe Amps below) | <input type="checkbox"/> Inflatable Recreation |
| <input type="checkbox"/> Live Animals                      | <input type="checkbox"/> Amusement Rides       |
| <input type="checkbox"/> Tents/Canopies                    | <input type="checkbox"/> Other                 |

Provide a Complete Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TENTS AND CANOPIES

Setup: Date \_\_\_\_\_ Time: \_\_\_\_\_ Pickup: Date \_\_\_\_\_ Time \_\_\_\_\_

Tent Company: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone Number \_\_\_\_\_

Tent/Canopies shall be shown on your proposed site plan

## PORTABLE RESTROOMS

You are required to provide portable restroom facilities at your event unless you can substantiate the sufficient availability of facilities in the immediate area of the event that will accommodate the size of spectators and participants.

Number of regular portable toilets: \_\_\_\_\_ Number of ADA portable Toilets: \_\_\_\_\_

Sanitation Company: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Portable restrooms shall be shown on your proposed site plan.

## SANITATION

- Yes  No Will the organization provide trash cans?  
 Yes  No Will the organization empty all public trash cans at the end of the event?  
 Yes  No Will the organization provide a dumpster for the event?

Sanitation Company: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Please describe your clean up and removal of waste, recycling and garbage during and after the event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sanitation plan shall be displayed on your site plan.

## PARKING AND SHUTTLE PLAN

Number of parking spaces needed: \_\_\_\_\_  
Amount of parking at the facility: \_\_\_\_\_  
Parking needed outside facility: \_\_\_\_\_

Describe parking plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Include parking plan in site plan.

Include other parking arrangements and agreements.

## SITE PLAN CHECKLIST

A clear and clean copy of the site plan shall be submitted with the application. Applicant should consider:

- |   |   |
|---|---|
| <input type="checkbox"/> Name of event              | <input type="checkbox"/> Sound equipment                            |
| <input type="checkbox"/> Adjacent Streets           | <input type="checkbox"/> Communication facilities                   |
| <input type="checkbox"/> Assembly area              | <input type="checkbox"/> Lighting                                   |
| <input type="checkbox"/> Route to be traveled       | <input type="checkbox"/> Generators/electric supply                 |
| <input type="checkbox"/> Detour plan                | <input type="checkbox"/> signage                                    |
| <input type="checkbox"/> Parking                    | <input type="checkbox"/> trash receptacles/dumpsters                |
| <input type="checkbox"/> Restrooms/portable toilets | <input type="checkbox"/> Event vehicles (that remain through event) |
| <input type="checkbox"/> Tents/canopies             | <input type="checkbox"/> Barricades/cones/crowd control barriers    |
| <input type="checkbox"/> Medical treatment facility | <input type="checkbox"/> Inflatables                                |
| <input type="checkbox"/> Food Vendor/cooking area   | <input type="checkbox"/> Stage/platform                             |
| <input type="checkbox"/> Water supply               | <input type="checkbox"/> Other event components                     |

## ALCOHOL

The sale or consumption of alcoholic beverages is prohibited during the special event unless a separate alcoholic beverage special event permit is obtained.

Yes  No Does your event involve the use of alcohol?

If yes, please describe the security plan to ensure the safe sale and distribution of alcohol at the event:

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## FOOD & CONCESSIONS

Yes  No Does the event include food concessions?

Yes  No Will food be cooked or prepared in the event area? Describe heat source.

Yes  No Will food vendors be at the event? List them.

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## SECURITY PLAN

Please describe your security plan including crowd, vehicle, and pedestrian control, internal security. (attach a complete plan if necessary)

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Any road closings and detour plan have to be approved by the Mayor and Council. A volunteer or police officer shall be stationed at each closed intersection. Proper instructions and communications shall be provided. If it is determined that off-duty officers are necessary, please contact the Chief of Police to determine number of officers necessary. Each officer is **\$30 per hour with a minimum of 4 hours**. An additional **\$10** is payable to the City for the vehicle. Payment shall be made directly to the officer. Event shall provide evidence of workers comp insurance.

If a private security company is used, provide the following:

Company Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Event Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## PUBLIC WORKS

Public works staff can be available for extra-duty assignments. Staffing and availability is at the discretion of the Public Works Director. Please contact the Senoia Public Works Director to make nature of the duty and make arrangements. Each public works staff is **\$25 per hour with a minimum of 4 hours. Additional charges may be required for equipment and vehicles.** Payment shall be made directly to the worker(s) assigned to the event. Event shall provide evidence of workers comp insurance.

## LIFE SAFETY PLAN

Yes  No Will the event employ a first aid provider?  
 Yes  No Will the event require assistance of Coweta County EMT/Fire Department?

Please describe your medical plan including communication plan and types of medical resources at your event.

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Please contact Coweta County Fire Department for availability of EMT/Fire Department assistance.

## INSURANCE REQUIREMENTS

Before the application can be accepted as complete, applicant/sponsor shall provide proof of commercial general liability insurance or event insurance that names, as also insured, **City of Senoia, P.O. Box 310, 80 Main Street, Senoia, GA 30276**, with a waiver of subrogation in regards to workers compensation. Insurance coverage must be maintained for the duration of the event including setup and cleanup dates.

**CLASS III INSURANCE REQUIRMENT: \$1,000,000 MINIMUM**

If alcohol is served, additional insurance may be necessary.

## VOLUNTEERS

Yes  No Does the event plan to use volunteers to work the event.  
Describe service the volunteers will provide:

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Each person must be clearly identified as a volunteer. No volunteer shall be assigned a duty that he/she is not able to perform. Volunteers at closed intersections shall wear bright neon vests or t-shirts. Such volunteers are only to give instructions to travellers on how to safely detour around the event.

APPLICATION FEE

Must be submitted with application fee.

\$100 – less than 100 Participants

\$200 – more than 100 Participants

Exclusive Permit : App Fee + \$500

Amount included with Application:  
\_\_\_\_\_

APPLICANT’S AFFIDAVIT

I, applicant or authorized representative, agree to indemnify, hold harmless, and defend the City of Senoia, GA against all liability and expenses, including reasonable attorney fees, arising out of claims in connection with this event.

The applicant and/or organization agrees to investigate, handle, respond to, provide and/or defend any claims, etc., at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent.

In any case in which such indemnification would violate any applicable legal prohibition, the foregoing provision concerning indemnification shall not be construed to indemnify the City for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the City or its employees.

This agreement shall be terminated by either party by providing written notice of its intent to terminate said relationship.

The permit may be cancelled by the Chief of Police at any time with or without cause.

I, applicant or authorized representative, have read and understand the contents of this application. The information contained herein and attached is complete and true, current and correct to the best of my knowledge. Providing false information shall void the application and cancel the event.

\_\_\_\_\_  
Signature Title Date

**Application must be submitted to the City Manager a minimum of 8 weeks prior to the proposed date of the event. If street closings are necessary, application must be received 12 weeks prior to the event.**

The information included herein has been reviewed by the City Manager. The permit has been:  
\_\_\_\_\_  
Approved \_\_\_\_\_  
City Manager Signature Date  
\_\_\_\_\_  
Denied: Reason: \_\_\_\_\_  
\_\_\_\_\_