

# CITY OF SUWANEE

## APPLICATION FOR EVENT PERMIT 2017

Complete the following application, provide event layout, and return to the Events Manager, 330 Town Center Ave., Suwanee, GA 30024, by December 9, 2016. **Please submit a non-refundable \$25 processing fee with this application.** Application submission does NOT constitute event approval. Approved applicants will be notified and must attend a mandatory event meeting on January 26, 2017 at 11:30 am. At this meeting, a refundable \$500 park-use deposit will be required for all approved events. Estimates of cost for City services will be distributed at the meeting.

Application for which park: Town Center Park \_\_\_\_\_ Suwanee Creek Park \_\_\_\_\_ Main Street Park \_\_\_\_\_  
City Hall Park \_\_\_\_\_ Play Town Suwanee \_\_\_\_\_ Sims Lake Park \_\_\_\_\_ White Street Park \_\_\_\_\_

Application Date: \_\_\_\_\_

Name of Event: \_\_\_\_\_ First choice Event Date: \_\_\_\_\_

Second Choice Date: \_\_\_\_\_ Third Choice: \_\_\_\_\_

**How would you like this event listed on our website:** \_\_\_\_\_  
**Contact information (phone or email address for our website for people to call for more information):** \_\_\_\_\_

If no additional information is provided, event name and primary phone number of organizer will be used.

Type of Event: Run \_\_\_\_\_ Walk \_\_\_\_\_ Performance \_\_\_\_\_ Festival \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Actual Start Time of the Event:** \_\_\_\_\_ A.M. or P.M.  
Do you want police present before event start time? \_\_\_\_\_ If so, what time would you like Police to report? \_\_\_\_\_  
**Actual End Time of the Event:** \_\_\_\_\_ A.M. or P.M.

These times are used to estimate City services and should be accurate at application submittal. Changes to these times will require approval from the City Events Manager.

### Person/ Organization Making Application:

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
City,State,Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Will beer and wine be served? Yes \_\_\_\_\_ No \_\_\_\_\_

Who will hold the permit? \_\_\_\_\_

Set-Up Time: AM or PM \_\_\_\_\_ Day: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please be specific and include deliveries and set up. If it is the day before the actual event, please state that date.

Estimated number of attendees: \_\_\_\_\_

Estimated number of vendors: \_\_\_\_\_

Estimated number of performers: \_\_\_\_\_

Estimated number of vehicles: \_\_\_\_\_

<b>INTERNAL USE ONLY:</b> Type of permit: Class A: _____ Class B: _____ Class C: _____ Class D: _____ Class E: _____
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**Event Organizer (Must be an individual who is responsible for the event):**

Name: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_ Non-Profit?  Yes  No

Is proposed event to be held by, on behalf of, or for any person other than applicant?  Yes  No

Describe the event and state the purpose or objective of the proposed event (attach additional sheets as needed):

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

What street closures are needed? NO STREETS MAY BE CLOSED WITHOUT APPROVAL FROM THE CITY. ANY STATE OR COUNTY ROUTES REQUIRE APPROPRIATE DOT APPROVAL (Please attach a drawing or map of area.)

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

Proposed layout of event: (Please attach a drawing or map of area.) Mark off any areas that should be coned off or closed for special needs, parking or vendor loading area.

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

Describe the event equipment included in layout (tents, tables, chairs, stages, inflatables, trailers, kids rides, etc.):  
*(Note: The City does not provide equipment.) No items may be driven into the park. No vehicles allowed in park at any time.*

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

Electricity Required?  Yes  No Do you plan to use amplified sound?  Yes  No

Please detail sound system requirements: \_\_\_\_\_  
\_\_\_\_\_

I have carefully read and will abide by the foregoing Application and Special Events Policies and swear that statements I made therein are true and correct to the best of my knowledge and belief. ***(Signature is required before approval will be granted.)***

\_\_\_\_\_  
Signature of Person Making Application

\_\_\_\_\_  
Date

ALL SIGNATURES REQUIRED FOR APPROVAL

Date Rec'd. \_\_\_\_\_

\_\_\_\_\_  
Amy Doherty, Events Manager

- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: \_\_\_\_\_

\_\_\_\_\_

ALL SIGNATURES REQUIRED FOR APPROVAL

Date Rec'd. \_\_\_\_\_

\_\_\_\_\_  
Mike Jones , Police Chief

- Approved
- Denied
- Approved with conditions

Staff Hours: \_\_\_\_\_  
Estimated

Approval/Denial Conditions: \_\_\_\_\_

\_\_\_\_\_

ALL SIGNATURES REQUIRED FOR APPROVAL

Date Rec'd. \_\_\_\_\_

\_\_\_\_\_  
James Miller, Public Works Director

- Approved
- Denied
- Approved with conditions

Staff Hours: \_\_\_\_\_  
Estimated

Approval/Denial Conditions: \_\_\_\_\_

\_\_\_\_\_

ALL SIGNATURES REQUIRED FOR APPROVAL

Date Rec'd. \_\_\_\_\_

\_\_\_\_\_  
Marty Allen, City Manager

- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: \_\_\_\_\_

\_\_\_\_\_