

CITY OF SUWANEE

APPLICATION FOR EVENT PERMIT 2019

Complete the following application, provide event layout, and return to the Events Manager, 330 Town Center Ave., Suwanee, GA 30024, by November 28, 2018. **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 24, 2019 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 event 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: _____

INTERNAL USE ONLY:

Type of permit:

Class A: _____

Class B: _____

Class C: _____

Class D: _____

Class E: _____

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: _____
