



# Special Events Permit

## Applicant and Sponsoring Organization Information

NAME:	
STREET ADDRESS:	
CITY / STATE / ZIP CODE:	
DAY PHONE:	FAX NO.:
E-MAIL ADDRESS:	
SPONSORING ORGANIZATION:	<input type="checkbox"/> NON-PROFIT <input type="checkbox"/> GOVT.
CONTACT PERSON "ON SITE" DAY OF EVENT:	CELL PHONE
DOES THIS EVENT BENEFIT A CITY OF DECATUR NON-PROFIT ORGANIZATION? LIST:	
IS THIS A FIRST TIME EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF HELD BEFORE, WHERE AND WHEN?	

## Event Information

TYPE OF EVENT (CHECK ALL THAT APPLY): <input type="checkbox"/> PARADE <input type="checkbox"/> FESTIVAL <input type="checkbox"/> CONCERT/MUSIC <input type="checkbox"/> OTHER		
IF "OTHER," PLEASE SPECIFY:		
EVENT TITLE:		
EVENT DATE:		
EVENT HOURS:	START:	END:
SET-UP:	DATE:	TIME:
BREAK DOWN:	DATE:	TIME:
EXPECTED ATTENDANCE:	PARTICIPANTS:	SPECTATORS:

## Event Description

BRIEFLY EXPLAIN EVENT AND ACTIVITIES; INCLUDE PURPOSE OF THE EVENT. ATTACH SITE PLAN INCLUDING LOCATION OF STAGE, PORTOLETS, VENDOR BOOTHS, ETC.



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Event Details
ATTACH A SCHEDULE OR BROCHURE OF ALL ACTIVITIES ASSOCIATED WITH THE EVENT.
DOES YOUR EVENT INVOLVE THE SALE OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE: <b>Note:</b> If alcoholic beverages are to be sold, a one-day special event alcohol permit is required, and a copy of the state license must be sent to the Decatur Special Events office at least two weeks before the event is to be held. For information on how to acquire a local license, please refer to <b>Obtaining One-Day Liquor Sales Permit.</b>
WILL ITEMS OR SERVICES BE SOLD AT THE EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE:
WILL EVENT HAVE AMPLIFIED SOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE: _____
IS THE EVENT FREE TO THE PUBLIC <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ADMISSION COST: _____
WILL VENDORS BE COOKING OR HEATING FOOD? IF YES, PLEASE DESCRIBE: _____
WILL THERE BE ANY FENCED AREAS? IF YES, PLEASE DESCRIBE: _____ The City of Decatur does not rent or provide fencing.

Cleanup/Sanitation
What is your clean-up plan during and after the event?
<b>City of Decatur Sanitation</b> can be hired to take care of trash, recycling and cleanup needs. Worker rates average \$20 per hour, with a minimum of two workers and \$100 per worker. Cost includes collection and disposal of event trash and recycling, trash cans, bags and recycling containers.
<input type="checkbox"/> I PLAN ON HIRING CITY OF DECATUR SANITATION.
<input type="checkbox"/> I DO NOT PLAN ON HIRING CITY OF DECATUR SANITATION.
IF NOT HIRING DECATUR SANITATION, DESCRIBE YOUR PLAN: <b>Note:</b> If City of Decatur sanitation is not hired, a sanitation bond is required. See schedule fee in Special Event Application Information.
ALL EVENTS MUST HAVE A RECYCLING PLAN . WHAT IS YOUR RECYCLING PLAN DURING AND AFTER THE EVENT?
For ideas on recycling plans, please visit one of the websites referenced in the Event Recycling Guide.



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## Portolets

The event must rent portable chemical toilets to accommodate the participants. The city recommends one chemical toilet and one handicap unit for every 250 attendees, or portion thereof. A handicap unit is required. We recommend Pit Stop, a company that is familiar with Decatur events and portolet placement. Their contact number is 770-439-2888.

NAME OF PORTOLET COMPANY BEING USED:

NUMBER OF PORTOLETS:

## Insurance

A certificate of insurance must be filed with the Decatur Special Event Office ten working days before the event. The city requires all certificates to be submitted on a standard ACORD form. The City of Decatur must be listed as additional insured with respect to general liability. A minimum of \$1,000,000 liability insurance is required.

Insurance form attached.

## Street Closure Information

NAMES OF STREETS TO BE CLOSED:

BETWEEN AND

BETWEEN AND

BETWEEN AND

BETWEEN AND

DESCRIBE PROPOSED PARADE ROUTE:

ARE YOU REQUESTING A COMPLETE OR ROLLING STREET CLOSURE?  YES  NO

WHY ARE YOU REQUESTING THIS STREET CLOSURE?

TIME OF STREET CLOSURE: \_\_\_\_\_

ASSEMBLY AREA: \_\_\_\_\_ DISBANDING AREA: \_\_\_\_\_

**The event organizer is responsible for notifying affected businesses and residents of street closures.**

DESCRIBE YOUR NOTIFICATION PLAN AND ATTACH A COPY TO THIS APPLICATION:



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## Security Needs

PLEASE DESCRIBE YOUR SECURITY NEEDS FOR YOUR EVENT.

Include information on amount of money involved. Final determination on officer needs will be determined by the City of Decatur.

I WILL HIRE CITY OF DECATUR OFFICERS FOR THIS EVENT.

The special non-profit rate for City of Decatur officers is \$35 per hour per officer, minimum of three hours per officer.

I WILL HIRE DEKALB COUNTY OFFICERS FOR THIS EVENT.

Arrangements for DeKalb County officers must be made through DeKalb County.

## Emergency Medical Services

DESCRIBE YOUR PLAN FOR PROVIDING EMERGENCY MEDICAL SERVICES:

## Weather Emergency Procedures

1. Events are held rain or shine. In the instance of extremely dangerous weather such as lightning, the City of Decatur and the Emergency Manager/Fire Chief (or her designee) will make a decision about the appropriate course of action.
2. The Emergency Manager will be in touch with the event contact person before the event.
3. When lightning and/or thunder occurs, advise participants to seek shelter in car or building. Wait 20-30 minutes before proceeding

I HAVE READ AND UNDERSTAND THE CITY OF DECATUR WEATHER EMERGENCY PROCEDURES.



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## Agreement and Signature

A non-refundable processing fee of \$50 is required at the time the application is submitted to the City of Decatur. If application is approved, fee will be rolled over into permit fee. Applications may be submitted a maximum of nine months in advance and **must** be made a minimum of 30 days in advance. Note: Subject to road closings and unexpected circumstances.

I, THE UNDERSIGNED REPRESENTATIVE HAVE READ THE RULES AND REGULATIONS WITH REFERENCE TO THIS APPLICATION AND AM DULY AUTHORIZED BY THE ORGANIZATION TO SUBMIT THIS APPLICATION ON ITS BEHALF. THE INFORMATION HEREIN IS COMPLETE AND ACCURATE.

NAME (PRINTED):

SIGNATURE:

DATE: August 25, 2017

\$50 APPLICATION FEE IS ENCLOSED. If application is approved, fee will be applied to permit fee.

SEND YOUR COMPLETED APPLICATION TO:

City of Decatur Special Events  
Attn: Shirley Baylis  
PO Box 220, Decatur, GA 30031  
404-371-8386, Fax: 404-371-1593

## Office Use Only

DATE RECEIVED:

\$50 APPLICATION FEE RECEIVED

APPROVED BY:

DATE:

SANITATION BOND RECEIVED, IF APPLICABLE

INSURANCE ACORD FORM RECEIVED



# Special Events Permit

LIQUOR LICENSE COPY RECEIVED, IF APPLICABLE

## Indemnification and Hold Harmless

Subject to the granting of all permits required by the City of Decatur, the City of Decatur authorizes  
(Special Events Applicant)

to utilize the site(s) known as

for the purposes of conducting the activities described in the special events permit application.

The Special Events Applicant agrees that the City of Decatur assumes no responsibility or liability for any defects or other conditions of the site(s), whether the conditions are known or unknown to either party, and/or discoverable by either party. The Special Events Applicant agrees to assume the risk for any and all defects and/or other conditions, whether these defects or other conditions are dangerous and/or whether these defects or other conditions are discoverable by either party, and/or known or unknown to either party.

The Special Events Applicant shall indemnify and hold City of Decatur and its officers, agents and employees harmless and free from any and all claims, including but not limited to personal injury, property damage, alleged to have arisen or resulted wholly or partially from the exercise of any of the rights granted herein to the Special Events Applicant. This indemnification and hold harmless agreement includes, but is not limited to, the payment of all attorney fees, expenses, costs, judgment and other expenses which may be incurred by City of Decatur, its officers, agents or employees as a result of any and all such claims.

*On Behalf of Special Events Applicant*

BY:

TITLE:

DATE: