EVENT PERMIT APPLICATION REQUEST

Attach any additional information to this form.

Return to:
City of Dahlonega
Attention: Main Street
465 Riley Road
Dahlonega, Georgia 30533

FOR OFFICIAL USE ONLY

Organizational Status:

___ Non-Profit
___ Independent
___ Alcohol Permit Required
___ Commercial
___ Maps Attached
___ Fees Paid

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 additionally insured party to the contract (see Section 28-90 of Ordinance 2020-11 for full details). For additional information regarding this requirement, contact the City of Dahlonega Main Street Program. An Insurance Certificate consistent with these requirements must be provided to the City for your Application to be deemed complete.

Provide the following information:

Sponsor(s) Name: _____

Sponsor listed *MUST* be present at the Event

Sponsor(s) Organization: _____

Address: _____

_____

Sponsor(s) 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

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: ☐

Identify Event Category:

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

_____

_____

Event Venue and Location Requested: _____

List Parade / Race / Walk Street Routes, if applicable: _____
**A clear and legible map showing parade / walk / run routes also required - attach map to Application.*

Street Closing Requested? ___YES, ___NO
(*if yes, include locations and closing/opening time(s) below)*

Location(s): _____

_____

Closing Date(s): _____

Closing / Opening Time(s): from ___ a.m. / p.m. until ___a.m. / p.m.

Applications shall not be accepted more than fourteen (14) months prior to the proposed date of an Event.

Event Start Date and Time: _____ _____ _____
(Weekday) (Date) (Time)

Event End Date and Time: _____ _____ _____
(Weekday) (Date) (Time)

Event Assembly (Set-Up) Date and Time:

_____ _____ _____
(Weekday) (Date) (Time)

Event Disbanding (Breakdown) Date and Time:

_____ _____ _____
(Weekday) (Date) (Time)

Event Rain Date Requested: ___YES ___NO
(*if yes, include requested weekday, date and time below)*

_____ _____ _____
(Weekday) (Date) (Time)

Estimated Number of Participants: _____

Will Amplified Music be Used: ☐ YES ☐ NO

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

City Utilities Needed? ☐ YES ☐ NO (*if yes, additional fees may apply*)

Identify Type of Utilities Needed, if applicable:_____

_____
(*Gas powered generators are **prohibited**.*)

City Equipment Requested? ☐ YES ☐ NO *(if yes, identify type of equipment below)*

Type of Equipment Requested, if applicable: _____

_____

Other City Services Requested: ☐ YES ☐ NO
(if yes, identify the area of services needed including staff assistance if applicable)

_____

_____

_____

_____

The City of Dahlonega does not control the Visitors Center Plaza or Restrooms. Contact the Dahlonega-Lumpkin County Visitor Center at (706) 864-3711 if your Event would like to use these facilities. If you would like your Event incorporated into the Dahlonega-Lumpkin County Chamber of Commerce's marketing efforts, please contact them with the information regarding the Event.

ATTACH A MAP SHOWING HOW YOU PROPOSE TO SET UP THE EVENT VENUE SPACE TO THIS APPLICATION.

Is the Sponsor inviting, advertising, or publicizing the Event to group and/or to other people that the Sponsor does not directly represent? ☐ YES ☐ NO
(*if yes, describe below)*

_____

_____

_____

Describe the approximate number of people, animals, and/or vehicles that will participate in the Event:

_____

_____

_____

Describe the number, type, and size of banners, placards, and signs to be used in the Event:

_____

_____

List and describe the number of people who will be designated by the Sponsor to monitor the Event:

_____

_____

Will an admission fee be charged for this Event: ☐ YES ☐ NO

How many people do you anticipate will be attending the Event? _____
(*If your answer to the above is greater than 500, 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:

Number of booths_____ Size of each booth_____

Number of canopies (pop-up) _____ Size of each canopy_____

Number of tables _____ Size of each table_____

Number of tents _____ Size of each tent_____

Number of stands_____ Size of each stand_____

Other equipment _____

DESCRIBE OTHER EQUIPMENT REQUESTED FOR PLACEMENT:

Please note that if "other" equipment includes the use of a moon bounce and/or inflatable carnival-type rides and activities provided by a third-party vendor, proof of insurance from the vendor providing such equipment will be required. The third-party vendor must provide a current certificate of insurance indicating at least $1 million in general liability and completed operations coverage, and a certificate of workers' compensation coverage, if applicable. Said insurance shall name the City of Dahlonega (including it officers, officials, employees, and agents) as an additional insured party to the insurance contract. A copy of said documents must be provided to the Main Street Program by the requested date specified.

_____

_____

_____

_____

Alcoholic Beverage Involved in This Activity: ___YES ___NO

If yes, please reach out to the City Clerk's office to complete your Off-Premises Alcoholic Beverage Catering Permit Application (706) 482-2710. These applications must be submitted AT LEAST 60 DAYS before the proposed event date.

Describe the circumstances involved with the use of alcoholic beverages, and if the activity involves the sale of alcohol at this event.

_____

_____

_____

_____

HEALTH DEPARTMENT INFORMATION REQUESTED

Will Food Be Distributed at This Event: ☐ YES ☐ NO
If yes, provide Health Department Permit or equivalent _____

Number of Vendors: _____

Contact Name: _____

Contact Number: _____

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

Is site equipped with water faucets/fixtures? ☐ YES ☐ NO

Means of wastewater disposal: _____

_____

Date Application Received by Main Street: _____

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: _____