



City of Fort Valley

Department of Public Safety

Emergency Dial 911

P.O. Box 956 / 200 W. Church
Fort Valley, GA 310
478-822-6985 (FA)

Lawrence Z. Spurgeon
Director of Public Safety
(478) 825-3383 (PHONE)

Activity/Function Application Form

Fort Valley Festival Park

Date of Application: _____

Name: _____
(If an organization, put organization name)

Specific location within Festival Park: Pavilion Only: _____ RV Section Only: _____ Both: _____
Type of function: _____ Anticipated Crowd : _____
Begin Date & Time: _____ End Date & Time: _____

Describe any equipment that will be set up such as stage, speakers, water slides, bouncy houses, etc. _____

Will you need access to electricity? Yes / No

If approved, applicant must contact the Director of Public Works at (478) 825-2615 to coordinate access to the park.

YES / NO Will alcoholic beverages be served or consumed on site? If yes, understand this will be governed by additional ordinances. The below signed will be responsible for obtaining, understanding, and ensuring compliance with the ordinances.

Type of Organization / Purpose: Circle one

*Non-Profit/Non-Fund raising purpose *Non-Profit/Fund raising purpose *For Profit Organization
Non-profit organization must attach proof of non-profit status or letter from authorized representative.

You will be provided a copy of the rental fees for the park. In addition to the fee, all organizations/ individuals are required to pay a \$100.00 refundable key/clean-up deposit. Make check or money order payable to the City of Fort Valley. Rental fees must be paid before date can be reserved. The refundable key/clean-up deposit is due least 2 weeks prior to the event.

The below individual certifies that he/she is authorized to act in behalf of the above named organization/group; acknowledges receipt of ordinance governing the use of the park and agrees to adhere to the rules set forth in said ordinance; understands that approval of this application will grant an exception to the noise ordinance of the city of Fort Valley and additional policies regarding crowd control but that these ordinances will be enforced directly and swiftly if the social gathering in any way encroaches upon the respect of the citizens of our city.

Signature of responsible individual: _____ Phone #: _____
Printed Name: _____ Email: _____
Address: _____

****List any additional authorized/responsible persons on the back of this form. A first name, last name, address, phone number and signature are required.****

FVDPS Use Only:

The Fort Valley Department of Public Safety Police Services does hereby **APPROVE** the application for the above listed Organization, group, or individual(s) to have a social gathering involving a substantial group of people.

The Fort Valley Department of Public Safety Police Services does hereby **DENY** the application for the above listed Organization, group, or individual(s) to have a social gathering involving a substantial group of people.

Signature and ID # _____ Date: _____

Prior to approval, please confirm date availability with the City Administrator. Copy of approved form to the City Administrator and the Director of Public Works. Event date approved: _____

Festival Park User Fees

Effective: April 22, 2016

The following dates are per day unless otherwise stated:

Non Profit/Non Fundraising

Pavilion Only - \$100

RV Part Only - \$125

Both - \$150

Non Profit/Fundraising

Pavilion Only - \$200

RV Part Only - \$250

Both - \$300

For Profit Organization

Pavilion Only - \$400

RV Part Only - \$500

Both - \$600

RV Hook-Up Use

\$300 for entire week

\$200 for Friday/Saturday

All organizations: \$100 refundable key/clean-up deposit

*** Organizations requesting use of the facilities for 3 or more consecutive days shall pay a fee equal to 75% of the above fees per additional day.***

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize _____
to receive any Georgia criminal history record information pertaining to me which may be in the
files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex Race Date of Birth Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid for 90/180/ _____ (circle one) days from date of signature.
- I, _____ give consent to the above
named to perform periodic criminal history background checks for the duration of my
employment with this company.