

Complete the following application. Please submit a \$100 refundable key/clean-up deposit fee with this application.

All Organizations are required to complete a Background Check with Fort Valley Police Department. The fee is \$20.

**Application submission does NOT constitute event approval. Approved applicants will be notified, if an event has over 100 expected attendees, the event organizer must attend a mandatory event meeting.



CITY OF FORT VALLEY APPLICATION FOR EVENTS PERMIT

APPLICATION FOR: **FESTIVAL PARK** **DOWNTOWN GAZEBO**

Application date: _____

Name(s) _____

Primary Phone Number: (____) _____ Secondary Phone Number: (____) _____

Residence Address: _____

Email: _____

Name of Event: _____

Type of Event: Run/Walk _____ Performance _____ Festival _____ School _____ Other _____

*** Other (Specify) _____

Estimated number of Attendees: _____

Estimated number of Vendors: _____

Estimated number of Performers: _____

Estimated number of Vehicles: _____

Will Beer, Wine, and or Other Alcoholic Beverages be served? *** Yes _____ No _____

Name(s) on the permit: _____

Event Organizer (Must be an individual who is responsible for the event.)

Name: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Residence Address: _____

City State Zip Code

Business Address: _____

City State Zip Code

Email: _____

Name of Organization: _____

Non-Profit? *** Yes: _____ No: _____ ** IF yes EIN Number _____

Is the purposed event to be held by/ on behalf of / for any person other than applicant? *** Yes _____ No _____

**Name _____ Phone _____

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 REQUIRES 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 dosed for special needs, parking or vendor loading area.)

*****Please be specific and include deliveries and set-up.***
If it is the day before the actual event, please enter the following information:**

Set-up Time: _____ Day: _____ Month: _____, Date: _____

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

Check all that applies: Electricity Required ***Yes ___ No ___

Do you plan to use amplified sound? ***Yes ___ No ___

Please detail sound system/electricity requirements: _____

Start Time of Event _____ AM/PM End Time of Event: _____ AM/PM

Actual Time Expected to be off the Premise _____ AM/PM

****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 Administrator.****

First Choice Event Date: _____ Second Choice Event: _____

How would you like this event listed on the website?

Contact information to be used on the website for people to inquire about the event.

Person(S) of Contact _____

Phone _____ Website _____

I have carefully read and will abide by the foregoing Application and Special Event Policies and I, 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.)

(Print) _____
Name of Person Making Application

(Signature) of Person Making Application

Date: _____



City of Fort Valley
Department of Public Safety
Emergency Dial 911

Anson Evans
Chief of Police
abevans@fortvalleyga.org

200 W. Church Street
Fort Valley, Ga 31030
(478) 825-3383

Request for Police Assistance

Date _____

Name _____ Phone _____

Type of Event _____

Location _____ Date of Event _____

Start Time of Event _____ am/pm End Time of Event _____ am/pm

Do you want police present before the event start time? _____

**IF so, what time would you like the police to report? _____

X

Sign

Date Received: _____

____ Approved

____ Denied

____ Staff Required, Staff Hours _____

____ Denied Conditions: _____

____ Approved Conditions: _____

Chief of Police

Date Received: _____

____ Approved

____ Denied

____ Staff Required, Staff Hours _____

____ Denied Conditions: _____

____ Approved Conditions: _____

Public Works Director

Date Received: _____

____ Approved

____ Denied

____ Staff Required, Staff Hours _____

____ Denied Conditions: _____

____ Approved Conditions: _____

City Administrator

Festival Park User Fees

The Following fees are (**Per-Day**) unless otherwise stated:

Non-Profit/Non-Fundraising
DOWNTOWN
CITY SQUARE GAZEBO
(User Fee \$0.00 NO CHARGE)

Non-Profit/Non-Fundraising

Pavilion Only-\$200
RV Part Only-\$250
Both-\$300

Non-Profit/Fundraising

Pavilion Only-\$400
RV Part Only-\$500
Both-\$600

For Profit Organization

Pavilion Only-\$800
RV Part Only-\$1,000
Both-\$1,200

RV Hook-Up Usage

\$300 for entire week
\$200 for Friday/Saturday

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

Check List

- **Application**
- **Background Check \$20**
- **Deposit \$100**
- **Meeting with City Administrator & Police Department**

***If you have any questions please contact
City Hall of Fort Valley**