

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 proposed 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.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

Date Received \_\_\_\_\_

\_\_\_\_ Approved \_\_\_\_\_

\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_ Staff Required, Staff Hours \_\_\_\_\_

\_\_\_\_ Denied Conditions \_\_\_\_\_

\_\_\_\_ \_\_\_\_\_

\_\_\_\_ Approved Conditions \_\_\_\_\_

\_\_\_\_ \_\_\_\_\_

\_\_\_\_ \_\_\_\_\_

\_\_\_\_ Finance Director \_\_\_\_\_

## **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

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