



# City of Fort Valley

## Department of Public Safety

Emergency Dial 911

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

P.O. Box 956 / 200 W. Church St  
 Fort Valley, GA 3103  
 478-822-6985 (FAX)

### 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. All organizations/individuals are also required to complete a \$20 background check with the Fort Valley Police Department. 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

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.