

# Garden City

## SPECIAL EVENT PERMIT APPLICATION

Name of Organization/Individual:

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Street Address of Organization/Individual:

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Venue Location:

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Name Of

Representative:

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Street Address of Representative:

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Phone Number (Please provide two (2))

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Email Address:

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Event Plan:

A plan must be submitted and must include the following information about the Special event:

- Total Number of Participants expected \_\_\_\_\_
- The date or dates: \_\_\_\_\_
- The hours of each day the event will be conducted: Set up

Set-up Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Notes: (Completed by Applicant)

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- Will sound amplification equipment be employed? No ( ) Yes( )

If yes, explain \_\_\_\_\_

Note: applicant must obtain a loudspeaker permit pursuant to City Code 130-23,  
Prohibited Noise

- Will alcoholic beverages be dispensed or sold? Yes ( ) No ( )
- Are sales or vendors being planned? Yes ( ) No ( )
- Is the use of tents planned? Yes ( ) No ( )
- Will portable toilets be used? Yes ( ) No ( )
- Will dumpsters be used? Yes ( ) No ( )
- Is electricity needed? Yes ( ) No ( )
- Will a sign or pennants be hung outside? Yes ( ) No ( )
- Will artificial lighting be employed?
- Will sound amplification equipment be employed Yes ( ) No ( )
- Will temporary structures be constructed? Yes ( ) No ( )

If yes, provide a complete description (Tents, Canopies, Stages etc.) of the structure:

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- Provide a description of the anticipated need for safety, police, medical, sanitation, and other required personnel and equipment, with the anticipated needed numbers and posting by location and time of personnel needed:

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- Provide a description of how the site or facility will be cleaned and fully restored to post-event conditions

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- Provide a description of measures that will be taken to ensure public health and sanitation:

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**General Terms & Conditions**

GCPD OFF-DUTY OFFICERS WILL BE PAID THE AMOUNT AGREED UPON PRIOR TO THE EVENT, AND ARE NOT RESPONSIBLE FOR ADVISING, DIRECTIONS, EVENT SET-UP, OR PROVIDING ANY DETAILS OF THE EVENTS TO PARTICIPANTS. THE GARDEN CITY POLICE DEPARTMENT PROVIDES SECURITY FOR THE EVENTS AND THE CHIEF OF POLICE HAS THE SOLE DISCRETION TO REQUIRE OFF-DUTY GARDEN CITY POLICE OFFICERS AT ALL EVENTS AS DEEMED NECESSARY. ALL EVENTS WITHIN THE CITY LIMITS OF GARDEN CITY, GA THAT REQUIRE OFF-DUTY POLICE OFFICERS, THOSE OFFICERS WILL BE EXCLUSIVELY GARDEN CITY POLICE OFFICERS UNLESS OTHERWISE APPROVED BY THE CHIEF OF POLICE.

THE INFORMATION CONTAINED IN THE PERMIT HAS BEEN SUBMITTED, REVIEWED, AND APPROVED OR DENIED BY THE CITY OF GARDEN CITY, AND ANY CHANGES (DATE/TIME ETC.) MUST BE APPROVED IN ADVANCE. THIS PERMIT IS TO BE PRESENT BY THE PERMITTEE AT ALL TIMES AND IS SUBJECT TO INSPECTION AND VERIFICATION. NO GARDEN CITY EVENTS PERMIT IS ELIGIBLE TO BE TRANSFERRED TO ANY OTHER PARTIES AS IT IS EXCLUSIVELY ISSUED TO THE PERMITTEE. GARDEN CITY RESERVES THE RIGHT TO CANCEL ANY EVENT BASED ON MISLEADING OR FALSE INFORMATION REGARDING THE EVENT. FURTHERMORE, GARDEN CITY RESERVES THE RIGHT TO REVOKE ANY PERMIT ISSUED AT ANY TIME, REGARDLESS OF THE EVENT BEING HELD ON CITY-OWNED PROPERTY OR PRIVATE, PROPERTY, AND THEN REQUIRE THAT ALL ATTENDEES /ORGANIZERS/VENDORS OF THE EVENT VACATE IMMEDIATELY. ANY ACTIVE EVENT THAT IS OPERATING IN VIOLATION OF THE GARDEN CITY CODE OR STATE/LOCAL LAWS WILL BE NOT ELIGIBLE FOR ANY REFUND IN PART OR FULL.

**Permission is hereby requested to hold an Event or Public Assembly in the City of Garden City. The applicant further acknowledges the terms and conditions contained in this document or attachments thereof and agrees to all conditions set forth, implied or expressed, therein upon signing the Applicant Signature line below:**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

APPLICANT'S ADDRESS \_\_\_\_\_

Return all applications to:                      City of Garden City  
                                                                                 Parks & Recreation Department  
                                                                                 160b Priscilla D. Thomas Way  
                                                                                 Garden City, GA 31408  
                                                                                 (912) 966-7788 Fax (912)966-7775  
                                                                                 Email: [specialevents@gardencity-ga.gov](mailto:specialevents@gardencity-ga.gov)

All fees and/or deposits shall be paid via cashier's check, money order or credit card payable to "City of Garden City". Applicants should refer to the *Garden City Fee Schedule* for costs associated with your event request. However, the City Staff will provide each applicant with the total permit cost, excluding Off-Duty GCPD expenses which are paid directly to the Officers working the event. The City reserves the right to add additional cost or restrictions based on the nature and complexity of the event.

\*\*\*\*\*INTERNAL USE ONLY\*\*\*\*\*

Chief of Police \_\_\_\_\_ APPROVE \_\_\_\_\_ DENY \_\_\_\_\_ DATE \_\_\_\_\_

GC Police Officers Required \_\_\_\_\_ Number of Officers Needed \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Police Department Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patrol Commander \_\_\_\_\_ APPROVE \_\_\_\_\_ DENY \_\_\_\_\_ DATE \_\_\_\_\_

Police Department Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fire Chief \_\_\_\_\_ APPROVE \_\_\_\_\_ DENY \_\_\_\_\_ DATE \_\_\_\_\_

GCFD Personnel Required \_\_\_\_\_ Number of Staff Needed \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Fire Department Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parks/Recreation Director \_\_\_\_\_ APPROVE \_\_\_\_\_ DENY \_\_\_\_\_ DATE \_\_\_\_\_

Parks/Rec Staff Required \_\_\_\_\_ Number of Staff Needed \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Parks/Rec. Department Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Public Works Director \_\_\_\_\_ APPROVE \_\_\_\_\_ DENY \_\_\_\_\_ DATE \_\_\_\_\_

PW Staff Required \_\_\_\_\_ Number of Staff Needed \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Public Works Department Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City Manager \_\_\_\_\_ APPROVE \_\_\_\_\_ DENY \_\_\_\_\_ DATE \_\_\_\_\_