

Page 1 of 5

Applicant and Sponsoring Organization Information				
NAME (of individual completing application):				
STREET ADDRESS:				
CITY / STATE / ZIP CODE:				
DAY PHONE:	FAX NO.:			
E-MAIL ADDRESS:				
NAME OF ORGANIZATION:		NON-PROFIT GOVT.		
STREET ADDRESS:		DAY PHONE:		
ORGANIZATION WEBSITE:				
CONTACT PERSON "ON SITE" DAY OF EVENT:		CELL PHONE		
IS THIS A FIRST TIME EVENT? YES NO IF NO, HOW MANY YEARS:				
IF HELD BEFORE, WHERE AND WHEN?				
Event Information Event Website:				
TYPE OF EVENT (CHECK ALL THAT APPLY): CONCERT/MUSIC OTHER				
IF "OTHER," PLEASE SPECIFY:				
EVENT LOCATION AND TITLE:				
DATE:				
EVENT HOURS: START: END:				
SET-UP: DATE: TIME:				
BREAK DOWN: DATE: TIME:				
EXPECTED ATTENDANCE: PARTICIPANTS: SPECTATORS:				



Page 2 of 5

Event Description:		
BRIEFLY EXPLAIN EVENT AND ACTIVITIES; INCLUDE PURPOSE OF THE EVENT. ATTACH MAP INCLUDING LOCATION OF		
STAGE, PORTOLETS, VENDOR BOOTHS, COOKING AREA, ETC		
Event Details		
ATTACH A SCHEDULE OR BROCHURE OF ALL ACTIVITIES ASSOCIATED WITH THE EVENT:		
WILL ITEMS OR SERVICES BE SOLD AT THE EVENT? YES NO		
PROVIDE A LIST OF ALL VENDORS:		
WILL EVENT HAVE AMPLIFIED SOUND? YES NO		
IF YES, PLEASE DESCRIBE:		
WILL VENDORS BE COOKING OR HEATING FOOD? YES NO		
IS THIS EVENT FOR PROFIT NOT FOR PROFIT OR CHARITABLE		
WILL THERE BE ANY FENCED AREAS? YES NO IF YES, PLEASE DESCRIBE:		
The City of Cartersville does not rent or provide fencing. If posts are needed that require digging, applicant is responsible for calling 811 (Call before you dig, locate services)		
Cleanup/Sanitation		
What is your clean-up plan during and after the event?		
Contact the City of Cartersville to arrange for trash and recycling collection at 770-387.5602. Pick-up and disposal fees may be applicable. After the event, the area(s) will be inspected to insure it is in pre-event condition.		
Portolets		
If your event requires restroom facilities, the city recommends one toilet and one handicap unit for every 250 attendees, or portion thereof. At least one handicap unit is required.		

IF USING A PORTOLET COMPANY, WHICH COMPANY IS BEING USED:



Page 3 of 5

#### Insurance

A certificate of insurance must be filed with the City of Cartersville ten working days before the event. The city requires all certificates to be submitted on a standard ACORD form. The City of Cartersville must be listed as additional insured with respect to general liability. A minimum of \$1,000,000 liability insurance is required.

Insurance form attached.

Street Closure Information			
NAMES OF STREET(S) TO BE CLOSED:			
BETWEEN	AND		
ATTACH MAP OF AREA:			
ARE YOU REQUESTING A COMPLETE OR ROLL If so, you are required to fill out a street closing per		ONE DIRECTION ONLY	
WHY ARE YOU REQUESTING THIS STREET CLOSURE?			
TIME OF STREET CLOSURE:			
ASSEMBLY AREA:	DISBANDING AREA:		
The event organizer is responsible for notifying affected businesses and residents of street closures.			
DESCRIBE YOUR NOTIFICATION PLAN AND ATTACH A COPY TO THIS APPLICATION:			

### **Security Needs**

PLEASE DESCRIBE YOUR SECURITY NEEDS FOR THE EVENT.

Final determination on officer needs will be made by the City of Cartersville. (Cartersville Police Security is \$45 per hour for non-traffic related security, for a 4-hour minimum; \$55 per hour for traffic related/direction, for a 4-hour minimum).

I WILL HIRE CITY OF CARTERSVILLE OFFICERS FOR THIS EVENT.

The rate for City of Cartersville officers is \$50 per hour per officer for non-traffic related security, 4-hour minimum per officer; \$60 per hour per officer for traffic related/direction, for a 4-hour minimum. Please call 770.382.2526 to arrange for police security.



Page 4 of 5

Downtown Development Authority Area	S
If this event requires the use of Friendship Plaza, the Train Depot, the Amp	ohitheater or DDA facilities, please contact the DDA.
Agreement and Signature	
Applications may be submitted 3 months in advance and MUST be made a application will be approved per requested date.	minimum of 30 business days in advance. Only one
I, THE UNDERSIGNED REPRESENTATIVE, HAVE READ THE GUIDELIN REFERENCE TO THIS APPLICATION AND AM DULY AUTHORIZED BY TO ON ITS BEHALF. THE INFORMATION HEREIN IS COMPLETE AND ACC	THE ORGANIZATION TO SUBMITTHIS APPLICATION
NAME (PRINTED):	
SIGNATURE:	DATE:
SEND YOUR COMPLETED APPLICATION TO:	
City of Cartersville Attn: City Manager's Office	
P.O. Box 1390, Cartersville, GA 30120; Phone 770-38 Fax 770-386-5841; or deliver to 1 North Erwin Street.	7-5686;
Special Instructions per Fire Chief:	
Special Instructions per Police Chief:	



Page 5 of 5

Indemnification and Hold Harmless
Subject to the granting of all permits required by the City of Cartersville, the City of Cartersville authorizes
(Special Events Applicant)
to utilize the site(s) known as
for the purposes of conducting the activities described in the special events permit application.
The Special Events Applicant agrees that the City of Cartersville assumes no responsibility or liability for any defects or other conditions of the site(s), whether the conditions are known or unknown to either party, and/or discoverable by either party. The Special Events Applicant agrees to assume the risk for any and all defects and/or other conditions, whether these defects or other conditions are discoverable by either party, and/or known or unknown to either party.
Indemnification(the "Indemnifying Party") agrees to indemnify, hold harmless and defend City of Cartersville, Georgia, and their officers, directors, agents, servants and employees ("Indemnities") from and against all liabilities, damages, actions, costs, losses, claims and expenses (including attorney's fees), on account of personal injury, death or damage to or loss of property or profits arising out of or resulting, in whole or in part, from any act, omission, negligence, fault or violation of law, ordinance or regulation of or by any of the Indemnifying Party's employees, agents, officers, invitees and/or representatives. Such indemnification by the Indemnifying Party shall apply unless such damage or injury results solely from the negligence, gross negligence or willful misconduct of City of Cartersville.  I, the undersigned representative, have read the Indemnification and Hold Harmless and am duly
authorized to sign this clause on behalf of Special Events Applicant  BY:
TITLE:
DATE:
Office Use Only: Date Received: Approved By: Date:
Insurance Form Received: Police & Fire Approval: Date: