



SPECIAL EVENT GENERAL APPLICATION

Note: There may be separate fees for the use of City parks or facilities, personnel, and vehicles.

Name of Individual or Organization sponsoring the event:

Organization Contact information: Phone: _____

Address: _____

Email address: _____

Contact person authorized to act on behalf of the Organization: _____

Contact person information: Phone: _____

Address: _____

Email address: _____

Please also provide a copy of valid driver's license.

Name of event: _____

Desired date(s) and time(s) of event: _____

Estimated number of attendees: _____ Estimated number of event workers: _____

Set up time: _____ Clean up completed time: _____

Location - check all that apply:

- Amphitheater (Etowah River Park)
- Boling Park
- Brown Park
- Burge Park
- Cannon Park
- Etowah River Park
- Heritage Park
- Other (Please specify) _____

Purpose of event - check all that apply:

- Athletic Event
- Carnival/Circus
- Concert/Performance
- Craft Show
- Cycling Event
- Exhibition
- Festival
- Film Shoot
- Fireworks
- Market
- Parade
- Road Race
- Street Dance
- Street Fair
- Rally/Assembly
- Wedding
- Other (Please specify) _____

Purpose of event - check all that apply:

- Charity
- Fundraiser
- Entertainment
- Education
- Other (please explain): _____

Estimated number of attendees: _____ Estimated number of event workers: _____
Set up time: _____ Clean up completed time: _____

Has this event been held before? _____ If so, where and when? _____

Will fees be charged for: Admission Amount _____
Vendors Amount _____
Entry Amount _____
Other (Please specify type) _____ Amount _____

Do you have event rental needs from the City (stage, electrical)? _____

Will sound amplification equipment be used? _____

What sort of sound will be amplified? _____

Will your event need security overnight or any other time aside from the hours of the event? _____

If yes, please explain what you need _____

Please provide any other information about your event that you believe would be helpful for planning purposes (attach additional documentation, if needed):

Liability Insurer _____

Policy Number _____ Liability Limits _____

(Attach copy of policy)

WAIVER AND RELEASE: I/We agree to hold harmless and defend the City of Canton against any claim for damages, compensation or otherwise on the part of any participant or any other party, growing out of or resulting from injury which might occur as a result of activity at the facilities of the City of Canton, and to reimburse or make good any loss, damage or costs that the City of Canton may have to pay if litigation arises from injury to any participant or other party, under the laws of this or any other state as against such claims for reimbursement or indemnity by the City of Canton.

I/We also agree to reimburse the City for the cost of any clean up or damage repair that exceeds the required security deposit.

THE UNDERSIGNED DOES AFFIRM THAT THE INFORMATION GIVEN IS TRUE TO THE BEST OF HIS/HER BELIEF AND KNOWLEDGE.

SIGNATURE

DATE

PRINT NAME

EMAIL ADDRESS

ADDRESS

PHONE #

Date Received: _____

APPROVAL

POLICE:

SIGNATURE (Chief of Police) DATE: _____ APPROVED: _____
DISAPPROVED: _____

FIRE MARSHAL:

SIGNATURE (Fire Marshal) DATE: _____ APPROVED: _____
DISAPPROVED: _____

PARKS & RECREATION:

SIGNATURE (Parks & Recreation Director) DATE: _____ APPROVED: _____
DISAPPROVED: _____

PUBLIC WORKS:

SIGNATURE (Public Works Director) DATE: _____ APPROVED: _____
DISAPPROVED: _____

PUBLIC OUTREACH OFFICE:

SIGNATURE (Public Outreach Manager) DATE: _____ APPROVED: _____
DISAPPROVED: _____
Phone: 770.704.1548 fax: 770.704.1538

CITY MANAGER:

SIGNATURE (City Manager) DATE: _____ APPROVED: _____
DISAPPROVED: _____

SPECIAL EVENT APPLICATION

ROAD/CYCLING RACE

The City has determined two pre-approved routes for 5K races that work best for the City and the event. Please review the attached maps to determine which route will work best for you. If you know of an alternate route that is not established, please present it to the City; any alternative route will need to be approved by the City.

Once you have chosen the appropriate map, please print it out and mark where you will be placing the registration, entry/exit, start/finish, water stations, first aid station, portable toilets, etc.

Please furnish an expected timeline for your event:

Set-up start: _____

Sign in/on-site registration: _____

Assembly of entrants: _____

Race start: _____

Race finish: _____

Awards/Prizes: _____

Clean up finish: _____

Number of participants expected: _____

Please list each vendor expected:

The event organizer must provide written notice to EVERY resident and business along streets that will be closed at least a week before of the event. The notice must provide the date(s) and time(s) that the street is expected to be closed. A copy of the notice must be provided to the Public Outreach Manager.

The City's Police, Fire Marshal, Parks and Recreation Director, Public Works Departments, City Manager and Public Outreach Manager will review your choice to ensure it appropriateness.

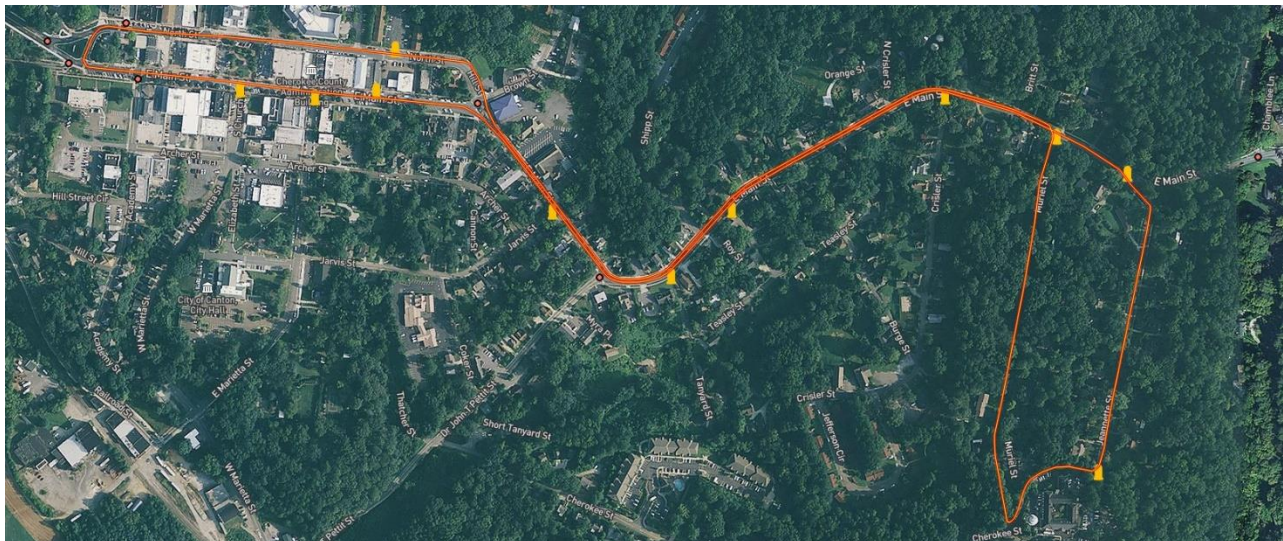
RACE ROUTES

ETOWAH RIVER/HERITAGE PARKS ROUTE



DOWNTOWN ROUTE

Starts at the square and loops the square once where it then goes down East Main Street to Jeannette Street down Hospital Circle than to Muriel Street and back to the square on North Street. **Requires City Council approval and (9) nine officers.**



RESERVOIR DRIVE ROUTE

. The runners start at the church and run down Reservoir Drive to Reinhardt College Parkway to Riverstone Blvd and turns around at Bluffs Parkway. The runners take the same route back to the church. **Requires City Council Approval and (4) four officers.**



SPECIAL EVENT APPLICATION

DOWNTOWN EVENT

Please review the attached map of the downtown area and designate what portion of the area will work best for you.

If you want to include other areas around downtown please present it to the City; **any** area used will need to be approved by the City.

Once you have chosen an area, please print out the map, and mark where you will be placing the entrance/exit, vendors, tents, entertainment, water stations, first aid station, portable toilets, music, etc. Label each vendor. Please be considerate of the size and needs of each facility.

Please furnish an expected timeline for your event:

Set-up start: _____
Event start: _____
Event finish: _____
Clean up finish: _____

Do you expect that more parking will be needed than is generally available?

Please list each vendor expected:

The event organizer must provide written notice to EVERY resident and business along streets that will be closed at least a week before of the event. The notice must provide the date(s) and time(s) that the street is expected to be closed. A copy of the notice must be provided to the Public Outreach Manager.

The City's Police, Fire Marshal, Parks and Recreation Director, Public Works Departments, City Manager and Public Outreach Manager will review your choice to ensure it appropriateness.

Submit event map or create one here:



SPECIAL EVENT APPLICATION

PARADE EVENT

The City has determined a number of pre-approved routes for parades that work best for the City and the event. Please submit your route map and details; any route will need to be approved by the City.

Once you have chosen the route, please provide a map with the start/finish, first aid station, portable toilets, etc., labeled.

Please furnish an expected timeline for your event:

Set-up start: _____

Sign in/on-site registration: _____

Assembly of entrants: _____

Parade start: _____

Parade finish: _____

Awards/Prizes: _____

Clean up finish: _____

Types and number of units: Motorized Floats _____ Vehicles _____ Animals _____

Towed Floats _____ Walkers _____

Please list each vendor expected:

The event organizer must provide written notice to EVERY resident and business along streets that will be closed at least a week before of the event. The notice must provide the date(s) and time(s) that the street is expected to be closed. A copy of the notice must be provided to the Public Outreach Manager.

The City's Police, Fire Marshal, Parks and Recreation Director, Public Works Departments, City Manager and Public Outreach Manager will review your choice to ensure it appropriateness.

SPECIAL EVENTS ALCOHOL PERMIT APPLICATION

A *Special Event Alcohol Permit* is required for alcohol to be sold, possessed, or consumed on public property during a special event (Canton Code Section 6-379) and must be applied for by the event organizer when submitting the Special Event General Application, no sooner than 90 days to the event date. The applicant must provide the boundaries of the event and determine whether or not alcohol will be permitted throughout the event boundaries or limited to an enclosed area. When alcohol is served, there must be signs at exit areas indicating that possessing alcohol beyond that point is not permitted. These signs will be furnished by the City. There is no fee for this permit.

A *Business License* and an *Alcohol License* are required for any vendor to sell alcohol in the City of Canton. These licenses are applied for through the business license clerk; fees for the licenses vary. Business and Alcohol Licenses from other municipalities are accepted and must be displayed at all times.

An *Off Premises Permit* is required for any licensed alcohol beverage caterer who will be serving alcohol at an event not held on its premises. (Canton Code Section 6-341 and 342). There is no fee for this permit for businesses that hold Business and Alcohol Licenses from the City of Canton, but applications must still be applied for. The off premises permit fee for businesses from other municipalities is \$50.00 per event.

An *Alcohol Servers Permit* is required for any person pouring/serving alcohol at a Special Event. The permit is applied for at the Canton Police Department for a fee of \$25.00 and must be displayed on the person at all times. O.C.G.A. § 3-11-5 states caterers may not employ anyone under the age of 21 to sell or serve alcohol.

NOTE: APPLICANTS MUST APPLY FOR STATE SPECIAL EVENT ALCOHOL PERMITS THROUGH STATE.

Please check all that you intend to offer for sale: Beer Wine Liquor

What alcohol vendor will you be using? _____

Provide copies of the vendor's business and alcohol licenses and off premises permit if applicable.

Every business must have a copy of its business and alcohol licenses, and off premises permit if applicable, available for inspection.

The City's Police, Fire Marshal, Parks and Recreation Director, Public Works Departments, City Manager and Public Outreach Manager will review your choice to ensure it appropriateness.