

770.7041548

**CITY OF CANTON**  
151 ELIZABETH STREET, CANTON, GA 30114

Fax 770.704.1538

**SPECIAL EVENT REQUEST**

**NOTICE MUST BE FILED NO LATER THAN 30 DAYS PRIOR TO DATE OF EVENT**

EVENT DATE(S) \_\_\_\_\_

TIME (START  
FINISH) \_\_\_\_\_

EVENT  
SPONSOR \_\_\_\_\_

**TYPE OF EVENT: CHECK ALL THAT APPLY**

\_\_\_\_\_ STREET PARADE OR \_\_\_\_\_ PARADE WITHIN THE PARK NUMBER OF UNITS \_\_\_\_\_

TYPE OF UNITS: MOTORIZED, FLOATS, WALKING ANIMAL \_\_\_\_\_

\_\_\_\_\_ RALLY/ASSEMBLY \_\_\_\_\_ MARCH/DEMONSTRATION \_\_\_\_\_ OTHER  
\_\_\_\_\_ FIREWORKS \_\_\_\_\_ STREET DANCE  
\_\_\_\_\_ EXHIBITION \_\_\_\_\_ MERCHANT FAIR/CRAFT SHOW

TOTAL NUMBER OF PEOPLE PARTICIPATING AND EXPECTED TO ATTEND EVENT \_\_\_\_\_

**PURPOSE OF EVENT: CHECK ALL THAT APPLY**

\_\_\_\_\_ CHARITY \_\_\_\_\_ FUND RAISER  
\_\_\_\_\_ ENTERTAINMENT \_\_\_\_\_ EDUCATION

LOCATION OF EVENT: \_\_\_\_\_ SPECIFIC AREA OF PARK TO BE USED \_\_\_\_\_

**Please give a detail description of the event that will be taking place.**

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**\*\*All Police and/or Medical personnel must be arranged by the City of Canton Police Department and/or Fire Department. The City of Canton Police Chief, along with the Fire Chief has the final approval on all security and/or medical needs or request. (It will be the responsibility of the event sponsor to provide at their cost for personnel and equipment needed for security and/or medical needs).**

**WILL THIS EVENT USE OR REQUIRE THE FOLLOWING SERVICES? (SPONSORS MUST MAKE ARRANGEMENTS)**

- \_\_\_\_\_ CLOSING OF PUBLIC STREETS OR THOROUGHFARES (PLAN ATTACHED)
- \_\_\_\_\_ REROUTING OF VEHICLE OR PEDESTRAIN TRAFFIC (PLAN ATTACHED)
- \_\_\_\_\_ USE OF POLICE OFFICERS FOR SECURITY
- \_\_\_\_\_ USE OF PAVILLION (CONTACT MICHELLE AT 770/720-7674)
- \_\_\_\_\_ MOBILE STAGE (RENTAL FEE \$750.00) (INCLUDES SET-UP AND TAKE-DOWN)
- \_\_\_\_\_ SOUND SYSTEM (CHARGE OF \$25.00 PER HOUR) AND ALWAYS ACCOMPANIED BY CITY EMPLOYEE SET-UP IS 2 HOURS & BREAK-DOWN IS 2 HOURS, MINIMUM 6 HOURS. **CHECK MUST BE PAID IN ADVANCE OF EVENT AND MADE OUT TO: MICHAEL ALLEN.CHECK RECEIVED** \_\_\_\_\_
- \_\_\_\_\_ USE OF ELECTRICITY (THERE IS A CHARGE PER EVENT) (HERITAGE MAY REQUIRE ADDITIONAL ELECTRICAL FEES, CONTACT SCOTT AT 770/720-7674)
- \_\_\_\_\_ POWER PACKS (ADDITIONAL ELECTRICITY) (THERE IS A CHARGE OF \$50.00 PER PACK)
- \_\_\_\_\_ USE OF LIGHTING AT NIGHT (BOLING PARK FIELD LIGHTS ONLY)
- \_\_\_\_\_ HOW MANY HOURS OF FIELD LIGHTING USE AND WE CAN INDICATE AT WHAT COST
- \_\_\_\_\_ USE OF WATER \_\_\_\_\_ POTABLE OR \_\_\_\_\_ NON-POTABLE
- \_\_\_\_\_ USE OF ADDITIONAL PORTA-JOHNS (TO BE DETERMINED BY SIZE OF EVENT) **(SPONSOR RESPONSIBILITY)**
- \_\_\_\_\_ CONES \_\_\_\_\_ HOW MANY
- \_\_\_\_\_ BARRICADES \_\_\_\_\_ HOW MANY
- \_\_\_\_\_ SIGNS (TRAFFIC, PARKING, ETC.) \_\_\_\_\_ HOW MANY
- \_\_\_\_\_ TRASH CANS \_\_\_\_\_ HOW MANY
- \_\_\_\_\_ FOOD SERVICES OR VENDORS (FOOD VENDORS NEED TO CONTACT AMY AT 770/479-0444)
- \_\_\_\_\_ USE OF PERSONAL SIGNS OR BANNERS AT EVENTS (MUST BE APPROVED BY STEVE GREEN #770/704-1530)

EVENT SPONSOR IS REQUIRED TO HAVE LIABILITY INSURANCE

LIABILITY INSURER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ LIABILITY LIMIT\$ \_\_\_\_\_

Attach copy of policy

**Boling and Heritage Parks require a security deposit. Events of 100 or more people will be \$500.00 and events of 100 or less will be \$100.00. Once the park has been cleaned up and there are no issues (such as damage to the park or equipment) the deposit will be refunded upon approval from the Parks Supervisor. Event sponsors must supply parking, garbage and restroom plans.**

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 me, my child or any other party, growing out of or resulting from injury to me or my child ,or any other party which might occur as a result of the lease of property or facilities from 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 me, my child or any other party, and I/we hereby waive any and all rights of exemption, both as to real or personal property, to which I/we may be entitled under the laws of this or any other state as against such claims for reimbursement or indemnity by the City of Canton.

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 #

RECEIVED BY \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

SIGNATURE (Chief of Police) \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (Chief of Fire Department)

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (Director of Streets)

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (City of Canton Special Events Coordinator)  
Phone: 770.704.1548 fax: 770.704.1538 ginger.garrard@canton-georgia.com

FINAL APPROVAL: \_\_\_\_\_

FINAL DISAPPROVED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_