

**NARRATIVE**

Please provide a narrative and timeline of your event. You may provide this information as an attachment if necessary.

**SITE PLAN/ROUTE MAP**

**Event Site Plan:** One (1) clear and clean paper copy must be brought to the Kedron Fieldhouse & Aquatic Center **OR** one (1) digital copy emailed to [cwilder@peachtree-city.org](mailto:cwilder@peachtree-city.org). The plans should be clearly and accurately drawn to include the items listed below.

<i>Does your event plan/route map comply with or show the following?</i>	YES	N/A
(a) Name of the event, address, boundaries, date, north arrow, and scale of the plan;	<input type="checkbox"/>	<input type="checkbox"/>
(b) The location and name of all existing streets adjacent to and within the event;	<input type="checkbox"/>	<input type="checkbox"/>
(c) Assembly area, disbanding area, and route to be traveled (use arrows to indicate the direction of travel);	<input type="checkbox"/>	<input type="checkbox"/>
(d) Identify vehicular and pedestrian circulation plans, access points, travel ways, parking, loading, stacking, sidewalks, and multi-use paths;	<input type="checkbox"/>	<input type="checkbox"/>
(e) Health and sanitation facilities (portable toilets, restrooms);	<input type="checkbox"/>	<input type="checkbox"/>
(f) Communication facilities and equipment (ham radios, event communication tent);	<input type="checkbox"/>	<input type="checkbox"/>
(g) Medical treatment facilities and equipment (first aid and ambulances);	<input type="checkbox"/>	<input type="checkbox"/>
(h) Vehicle access and parking requirements (parking spaces available);	<input type="checkbox"/>	<input type="checkbox"/>
(i) The location of all canopies, tents, booths, and other temporary structures;	<input type="checkbox"/>	<input type="checkbox"/>
(j) Exit locations of outdoor events that are fenced and/or locations within tents and tent structures;	<input type="checkbox"/>	<input type="checkbox"/>
(k) The location of all stages, platforms, scaffolding, bleachers, and grandstands;	<input type="checkbox"/>	<input type="checkbox"/>
(l) The location of amplified sound equipment (speakers, bullhorn);	<input type="checkbox"/>	<input type="checkbox"/>
(m) Food vendor and water supply locations (cooking areas, water spigots);	<input type="checkbox"/>	<input type="checkbox"/>
(n) A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills;	<input type="checkbox"/>	<input type="checkbox"/>
(o) The location of additional lighting, generators, and/or source of electricity;	<input type="checkbox"/>	<input type="checkbox"/>
(p) The location of all signage, banners, and inflatable recreation;	<input type="checkbox"/>	<input type="checkbox"/>
(q) Placement of trash, dumpster, and recycling receptacles;	<input type="checkbox"/>	<input type="checkbox"/>
(r) Placement of vehicles and/or trailers (if these are to remain throughout the event);	<input type="checkbox"/>	<input type="checkbox"/>
(s) The location of fencing, cones, barriers, and/or barricades, indicating any removable fencing/tape for emergency access;	<input type="checkbox"/>	<input type="checkbox"/>
(t) The provision of minimum of twenty foot (20') emergency access lanes throughout the event venue;	<input type="checkbox"/>	<input type="checkbox"/>
(u) Other related event components not listed above.	<input type="checkbox"/>	<input type="checkbox"/>

**PARKING & SHUTTLE PLAN**

YES

NO



Will your event involve the use of a transportation shuttle?



Will you be utilizing a parking facility from an adjoining property? If yes, please attach agreement.



Do you need all city vehicles removed from the facility parking lots for your event?

**SECURITY PLAN**

- |                          |                          |
|--------------------------|--------------------------|
| <b>YES</b>               | <b>NO</b>                |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Will this event cross any roads? If yes, please list below or attach in a separate document.  
 Will your event need overnight security?  
 Will you be employing a licensed professional security company to develop and manage your event's security plan?  
 If yes, you are required to provide a copy of the security company's valid private patrol operator license (see below).

Describe your security plan including crowd, vehicle & pedestrian control, internal security or venue safety, or attach plan to this application.

**PEACHTREE CITY POLICE DEPARTMENT**

Staffing of extra-duty assignments will be based upon officer availability and at the sole discretion of the Peachtree City Police Department. The Peachtree City Police Department has the right to reject any request. The Chief of Police will make final determination for number of officers needed.

**SECURITY COMPANY**

<b>Security Organization</b>	Name _____
<b>Address</b>	Street _____
	City _____ State _____ Zip _____
<b>Telephone</b>	Day _____ Evening _____ Fax _____ Cell _____
<b>Email</b>	_____
<b>License#/County</b>	_____

**City of Peachtree City Police Department will have final approval on all security companies used for events, as they will have the final decision in ALL matters involving safety and security at events.**

**LIFE SAFETY PLAN**

YES  NO

Will part of your event take place in any Peachtree City lake/pond?

Will you be employing a first aid provider to develop and manage your event's life safety plan? If yes, you are required to provide the contact information of the first aid provider (see below).

**Please describe your medical plan including your communication plan, the number, and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application if necessary.**

**PEACHTREE CITY FIRE DEPARTMENT**

Staffing of extra-duty assignments will be based upon Fire/EMS availability and at the sole discretion of the Peachtree City Fire Department. The Peachtree City Fire Department has the right to reject any request. The Fire Chief will make final determination for number of Fire/EMS staff needed.

**FIRST AID PROVIDER**

**First Aid Provider** \_\_\_\_\_

**Address** Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone** Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

**Email** \_\_\_\_\_

**Business License#** \_\_\_\_\_

**Name(s) of Personnel** \_\_\_\_\_ **Level of Certification** \_\_\_\_\_

\_\_\_\_\_ **Level of Certification** \_\_\_\_\_

\_\_\_\_\_ **Level of Certification** \_\_\_\_\_

\_\_\_\_\_ **Level of Certification** \_\_\_\_\_

\_\_\_\_\_ **Level of Certification** \_\_\_\_\_

City of Peachtree City Fire Department will have final approval on all first aid providers used for events, as they will have the final decision in all matters involving medical safety at events.

**NOTE: Your liability insurance often has requirements regarding medical coverage. Please ensure you are in compliance with their standards. City of Peachtree City accepts no responsibility for failure to comply with insurers' requirements.**

**TENTS/CANOPIES**

A certificate of fire resistance is required for all tents larger than 10' x 10' (100 square feet). Tents larger than 500 SF require an interior layout plan be provided. Tents should be secured to the ground with a 40lb weight on each leg, **no stakes allowed**. If cooking is conducted under a tent, you must meet additional requirements. \*Tent/Canopy locations must be indicated on your site plan\*

Number of 10' x 10' Tents	Number of 20' x 40' Tents	Number of ___' x ___' Tents	Setup	Date	Time	Day of Week
_____	_____	_____	Pickup	Date	Time	Day of Week

**Tent Company** \_\_\_\_\_

**Address** Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone** Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

**PORTABLE RESTROOMS**

You are required to provide portable restroom facilities at your event unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event.

Number of regular portable toilets	Number of ADA portable toilets	Setup	Date	Time	Day of Week
_____	_____	Pickup	Date <td>Time</td> <td>Day of Week</td>	Time	Day of Week

**Restroom Company** \_\_\_\_\_

**Address** Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone** Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

\*Portable restroom locations must be indicated on your site plan.

**ADVERTISING**

Estimated advertising budget for this event? \$ \_\_\_\_\_

In what publications/areas will you advertise this event? \_\_\_\_\_

This event will attract people from:  Local/County  Region  State  National

**MARKETING & PUBLIC RELATIONS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>YES</b>               | <b>NO</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a professional event organizer, event service provider, or commercial fundraiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the media contact the same as the applicant? If no, fill in contact information below.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you plan on notifying the impacted residents and businesses?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will this event be marketed, promoted, or advertised in any manner?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will there be live media coverage during the event?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will media vehicles be parked within the event?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a plan to distribute promotional brochures, posters, programs, etc.?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are patron admissions, entry (gate fee) or participant fees required? If yes, fee: \$_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Vendor or other fees required? If yes, fee: \$_____  |

**Event Planner/Media Contact** \_\_\_\_\_

**Address** Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone** Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

**Email** \_\_\_\_\_

If yes, please describe or provide an attachment of your plan.

**SIGNAGE**

Temporary signage for special events is permitted, but must comply with Chapter 66 of the Peachtree City Code of Ordinances. In general, signs cannot be placed within the medians or rights-of-way of most roadways within the city. A detailed sign plan, including the size of the signs and the proposed locations should be provided as a part of your application.

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>YES</b>               | <b>NO</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will there be any signage at this event?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will there be any inflatable recreation (moonwalk) at this event? If yes, list company contact information below.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does any of the event signage exceed the maximum 35 square foot limit? Or 5' in height?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will signage have sponsorship or advertising message? If yes, include sign design/drawing.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will signage be placed on or along roads, street corners, sidewalks, medians, utility poles, fences, trees, or any other natural objects? If yes, include placement locations on route/site map. |

If yes to any of the above questions, please describe or provide an attachment.

**All signage must be picked up immediately after the event. Each sign recovered after the event will be charged a \$200 recovery fee. Balloons attached to utility signs, natural objects, and signs are prohibited.**

**EQUIPMENT/UTILITIES**

YES NO

- Will you need *Pedestrian Barricades* for this event?
- Will you need *Traffic Barricades* for this event?
- Will you need *Traffic Barrels* for this event?
- Will you need *Traffic Cones* for this event?
- Will you need *Tables* for this event?
- Will you need *Chairs* for this event?
- Package 1:** 25 Tables + 50 chairs
- OR**
- Package 2:** 50 Tables + 100 chairs
- Will you need Electricity for this event?

How many?	Cost Per Unit	Total Cost
	X \$5.00	
	X \$0.50	
	X \$2.00	
	X \$1.00	
	X \$5.00 <i>(Package price also available below)</i>	
	X \$1.00 <i>(Package price also available below)</i>	
<input type="checkbox"/>	\$125.00	
<input type="checkbox"/>	\$250.00	
How many amps?	\$25.00 <i>electrical fee</i>	
<b>Total cost of equipment needed</b>		

Please describe or provide an attachment of where equipment will be placed. **NOTE: Equipment will be delivered to central location only; event organizer(s) responsible for setup and cleanup of equipment.**

**PUBLIC WORKS**

Staffing of extra-duty assignments will be based upon staff availability and at the sole discretion of the Peachtree City Public Works Department. The Peachtree City Public Works Department has the right to reject any request.

YES NO

- Will you be employing Peachtree City extra-duty Public Works personnel for this event?

**SERVICE TIME REQUESTED**

Same as Event Start and Event End times on Page 1?

**Starting**                      Date \_\_\_\_\_                      Time \_\_\_\_\_                      Day of Week \_\_\_\_\_

**Ending**                      Date \_\_\_\_\_                      Time \_\_\_\_\_                      Day of Week \_\_\_\_\_

**RATES**

Public Works Personnel\*                      \_\_\_\_\_                      X \$25.00/hr                      X \_\_\_\_\_ = \_\_\_\_\_  
# of Personnel                      Rate                      # of Hours                      TOTAL

\*Per person per hour. Payment of these services is required by CHECK or MONEY ORDER made payable to the person(s) assigned to the employment within (5) business days of the event, unless previously approved by the Public Works Director.

**SANITATION & RECYCLING**

Keep Peachtree City Beautiful (KPTCB) proudly provides recycling and sanitation services for all PTC events at a rate of \$25 per hour

**YES**  **NO**

Will you or your organization empty all trash cans at the end of your event? If no, you must hire Keep Peachtree City Beautiful.

Number of Trash Cans	Number of Dumpsters*	Number of Recycling Bins	Setup	Date	Time	Day of Week
_____	_____	_____	Pickup	Date	Time	Day of Week

\*Estimate (1) eight-yard dumpster for every increment of 500 people attending the event.

**Sanitation Company** \_\_\_\_\_

**Address** Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone** Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event.

**Note: Event organizer is responsible for returning facility to pre-event conditions. List organizer's information for day-of contact.**

**ENTERTAINMENT & RELATED ACTIVITIES**

**YES**  **NO**

- Are there any musical entertainment features related to your event? Any dance component?
- Will sound amplification be used? Will sound checks be conducted prior to event? If yes, describe start & finish times below.
- Will you need electricity at the event? If yes, please list how much amperage your equipment will use. (page 3)
- Do you plan on selling or launching balloons at this event? (Must obtain permission from Falcon Field Airport - 770-487-2225)
- Does your event include any live animals, carnival or amusement rides? If yes, describe below.
- Does your event include any tents or canopies?
- Do your event plans include any casino games, bingo games, drawings or lottery opportunities?

If yes to any of the above questions, please describe or provide an attachment.

**ALCOHOL**

The sale or consumption of alcoholic beverages is prohibited during the special event unless a separate alcoholic beverage special event permit has been obtained from the City Council.

**YES**  **NO**  Does your event involve the use of alcoholic beverages?

If yes, please check ALL that apply	
<input type="checkbox"/>	Free/Host Alcohol
<input type="checkbox"/>	Alcohol Sales
<input type="checkbox"/>	Host and Sale Alcohol
<input type="checkbox"/>	Beer
<input type="checkbox"/>	Beer and Wine
<input type="checkbox"/>	Beer, Wine, and Distilled Spirits

If yes, please describe your security plan to ensure the safe sale or distribution of alcohol at your event.

**CONVENTION & VISITORS BUREAU**

Depending on the size of your event, the Peachtree City Convention & Visitors Bureau (CVB) may provide special group hotel rates for your out-of-town participants/visitors. If you are interested in this service, please fill out the information below.

- YES**  **NO**  Do you plan to utilize FREE services from the CVB including group hotel booking, welcome bags, mobile visitor center, or marketing/promotion of your event?
- Do you want the CVB to contact you about special event group hotel rates?
- Do you need meeting rooms?
- Do you need meals?
- Do you need transportation/shuttle services?
- Do you want the CVB to pass out promotional materials for your event?
- Do you need any Peachtree City visitor guides and/or other material?

Number of out of town participants	Number of out of town visitors	<b>Arrive</b>	Date	Time	Day of Week
_____	_____	<b>Depart</b>	Date	Time	Day of Week



**APPLICANT'S ACKNOWLEDGEMENT OF REQUIREMENTS**

1. The review period for special events does not begin until the completed application with Certificate of Insurance has been submitted. All special event applications at City facilities are subject to providing a refundable damage and clean-up deposit.
2. For any event on city property, the City requires the applicant or the organization he/she represents, to have a liability insurance policy with limits set by the City. The applicant must attach a Certificate of Insurance, covering all activities performed in accordance with this special event and listing the City of Peachtree City as an "additional insured." Proof of insurance coverage in proper form must be submitted prior to date of event. The City of Peachtree City reserves the right to request a copy of the entire policy of insurance.
3. The applicant agrees to fill out a post-event survey about the event including number of participants and any other data requested.
4. The applicant agrees to remove all equipment from the City facility within 24 hours after the event. The applicant agrees not to park vehicles in unauthorized parking areas.
5. The City exercises control over the setup of any equipment/materials on site. The City reserves the right to refuse a special event permit if the parking of vehicles will substantially interfere with or destroy vegetation on City property.
6. The sale or consumption of alcoholic beverages is prohibited during the special event unless the location is approved by City Council and a separate alcoholic beverage special event permit has been obtained from City Hall.
7. It is understood that parade participants shall not engage in any behavior that creates a risk of bodily injury to other parade participants and the spectators at large. It is also to be understood that no fireworks or other explosive-type devices are used by parade participants to spectators along the route which may cause injury or danger to spectators or participants.
8. It is understood that the applicant shall be responsible for pre-event preparation. The City will not supply any workers to prepare the fields, loan equipment, or supplies. City events and City-sponsored events are exempt.
9. The applicant understands that knowingly providing false information will automatically void the application and cancel the event.
10. The applicant further understands that at any time during the event, the Chief of Police or his representative, may order the termination of such event if it is in violation of any law or ordinance, or if it endangers the persons or participants or spectators, or if it threatens the peace and dignity of the community, or if it creates unmanageable problems for the public safety officials whereby the proper execution of their duties is endangered.
11. If the applicant purports to represent an organization in submitting an application for a Special Event, the applicant, if applicable, must attach proof of agency or letter of authorization showing his/her authority to represent the organization named herein prior to approval of this application.
12. The applicant agrees not to operate or conduct any event activities after 11:00 p.m. without advanced permission.
13. The applicant understands that the rate of pay to the officers for extra-duty employment shall be paid directly to the officer(s) assigned. Payment shall be in the form of a CHECK or MONEY ORDER within five (5) business days prior to the event, unless previously approved by the Chief of Police.
14. The applicant understands that the staffing of extra-duty assignments will be based upon personnel availability and at the sole discretion of the Peachtree City Police or Fire Department. The Peachtree City Police or Fire Department has the right to reject any request.
15. The applicant understands that, at all times, the public safety personnel have a primary obligation to the City of Peachtree City and in the event a situation should arise within the city limits consisting of an emergency or critical nature, determined at the sole discretion of the Peachtree City Police Department, the extra-duty employment personnel may be forced to terminate his/her extra-duty assignment.
16. The applicant understands that the extra-duty personnel are bound by departmental policies, rules, regulations, and standards of conduct while performing his/her duties. In addition, the applicant agrees not to provide the personnel with any gratuity or ask that the officer perform a function inconsistent with internal or external rules and regulations or an act that would compromise his or her ethics and integrity.
17. The applicant understands that the event must meet or exceed all applicable codes, laws and regulations including, but not limited to, National Fire Prevention Association, Building, Plumbing, Electric, Land Development and City Codes. The City reserves the right to impose additional regulations if deemed necessary.
18. Events cancelled with less than 48 hours notice will only be refunded 75% of their deposit.
19. Additional information and fees shall be required based on additional services requested. These include, but are not limited to the following: clean-up plan, sanitation plan, security plan, life safety plan, equipment delivery/pickup, directing traffic, utilities, insurance, field/landscaping preparation, inspections, etc.

**INSURANCE REQUIREMENTS**

Before the application can be accepted as complete, you will need proof of commercial general liability insurance or event insurance that names, as an additional insured, the City of Peachtree City, 151 Willowbend Road, Peachtree City, GA 30269,” and any other public entities (e.g. County, volunteers, etc.) impacted by your event with waiver of subrogation in regards to workers compensation. Insurance coverage must be maintained for the duration of the event including setup and cleanup dates.

**Class III Insurance Requirement: \$1,000,000 Minimum**

If your event will include alcohol, liquor liability coverage must be included on your Certificate of Insurance. To determine the necessary amount of coverage required, please contact the Risk and Safety Administrator. If you are serving alcohol, additional insurance may be required.

**APPLICANT’S AFFIDAVIT**

I, applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted, is complete and in all aspects true and correct, to the best of my knowledge. Knowingly providing false information will automatically void this application and cancel the event.

**HOLD HARMLESS AGREEMENT**

I, applicant or authorized representative, agree to indemnify, hold harmless, and defend the City of Peachtree City, Georgia, against all liability and expenses, including reasonable attorney fees, arising out of claims in connection with this event.

Without limiting the generality of the foregoing, and all workmanship, actual or alleged infringement of any patent, trademark, copyright (or application for any thereof) or of any other violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder. The applicant and/or organization further agrees to investigate, handle respond to, provide and/or defend any such claims, etc., at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent.

In any case in which such indemnification would violate any applicable legal prohibition, the foregoing provisions concerning indemnification shall not be construed to indemnify the City for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the City or its employees.

This agreement shall be terminated by either party by providing written notice of its intent to terminate said relationship.

This permit may be cancelled by the Chief of Police at any time with or without cause.

**MY SIGNATURE CONFIRMS THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION AND WILL ACT IN FULL COMPLIANCE.**

I \_\_\_\_\_ do certify that  
APPLICANT NAME

I am \_\_\_\_\_ of \_\_\_\_\_, and  
TITLE OR POSITION ENTITY or ORGANIZATION

that I am authorized to sign this application and issue this hold harmless agreement, and that this hold harmless agreement is defined as an insured contract under a commercial general liability insurance policy currently in effect for this entity/organization.

Signature of Applicant or Authorized Representative:

Date:

Notary Public:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ who is personally known to me and/or produced \_\_\_\_\_ as identification.

My Commission Ends: \_\_\_\_\_

**Application must be submitted a minimum of 8 weeks prior to proposed event date. Please submit application to:**

**Cathy Wilder  
 Special Events & Marketing Coordinator  
 202 Fieldhouse Drive  
 Peachtree City, GA 30269**

**Contact cwilder@peachtree-city.org with any questions.**