CITY OF AMERICUS APPLICATION FOR PERMIT TO HOLD A SPECIAL ACTIVITY

NOTE: A \$50.00 non-refundable application fee <u>must</u> accompany each request for a permit to hold a special activity on city-owned property. This application should be submitted forty-five (45) days prior to the date of the event so that City personnel will have adequate time to review the request.

No permit will be issued for the closing of Jackson Street between Forsyth and Lamar Streets on any Friday before 6:00 PM. Name of Person submitting application: ______ Name of Organization: Is this organization a non-profit or for-profit entity:

Yes or No Mailing Address: ____ Telephone Number: _____ Exact Location of event:_____ Type of Activity, Program or Event(Provide details): Will a fee be charged or donations accepted at this event? If so, what is the estimated amount to be received? Date and time of Activity: Number of people and vehicles expected to attend: _____ Do you need a street closed? If so, give hours to be closed: Give specific location on the street to be closed: Will this event affect the neighbors at the location? Have the plans for this event been discussed with the adjoining property

owners?

•	ces you will need from the City of Americus (You is associated with providing these services.)
If considered necessary, are you City listed as a named insured?	willing to provide liability insurance with the
(The insurance will be in an amo	ount to be determined by the Mayor and City Attorney and the City's insurance
property owned by the City. Thi	lemnification Agreement for the use of real is agreement will hold the City harmless from coccurs in relation to this event. If this is
Applicant signature	Date

Permit Application No.:	
Date application was received: _	
Name of person receiving applic	ation:
Application fee received:	
Liability insurance requirements	:
Date review initiated:	
Date review completed:	

Date Revised: 6/14/00