



TIFT COUNTY

APPLICATION FOR SPECIAL EVENT PERMIT

Complete the following application and return to the Tift County Clerk's Office, 225 Tift Avenue, Tifton, GA 31793, no less than sixty (60) days prior to the event. All events with over 200 in attendance and/or over 4 hours in length require security and proof of insurance. Please refer to Exhibit A regarding events where alcohol is dispensed and/or consumed. Also, please refer to Exhibit B for the County's noise ordinance. For more information, call the County Clerk at (229) 386-7856.

Name of Event: \_\_\_\_\_ Date (s) of Event: \_\_\_\_\_

Type of Event:  Parade  Run/Walk  Concert  Trade Show  Festival  Other Assembly

Assembly Time for Event Participants: \_\_\_\_\_  AM  PM

Actual Start Time of Event: \_\_\_\_\_  AM  PM

Actual End Time of Event: \_\_\_\_\_  AM  PM

Location of Event: \_\_\_\_\_

\*\*A map of the area must be attached to this application (minimum size 8.5 x 11) with event area(s) designated.

Person Making Application:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Producer or Person in Charge of Event:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Non Profit?  Yes  No

Is proposed event to be held by, or on behalf of, or for any person other than applicant:  Yes  No

Is this event political in nature?  Yes  No (If yes, please attach documentation of political status.)

Alcoholic Beverages:

Is the dispensing and/or consumption of alcoholic beverages requested?  Yes  No (If yes, please refer to Exhibit A attached)

Name of License Holder: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

What street closures are needed? ANY STATE ROUTES REQUIRE GDOT APPROVAL. Please attached a drawing or map of the area.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Number of Pedestrians: \_\_\_\_\_

Estimated Number of Spectators: \_\_\_\_\_

Estimated Number of Vehicles: \_\_\_\_\_

Estimated Number of Floats: \_\_\_\_\_

Estimated Number of Animals: \_\_\_\_\_

Estimated Other (please specify): \_\_\_\_\_

Any Additional Information that Should be Considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have carefully read the foregoing application and swear that every statement made therein is true and correct to the best of my knowledge and belief. I further acknowledge that I have read and understand Exhibits A & B and will follow all regulations stated in each.

\_\_\_\_\_  
Signature of Person Making Application

\_\_\_\_\_  
Date

### ALL SIGNATURES REQUIRED FOR APPROVAL

X _____ Tim Petrea, Recreation Director	<input type="checkbox"/> Approved as Submitted      Date: _____ <input type="checkbox"/> Approved with Stipulations      _____ <input type="checkbox"/> Denied
X _____ Gene Scarbrough, Sheriff	<input type="checkbox"/> Approved as Submitted      Date: _____ <input type="checkbox"/> Approved with Stipulations      _____ <input type="checkbox"/> Denied
X _____ Jason Jordan, Roads and Public Works Director	<input type="checkbox"/> Approved as Submitted      Date: _____ <input type="checkbox"/> Approved with Stipulations      _____ <input type="checkbox"/> Denied
X _____ Allen Owens, EMS Chief	<input type="checkbox"/> Approved as Submitted      Date: _____ <input type="checkbox"/> Approved with Stipulations      _____ <input type="checkbox"/> Denied
X _____ Chris Davis, Development Support Services Director	<input type="checkbox"/> Approved as Submitted      Date: _____ <input type="checkbox"/> Approved with Stipulations      _____ <input type="checkbox"/> Denied
X _____ Joey Fowler, Fire Chief	<input type="checkbox"/> Approved as Submitted      Date: _____ <input type="checkbox"/> Approved with Stipulations      _____ <input type="checkbox"/> Denied
X _____ Jim Carter, County Manager	<input type="checkbox"/> Approved as Submitted      Date: _____ <input type="checkbox"/> Approved with Stipulations      _____ <input type="checkbox"/> Denied

# Stipulation Request Form

Stipulation request from: Tim Petrea, Recreation Director

Stipulation request from: Gene Scarbrough, Sheriff

Stipulation request from: Jason Jordan, Roads and Public Works Director

Stipulation request from: Allen Owens, EMS Chief

Stipulation request from: Chris Davis, Development Support Services Director

Stipulation request from: Joey Fowler, Fire Chief

Stipulation request from: Jim Carter, County Manager

## FEES

Fee Charged:	Paid	Waived	N/A	Date	Refund Date
Application Fee (\$25)					
Alcoholic Beverage Fee (\$50)					
Litter Deposit (\$50)					