

# CITY OF TIFTON

## APPLICATION FOR EVENT PERMIT

### No Alcohol Allowed

Complete the following application and return to the Tifton Welcome Station, Main Street Office, 504 Main Street, Tifton, GA 31794, no less than four (4) weeks prior to the event. **All events with over 300 in attendance and/or over 4 hours in length require proof of insurance.** For more information, call 229-391-3966.

**NOTE: The City of Tifton accepts NO liability for this event. Liability insurance is the responsibility of the applicant.**

Name of Event: \_\_\_\_\_ Actual Date of Event: \_\_\_\_\_

Type of Event: Parade \_\_\_\_\_ Run \_\_\_\_\_ Walk \_\_\_\_\_ Escort \_\_\_\_\_ Gathering \_\_\_\_\_ Festival \_\_\_\_\_

Assembly Time for Event Participants: \_\_\_\_\_ A.M. or P.M. \_\_\_\_\_ A.M. or P.M.

**Actual Start Time of the Event:** \_\_\_\_\_ A.M. or P.M.

**Actual End Time of the Event:** \_\_\_\_\_ A.M. or P.M.

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

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

**Are you using Fulwood Park? \_\_\_\_\_ If you are using the park as part of your event, you must contact the Public Works Department at 229-391- 3944 to make park reservations.**

**Are you serving food? \_\_\_\_\_ If you are serving food, you will need a temporary Food Service Permit. Please contact Tift County- Environmental Health at 229-386-7968 for more information.**

#### Person Making Application:

Name: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### Chairman or Person in Charge of Event:

Name: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**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.)

What street closures are needed? ANY STATE ROUTES REQUIRE DOT APPROVAL (Please attach a drawing or map of area.)

Proposed Route of Event: **(Please attach a drawing or map of area.)**

State the Purpose or Objective of the Proposed Event:

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

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

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

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

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

\_\_\_\_\_  
(Other, Please Specify)

Any Additional Information That Should Be Considered:

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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 agree that no alcohol is allowed and that the event will disperse no later than 10:00 p.m. *(Signature is required before approval will be granted.)*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Special Events Coordinator

\_\_\_\_\_  
Date

**NOTE: The City of Tifton accepts NO liability for this event. Liability insurance is the responsibility of the applicant.**

_____ Mainstreet/Economic Development Director	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Date
_____ Police Chief	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Date
_____ Public Works	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Date
_____ Fire Department	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Date
_____ City Manager	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Date