Application fee: \$25





SPECIAL EVENT PERMIT APPLICATION

Organization Name:		

INTRODUCTION

Permit applications must be received by the City of Albany at least 20 business days prior to the actual date of your event. In general, any outdoor organized activity open to the general public and/or involves the use of, or having impact upon, public property, public facilities, parks, sidewalks, street areas or the temporary use of private property in a manner that impacts or potentially impacts government services and/or varies from its current land use, requires a permit. It is our goal to assist event organizers in planning safe and successful events that create a minimal impact on the community's surrounding the events. We hope that you find these instructions helpful in completing your Special Event Permit Application.

PERMIT PROCESS

The permit application process begins when you submit to the City of Albany a completed Special Event Permit Application with a \$25 processing fee to be submitted with the application. Keep in mind that acceptance of your application is not to be construed as final approval or confirmation of your request. The City will assign a liaison to help guide you through the permit process. Copies of the application are forwarded and reviewed by all affected city departments and/ or public agencies. Throughout the review process you will be notified if your event requires any additional information, permits, licenses, or certificates. During our initial application screening process you will be allowed time to provide us with all pending documents (e.g. certificate of insurance, secondary permits, etc.). Delays in providing these items often delay our ability to finish our review process and approve your application in a timely manner. Due to the many changing components of an event, in most cases, Special Event Permits are issued only a few days in advance of the event date.

After you complete the Permit Application, please detach the first two pages from the booklet. Keep them as information and return the application along with the processing fee receipt to the Finance Department - Treasury Division (240 Pine Ave., Suite 150, Albany, GA 31701). A representative from this department will contact you upon receipt of the application and thereafter will serve as your primary point of contact for the processing of your permit. This person will distribute copies of your application to appropriate City departments and public agencies affected by your event. You will be contacted individually by these departments or agencies only if they have specific questions or require documentation that concerns your event. While many public agencies joined together to make this application process simple and complete, please be aware that in some cases you may have to contact federal, state, or county agencies in addition to the City of Albany. On behalf of the City of Albany, we thank you for contributing to the spirit and quality of life in Albany, Georgia.

COUNTY PARK

If you plan to hold your event at a County park, it is your responsibility to contact the County Administrators Office at 229-431-2121 in order to coordinate the scheduling of your event. Special rules, regulations and restrictions unique to each site or facility may apply. Best wishes for a successful event!

SUMMARY OF EVENT

Office Use Only

Status of application:

Approved
Denied

Host Orga	nization			
			F	
			Ce	
DESCRI				
Event Title				
Describe Eve	Outdoor Market 🗖	Dance Festiv	al/Celebration Parade/	ssary):
DATE/TI				
Setup:	Date	Time	Day of Week	
Starts:	Date	Time	Ends: Date	Time
Dismantle:	Date	Time	Day of Week	
Per day Ant	icipated Attenda	nce: Total	Participants: Tota	
Admission:				
declarations padditional insu	bany will need to b at least \$1,000,00 pages endorsed to sured endorsement.	e listed as an add O for bodily injury how city as additi The certificate of	and property damage. Th onal insured <u>or</u> a certificat insurance alone is <u>not</u> suf	neral commercial liability insurance e City will accept a copy of the te of insurance accompanied by the ficient.
.ano a main	oci oi Ageili			

The Principal (corporate officer) of your organization will be required to sign the indemnity statement relieving the City of Albany, its officers, and agents from any liability that may occur as the result from your event.

INDEMNITY AGREEMENT

П	COIISI	deration of Or	ne Do	nar (\$1.0	10) ai	na otner g	ood and	valuable	considerance	on, the
receipt	and	sufficiency	of	which	is	hereby	ackno	wledged,	including	the
						(herei	nafter "	Host Orga	anization"),	being
allowed	to use	certain streets	locate	ed within	the	corporate	limits of	f the City	of Albany	for its
				(herei	nafter "Eve	ent") on		ja	·
H	ost Or	ganization whi	ile par	ticipating	g in o	r sponsori	ng such	Event mu	st practice "	social
distancin	g" and	face covering	gs are	to be we	orn a	t all times	to redu	ce the ris	ks of expos	ure to
COVID-	19. Be	ecause COVID	-19 is	extreme	ly co	ntagious a	nd is spr	ead mainl	ly from pers	on-to-
person co	ntact,	Host Organizat	tion m	ust put in	ı plac	e preventa	tive mea	sures to re	duce the spr	ead of
COVID-	19. Ho	wever, Host	Organ	ization o	canno	t guarante	e that	its partici	pants, volu	nteers,
partners,	or othe	ers in attendanc	e will	not beco	me ir	fected wit	h COVII	D-19. In li	ght of the on	going
spread of	COVI	D-19, individu	als w	ho fall w	ithin	any of the	categori	es below a	should not e	ngage
in the Eve	ent and	lor other face	to face	e fundrais	sing a	ctivities. E	By attend	ling such	Event, you	certify

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;

that you do not fall into any of the following categories:

- 2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
- 3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

Host Organization agrees to indemnify and hold harmless the City of Albany, its agents, officers, and employees, their successors and assigns, individually and collectively, with respect to all claims, demands or liability for any injuries to any person (including death) or damage to any property arising out of the Event based on alleged negligence of Host Organization, its officers, agents, or employees arising out of or in any way connected with the above described Event. Host

Organization shall defend against all such claims and pay all expenses of such defense, including attorney fees, and all judgments based thereon; provided that its obligations hall not extend to any damage, injury or loss due to the negligence or other wrongful act or omission of the City or its agents, officers or employees and further provided that the City notify Host Organization promptly of any such claim and cooperate fully in the defendant of the claim. Host Organization shall be entitled to full control of the defense of any claim to which this indemnity obligation applies, including without limitation the right to select counsel and to make all decisions concerning the claim, including the decision to settle such claim.

This agreement is executed by the unders	signed principals of Host Organization after prope	e 1
authorization being granted by its Principal Off	icers, this day of	و_
20		
	Host Organization	
	Signed By:	
	Title:	_
	Attest:	_
	Title:	_
ÿ.		

[Affix Corporate Seal]

SITE PLAN/ROUTE MAP

Your event site plan/route map should be submitted and include but not be limited to:
An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all streets or lane closures.
\square The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
\square The provision of minimum twenty foot (20') emergency access lanes throughout the event venue.
\square The location of first aid facilities and ambulances.
☐ The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.
\square Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
☐ Other related event components not listed above.
**If this is a state route or crosses one, you will have to obtain permission from the Georgia Department of Transportation via the City's Engineering Department and insurance indemnification is needed.
TRAFFIC CONTROL
TRAFFIC CONTROL Yes No Do you want the City Traffic Engineer Department to set up barricades?
Yes No
Yes No Do you want the City Traffic Engineer Department to set up barricades?

SECURITY PLAN

The security service of the Albany Police Department is required to utilize public property. Submission of event application is required prior to creating cost estimate. If you plan to use another security plan along with the APD Officers, please explain below.

Yes No		
	to provide a copy of	company to develop and manage your event's of the security company's current Private Patrol
Security Organization		
Telephone Day	Fax	Cellular
Please describe your security plan inclu	uding crowd contro	, internal security or venue safety, and EMS plan.
<u></u>		
	NARRA	TIVE
Please provide a narrative of the timeli necessary.	ne for your event.	You may provide this information as an attachment if
ENTERTA	AINMENT AND I	RELATED ACTIVITIES
Yes No		
☐ ☐ Are there any musical entert If yes, complete the following informat sound check and performance schedule	ion or provide an a	elated to your event? ttachment listing all bands/performers, type of music,
Number of Stages		
Number of Performers/Bands		
Performer/Band name and music type		

☐ Will sound checks be conducted prior to the event?
If yes, Start timeFinish time Will sound amplification be used? (City Code Sec. 36-179 & 36-193)
If yes, Start time Finish time
☐ Do you plan to have a patron dance component to either live or recorded music at your event? If yes
please describe
☐ Please describe the sound equipment that will be used for your event
☐ ☐ Will inflatables, hot air balloons or similar devices be used at your event? If yes, please describe
☐ ☐ Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics (Contact Probate Court at 229.431.2102) If yes, please describe
☐ ☐ Will your event include the use of any signs, banners, decorations, or special lighting? If yes, please describe
☐ Does your event plans include any casino games, bingo games, drawings, or lottery opportunities? If yes, please describe
ALCOHOLIC BEVERAGES
Yes No
☐ Will alcoholic beverages be present at your event (City Code Sec. 6-13) If yes, please check all that apply:
☐ Beer ☐ Wine ☐ Distilled Spirits
☐ Catered by (Name of alcohol caterer:)
One-day alcohol License Licensee:
(Name of Charlable organization that's obtaining the one bay license)
FOOD CONCESSIONS AND PREPARATION
Yes No
☐ Does your event include food concession and/or preparation areas? If yes, please contact Environmental Health (229,438-3943).

PORTABLE RESTROOMS

Porta	able rest room facilities are	required at all events.	
Tota	I number of portable toilets		
Num	ber of ADA accessible porta	ble toilets	
Com	pany		
Tele	ohone Day	Fax	Cellular
Equi	oment Setup: Date	Time	
Equi	oment Pickup: Date	Time	
		SOLID WAS	TE COLLECTION
Solid	waste collection is the resp	onsibility of the specia	al event. Please let us know:
Yes hour	☐ Will you need the stre	eets where the event i	s taking place swept by the street sweeper (\$100 ea. per
☐ you a	•	•	ublic Works Department, Solid Waste Division will contact g you have ample waste receptacles.
	Barrels: \$ 7.21 each	(_X 7.21 =)
	Number of Dumpsters: \$2	23.63 each (_	X23.63 =)
	Number of Roll-off Boxes:	\$185.00 each (X185.00 =)
	Equipment Setup: Date	Time	
	Equipment Pickup: Date _ *Contact Keep Albany Dou (229) 430-5257.	TimeTimeTimeTime	e formation regarding FREE recycling/trash containers at
		MITIGATIO	ON OF IMPACT
	☐ Have you met with the	e residents, businesse	s, places of worship, schools and other entities that may
be di	rectly impacted by your eve	ent? If yes, please atta	ch a complete list of these entities. If no, please explain

Portable Sanitation Units for Special Events Planning

AVERAGE CROWD	1	2	AVE	ERAGI	E HOU	RS AT	THE	VENT	*	10
SIZE			3	4	5	6	7	8	9	
500	2	4	4	5	6	7	9	9	10	12
1,000	4	6	8	8	9	9	11	12	13	13
2,000	5	6	9	12	14	16	18	20	23	25
3,000	6	9	12	16	20	24	26	30	34	38
4,000	8	13	16	22	25	30	35	40	45	50
5,000	12	15	20	25	31	38	44	50	56	63
10,000	15	25	38	50	63	75	88	100	113	125
15,000	20	38	56	75	94	113	131	150	169	188
20,000	25	50	75	100	125	150	175	200	225	250
25,000	38	69	99	130	160	191	221	252	282	313
30,000	46	82	119	156	192	229	266	302	339	376
35,000	53	96	139	181	224	267	310	352	395	438
40,000	61	109	158	207	256	305	354	403	452	501
45,000	68	123	178	233	288	343	398	453	508	563
50,000	76	137	198	259	320	381	442	503	564	626
55,000	83	150	217	285	352	419	486	554	621	688
60,000	91	164	237	311	384	457	531	604	677	751
65,000	98	177	257	336	416	495	575	654	734	813
70,000	106	191	277	362	448	533	619	704	790	876
75,000	113	205	296	388	480	571	663	755	846	938
80,000	121	218	316	414	512	609	707	805	903	1001
85,000	128	232	336	440	544	647	751	855	959	1063
90,000	136	246	356	466	576	686	796	906	1016	1126
95,000	143	259	375	491	607	724	840	956	1072	1188
100,000	151	273	395	517	639	762	884	1006	1128	1251

Portable Sanitation Units for Special Events Planning

Based on "Portable Restroom Requirements at Special Events and Crowd Gatherings" Center for Business and Industrial Studies, University of Missouri-St. Louis

- Determine the appropriate potable sanitation units needed form the table above.
- For each sewered toilet available onsite, subtract 1 from the previously calculated number.
- If alcoholic beverages are to be served, add 25% to the base number.
- For peak crowd numbers that fall between chart numbers, round up to the next base number.
- Units shall be provided in accordance with the Georgia Accessibility Code following state or local requirements.
- · Table based on units being serviced daily

Authority: O.C.G.A. Sections 31-2A-6, 31-12-8, 31-27-9, 12-8-1.

AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief I have read, understand and agree to abide by the rules and standards described in this application. I agree to comply with all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and to the conduct of the event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes. I further agree that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this use permit. I agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Albany.

Print Name of Applicant	Title	
Signature	Date	

Please submit your completed permit application to: City of Albany, Finance Department – Treasury Division P.O. Box 447, 240 Pine Ave, Suite 150 Albany, GA 31702