CITY OF KINGSLAND
Special Event / Assembly Permit Request

EVENT INFORMATION

Event Name: _____

Date of Event: _____/_____/_____ Start Time: _____ Finish Time: _____

Organization Name: _____ Type of Organization: _____

Type of Event: _____

PERMIT APPLICANT CONTACT INFORMATION:

Permit Applicant Name: _____

Relationship of Applicant to Organization: _____

Address: _____

Phone: _____ Email: _____

EVENT SPECIFICS

Public Event / Is The Public Invited To Attend This Event? ☐ YES ☐ NO

If applicable, indicate a contact name & phone number for promotion of event to general public:

_____

Pre-Assembly Location: _____ Pre-Assembly Time: _____

Estimate the Number Attending: People: _____ Animals: _____ Vehicles: _____

Temporary Static Structures: ☐ YES ☐ NO # ? _____

Will a Public Address System or Music be used? ☐ YES ☐ NO

If So, Where and at What Times? _____

For allowances and restrictions, refer to Kingsland, Georgia - Code of Ordinances:
Chapter 14 – NUISANCES: ARTICLE I. - IN GENERAL: Sec. 14-8. - Use of sound amplifiers prohibited; exceptions

Will Artificial Lighting be used? ☐ YES ☐ NO

If So, Where and at What Times? _____

Please list below the type of event you are organizing and provide a detailed description of the activities taking place during your event. Please include types of vendors, performers, and various activities that might take place. Attached additional sheets, if necessary. _____

_____

_____

All Other Relevant Information: _____

_____

_____

_____

ROAD CLOSURE REQUEST

Road closures are generally discouraged in order to maintain through travel along public roadways. If any public roads will be blocked, including a partial or one lane closure, full road closure, or sidewalk closures, a road closure request must be completed below:

Type of Request ☐ Partial/One Lane Closure ☐ Full Road Closure ☐ Sidewalk

On-site Contact: _____ Phone: _____

Reason for Closure: _____

_____

Indicate affected streets and/or intersections to be blocked: _____

PAGE ACKNOWLEDGEMENT: _____

Applicant Printed Name Applicant Signature Date

Return Completed Form to: City of Kingsland | Attn: SPECIAL EVENT/ASSEMBLY PERMIT REQUEST | PO Box 250 | Kingsland, GA 31548

Rev #07052022

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MAPS

In order to properly respond to the needs of individuals or organizations in planning events within Kingsland, the event organizer needs to provide a map of the event set-up to include any parade routes, race routes, attraction locations, street closures, blocked parking, handicap access/parking and other relevant issues, or attractions. All such maps should be attached to this form when it is submitted to the City for approval.

Suggested Resource: Online detailed maps of Camden County are available at www.co.camden.ga.us/526/tax-maps-online by using the "Search Records" function.

CITY FACILITY RESERVATIONS

Requests for use of any city facilities should be requested through the **Municipal Facility Use & Rental Request Form** available at www.KingslandGeorgia.com. Facility rental and associated fees are managed through the City Manager's office.

APPLICANT RESPONSILBILITES

Please initial each to indicate understanding & acceptance of responsibility

_____ Applicant agrees to provide the requisite number of trash receptacles for use during the event and to remove all trash/waste from site.

_____ Applicant agrees to not throw candy or other items from any moving vehicle.

_____ Applicant agrees to assume responsibility for any damages to City property resulting from the event.

_____ Applicant assumes responsibility to arrange for clean-up after the event.

_____ Applicant assumes responsibility for clean up after any animals involved in the event.

_____ Applicant agrees to notify residences & businesses within festival area to advise them of the event plans. (Dates, times, road closures, etc.)

_____ Applicant agrees to pay to the City the stated fees regarding the "*Special Event Electricity Usage Fee*" contained within this request. Applicant acknowledges that upon approval of the Special Event Permit, applicant will be invoiced for the Electricity Usage Fees and the fees are NOT REFUNDABLE.

_____ Applicant agrees to not place vendors in front of any business entrances during the event.

_____ Applicant agrees to place vendors in order to eliminate, to the maximum extent possible, any adverse effects on residences and businesses within the event area.

_____ Applicant agrees to advise vendors of all City requirements, including but not limited to: fire extinguisher requirements, hose/electrical cord trip hazard responsibilities, grease control/cleanup, power availability, setup time, break down completion, event permit times, etc.

_____ Applicant understands that state laws and city ordinances will be enforced. Specifically, music and the use of any public address system will cease before 10:00 PM. Applicant will provide their own public address system or other sound equipment.

_____ Applicant understands that any food vending must comply with Georgia Department of Health regulations and licensing.

_____ Applicant understands that all Federal, State and local alcohol, firearms and tobacco use regulations are applicable to all events.

_____ Applicant agrees that no alcohol will be sold, offered, or served without obtaining proper local and state alcohol licenses.

_____ Applicant will provide adequate sanitation facilities including the servicing and timely removal thereof, if needed.

_____ Applicant understands that no signs shall be posted about the event within any public right-of-way.

_____ Applicant understands that no signs at the event venue will be posted on any tree, street sign, or utility pole. No nails or staples are to be used in the wood posts of the pavilion.

PAGE ACKNOWLEDGEMENT: _____ _____ _____

Applicant Printed Name | Applicant Signature | Date

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APPLICANT'S AFFIDAVIT

I (the applicant)/We (the entity) (check one) ☐ ***HAVE*** ☐ ***HAVE NOT*** , in the past, conducted or participated in an event of a substantially similar nature to that which is the subject of this application. If the applicant circled "HAVE" above, where and when did such prior event(s) take place?

_____

_____

_____

As a result of such event(s) did the applicant or entity become the subject, whether or not then operating under the same name, as plaintiff or defendant, of any legal action, civil, and/or administrative? ☐ ***YES*** ☐ ***NO***

I/We (check one) ☐ ***HAVE*** ☐ ***HAVE NOT*** defaulted upon or are in arrears as to any judgement civil, criminal, or administrative rendered against the applicant or entity, or is in violation of any injunction or restraining order entered against the applicant, or entity, whether or not then operating under the same name, as a result of participation in any prior event(s) or a substantially similar nature to that which is the subject of the instant application, and if so, a description of said judgement or order and an explanation for non-compliance is attached to this application. The applicant and, where applicable, its officers, employees, members, and shareholders, hereby agree to indemnify and save harmless the City of Kingsland, Georgia, its agents, officials, and employees, from any claims, demands, injuries, or damages, including reasonable attorney's fees incurred, that may arise or be brought against the City for injuries to persons or damage to property resulting from acts or omissions of the Applicant, its agents, employees, or representatives.

I/We hereby agree to abide by all stipulations noted above from the City of Kingsland in order to receive approval on this assembly permit. I/We fully understand that these stipulations may not be altered in any form without the expressed approval of the City of Kingsland. Any alteration of the noted stipulations once approved may lead to disapproval of this assembly permit.

***Please have this form notarized and returned to the City of Kingsland. Upon receipt of this notarized form, it will be added to your assembly request and forwarded to the review committee and City Manager.**

_____ _____/_____/_____
Applicant's Signature Date

_____ _____/_____/_____
Notary Public Signature Date

_____/_____/_____
Date My Commission Expires

Return Completed Form to:

City of Kingsland
Attn: SPECIAL EVENT/ASSEMBLY PERMIT REQUEST
107 S. Lee Street, PO Box 250
Kingsland, GA 31548
Ph: 912-729-5613

PAGE ACKNOWLEDGEMENT: _____
Applicant Printed Name Applicant Signature Date