



City of Dawsonville
 P.O. Box 6 415 Hwy 53 E, Suite 100
 Dawsonville, GA 30534
 Phone (706)265-3256
 Fax # (706)265-4214

**Permit Application for:
 Parades, Public Assemblies,
 Demonstrations, and Rallies
 in Public Places**

PERMIT FEE: \$50.00 Date Received: _____ City Action: _____

TRASH CLEANUP DEPOSIT: \$ _____ **Date Received:** _____

A completed application must be received a minimum of 14 days prior to event.

*** Events with alcohol MUST apply 60 days in advance for City Council Approval (addition form required)**

1. Name of Event: _____ €PARADE €OTHER
2. Location of Event: _____ €PUBLICDEMONSTRATION
3. Date(s) of Event: _____ €PUBLIC ASSEMBLY €RALLY
 Time of Event: Start: _____ am/pm End: _____ am/pm €ROAD CLOSING: # HRS. _____
4. Provide information listed below for the **main contact person** responsible for the organization of this event:

Name:	Title:
Organization:	Telephone #:
Email Address:	Cell Phone #:
Address: _____ City: _____ State: _____ Zip Code: _____	

5. Provide information listed below for any **key personnel** involved in coordinating this event. Also, provide information listed below on each officer of the club, organization, corporation or partnership requesting this event. Attach a separate sheet if necessary.

Name:	Title:
Organization:	Telephone #:
Address: _____ City: _____ State: _____ Zip Code: _____	

Name:	Title:
Organization:	Telephone #:
Address: _____ City: _____ State: _____ Zip Code: _____	

Name:	Title:
Organization:	Telephone #:
Address: _____ City: _____ State: _____ Zip Code: _____	

Name:	Title:
Organization:	Telephone #:
Address: _____ City: _____ State: _____ Zip Code: _____	

- 6. Expected number of participants: _____
- 7. Physical description of materials to be distributed: _____
- 8. How do participants expect to interact with public? _____
- 9. Route of event: (attach a detailed map of the route) _____

9.a. Number and type of units in parade: _____

9.b. Size of the parade: _____

- 10. Will this event require road closure(s)? _____ If **YES**, specify road name(s) and times of closure(s) below:

- 11. Will any part of this Event take place **outside** the City Limits of Dawsonville? _____

If YES, do you have a permit for the event from Dawson County? _____ Date Issued: _____ * **Attach Copy**

- 12. Do you anticipate any unusual problems concerning either police protection or traffic congestion as a consequence of the event? _____ If **YES**, please explain in detail _____

- 13. List all Prior parades or public assemblies, demonstrations or rallies in a public place within the city limits of Dawsonville for which you obtained a permit in the last 12 months: (Include dates (month/year) – attach separate sheet, if necessary). _____

DETAILS:

Please outline what your event will involve: (number of people – life safety issues – vendors – cooking – tents – rides – handicap parking – egress) Attach separate sheet if necessary.

Route or Layout: (attach a detailed site plan) ***If route includes road closure(s), provide a Google map layout.***

What participation, if any, do you expect from the **City of Dawsonville**? _____

What participation, if any, have you arranged from **Dawson County Emergency Services**? _____

What participation, if any, have you arranged from the **Dawson County Sheriff Department**? _____

Insurance Requirements:

In compliance with the Parade, Public Assembly, and Public Demonstration Ordinance Section 10-25(c), an applicant for a permit under this article shall be required to obtain liability insurance for the parade, demonstration, rally, road closing, or other such activity whenever any one or more of the following threshold criteria are met:

1. Primary attendance is reasonably expected to meet or exceed 5,000 persons;
2. The use, participation, exhibition, or showing of live animals;
3. The use, participation, exhibition, or showing of automobiles of any size or description, motorcycles, tractors, bicycles or similar conveyances;
4. The use of a stage, platforms, bleachers, or grandstands which will be erected for the event;
5. The use of inflatable apparatus used for jumping, bouncing, or similar activities;
6. The use of roller coasters, bungee jumping, or similar activities; or
7. Vendors or concessions.

Does your parade, non-spontaneous private assembly, demonstration, or rally in a public place meet any of the criteria above? Yes No If yes, which one(s)? _____

Any applicant required to provide insurance shall provide the City of Dawsonville with a copy of the declarations page of the applicant's liability insurance / Certificate of Insurance from an insurer authorized and licensed by the State of Georgia. For such events the City of Dawsonville shall be added as an additional named insured on the Certificate of Insurance by the insurance carrier. The minimum policy limits shall be **\$1,000,000.00 per person per incident** and **\$2,000,000.00 aggregate** for the entire event. All costs for the insurance and adding the City of Dawsonville as an additional named insured shall be borne solely by the applicant. The insurance shall be such as to protect the City of Dawsonville from any and all claims for damages to property and/or bodily injury or death.

Is the Certificate of Liability Insurance attached? Yes No Not applicable to this event

Additional information/comments about liability insurance: _____

Additional information/comments about this application: _____

APPLICANT'S SIGNATURE FOR CERTIFICATION AND ACKNOWLEDGEMENT OF ROAD CLOSURE(S), TRASH CLEANUP, PARKING PROVISIONS AND PROVIDING TOILET FACILITIES. PRIOR TO SIGNING, PLEASE READ THE FOLLOWING OR HAVE IT READ TO YOU:

ROAD CLOSURE(S):

Applicant certifies and acknowledges that any road closures scheduled as part of an event will only take place during the time designated for the road closure and that the applicant will not arrive early, fail to clean up or fail to leave promptly after the event so as to interfere with the normal flow of traffic.

Sworn to and subscribed before me
this _____ day of _____ 20 ____.

Applicant's Printed Name

Notary Public, State of Georgia

Applicant's Signature

My Commission Expires: _____

TRASH CLEANUP, PARKING PROVISION AND TOILET FACILITIES:

Applicant certifies and acknowledges the City may require the Applicant to be responsible for trash cleanup of affected areas littered during the activity for which a permit is sought.

Each applicant granted a permit for an event with anticipated attendance of less than 100 participants shall be required to pay a cleanup deposit of \$500 for **each day** of the event. Each applicant granted a permit for an event with anticipated attendance of over 100 participants shall be required to pay a cleanup deposit of \$1000 for **each day** of the event. The City shall apply the cleanup deposit towards the cost of the cleanup following the event. Any portion of the cleanup deposit not used by the City shall be returned to the applicant within ten (10) days of completion of event cleanup. In the event the applicant cannot afford the daily cleanup deposit, a pauper's affidavit may be filed by the applicant, seeking to be excused from the deposit. The decision on whether the daily cleanup deposits are to be waived shall be made concurrently with the decision on the application itself, and shall be contemporaneously communicated to the applicant.

Applicant certifies and acknowledges the City may require the Applicant be responsible for the provision of sufficient parking and storage areas for a large influx of motor vehicles occasioned by the permitted activity and the provision of temporary toilet facilities and other similar special and extraordinary items determined to be necessary for the permitted activity based on the contents of the application.

Sworn to and subscribed before me
this _____ day of _____ 20 ____.

Applicant's Printed Name

Notary Public, State of Georgia

Applicant's Signature

My Commission Expires: _____

APPLICANT'S SIGNATURE FOR THE PERMIT APPLICATION; RELEASE & WAIVER OF LIABILITY; AND AGREEMENT FOR FINANCIAL RESPONSIBILITY. PRIOR TO SIGNING, PLEASE READ THE FOLLOWING OR HAVE IT READ TO YOU:

APPLICATION:

OATH: I hereby swear and affirm that the information provided within this application for parade, public assembly, demonstration, or rally is true and correct to the best of my knowledge. In addition, I agree to abide by all regulations of the ordinance and to advise all participants of the conditions of the permit.

RELEASE & WAIVER OF LIABILITY:

The permit holder shall indemnify and hold the City of Dawsonville, Georgia harmless from any claim, demand, or cause of action that may arise from activities associated with the event, including attorney's fees. I acknowledge that I understand this Release, and I hereby agree for myself and on behalf of the Applicant to indemnify and hold harmless the City of Dawsonville, Georgia and its agents, officers, and employees, individually and jointly, from and against any claim for injury (including, but not limited to, personal injury and property damage), loss, inconvenience, or damage suffered or sustained by any individual, including, but not limited to, business owners, patrons, participants of the parade, public assembly, demonstration, or rally, and spectators participating in and/or occurring during the event, unless the claim for injury is caused by intentional misconduct of an individual, agent, officer, or employee of the City of Dawsonville.

AGREEMENT FOR FINANCIAL RESPONSIBILITY:

The undersigned agrees to be solely responsible for cleaning affected areas littered during the activity, provide sufficient parking and storage areas for motor vehicles, provide temporary toilet facilities, and provide other similar special and extraordinary items deemed necessary for the permitted activity by the City of Dawsonville to keep the area of the event safe and sanitary. In no event shall the City of Dawsonville, Georgia require individuals, organizations or groups of persons to provide personnel for normal governmental functions, such as traffic control, police protection, or other expenses associated with the maintenance of public order. If additional requirements are placed on applicants in accordance with this subsection, and those requirements are not met despite assurances by the applicant, then failure to comply with the aforementioned requirements shall be grounds for revocation of the issued permit and/or denial of any subsequent permit requested by the applicant. The City of Dawsonville, Georgia shall be entitled to recover from the applicant the sums expended by the City of Dawsonville, Georgia for extraordinary expenses agreed to but not provided by the applicant.

I further understand that false statements or omission within the application may result in the denial or disqualification of application.

Sworn to and subscribed before me
this _____ day of _____ 20 ____.

Applicant's Printed Name

Notary Public, State of Georgia

Applicant's Signature

My Commission Expires: _____

Note to Applicant: Once your permit is processed, Planning & Development will notify you if you are required to attend a City Council meeting.



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**Permit Application for:
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 Demonstrations, and Rallies in Public Places
 (Dawson County Emergency Services)**

Emergency Services: Please complete this sheet and return it to the City of Dawsonville.

Name of Event: _____ Date(s) of Event: _____

Any anticipated problems with proposed route? _____

Any anticipated problems with the designated location for participants to assemble? _____

How many personnel will be required for this event? _____

Estimated cost for personnel: _____

Number and type of vehicles required: _____

Type of procedures or equipment needed for the health and safety needs of the participants and the viewing public: _____

Estimated cost for equipment: _____

Additional comments/concerns: _____

EMERGENCY SERVICES

APPROVED: € YES € NO

By: _____ Date: _____



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**Permit Application for:
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 (Dawson County Sheriff Department)**

Sheriff Department: Please complete this sheet and return it to the City of Dawsonville.

Name of Event: _____ Date(s) of Event: _____

Any anticipated problems with proposed route? _____

Any anticipated problems with the designated location for participants to assemble? _____

How many officers will be required for this event? _____

Estimated cost for officers: _____

Number of vehicles required: _____

Type of procedures or equipment needed for the health and safety needs of the participants and the viewing public: _____

Estimated cost for equipment: _____

Additional comments/concerns/recommendations: _____

SHERIFF DEPARTMENT:

APPROVED: € YES € NO

By: _____ Date: _____



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**Permit Application for:
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(Public Works – Environmental Health)**

If applicable to the event, please review this application and return it to the City of Dawsonville.

PUBLIC WORKS:

Additional comments/concerns/recommendations: _____

APPROVED: € YES € NO

By: _____ Date: _____

ENVIRONMENTAL HEALTH:

Additional comments/concerns/recommendations: _____

APPROVED: € YES € NO

By: _____ Date: _____



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**Permit Application for:
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 (APPROVALS)**

Office Use for Dawsonville City Hall Only:

MEETS CRITERIA FOR APPROVAL PER ORDINANCE

If applicable to the event, the following departments have reviewed and approved this event:

Department	Notified Date	Name	Approved	Date
Sheriff Department				
Emergency Services				
Dawsonville Roads Dept. (3 Hrs.+ Alternate Traffic Plan)				
Environmental Health				
GA Dept of Transportation				
Dawson County (for events outside City limits)				

Approved:

Attest:

 David Headley, City Manager

 Bonnie Warne, City Clerk

Permit Approved Date: _____

Notify of Approval _____ Applicant _____ Sheriff Department
 (as applicable) _____ Emergency Services _____ Environmental Health
 _____ Dawsonville Roads Dept _____ GA DOT

City Hall Use:

_____ Permit Fee Received _____ Event Entered on Calendar
 _____ Insurance Certificate Received _____ Dawson County Event Approval (outside City limit)
 _____ Permit Printed _____ Permit Issued to Applicant
 _____ Road Closure of more than 3 hours Requires an Alternate Traffic Plan & Notification to the Public
 _____ Trash Cleanup Deposit Received Amount \$ _____ Check # _____
 _____ Trash Cleanup Deposit Returned Amount \$ _____ Date _____