

**TOWN OF BRASELTON
APPLICATION FOR EVENT PERMIT**

Complete the following application, provide event layout, and return to the Town Manager (jscott@braselton.net if sending electronically), Town of Braselton, Town Hall, 4982 Hwy 53, Braselton, GA 30517, no less than 20 days and not more than 180 days prior to the event **All events with more than 200 in attendance and/or over 4 hours in length require proof of insurance showing Town of Braselton as additional insured.** For more information, call 706-654-5720.

Application Date: _____

Application for which Town area: _____

Name of Event: _____ Actual Date of Event: _____

Type of Event: Run _____ Walk _____ Performance _____ Festival _____ Other (Specify) _____

Will Alcohol be served? Yes _____ No _____ (If yes, off duty police officer must be on premises working for event organizer)

Who will hold alcohol permit? _____

Set-Up Time: _____ A.M. or P.M. Date: _____

Tear-down Time: _____ A.M. or P.M. Date: _____

Actual Start Time of the Event: _____ A.M. or P.M.

Actual End Time of the Event: _____ A.M. or P.M.

These times are used to estimate Town Services and should be accurate at application submittal. Changes to these times will require approval from the Town Manager. Fees may be assessed for provision of these services.

Starting Location of Event: _____

Ending Location of Event: _____

Estimated Number of Attendees: _____

Estimated Number of Vendors: _____

Estimated Number of Performers: _____

Estimated Number of Vehicles: _____

Name of this event as you would like it listed (if applicable): _____

Contact information (phone or email address for our website for people to call for more information):

If no additional information is provided, event name and primary phone number of organizer will be used.

Person/ Organization Making Application:

Name: _____ Primary Phone: _____

Occupation: _____ Secondary Phone: _____

Business Address: _____ Fax #: _____

E-Mail: _____

Residence Address: _____

Event Organizer (Must be an individual that is responsible for the event):

Name: _____ Primary Phone: _____

Occupation: _____ Secondary Phone: _____

Business Address: _____ Fax #: _____

_____ E-Mail: _____

Residence 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 _____

Describe the event and State the Purpose or Objective of the Proposed Event (Attach additional sheets as needed):

What Street Closures are needed? ANY STATE OR COUNTY ROUTES REQUIRE APPROPRIATE GDOT APPROVAL (Please attach a drawing or map of area.)

Explain if the proposed event will occupy all or only a portion of the width of the streets proposed to be traversed?

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

Describe Event Equipment included in Layout (tents, tables, chairs, stages, etc.). The Town does not provide equipment, trash pickup, security or any personnel.

Electricity Required Yes _____ No _____ If yes, at what location are outlets required? _____

Do you plan to use amplified sound? Yes _____ No _____

Please detail sound system requirements: _____

I have carefully read and will abide by the foregoing Application and Policies and swear that statements I made therein are true and correct to the best of my knowledge and belief. ***(Signature is required before approval will be granted.)***

Signature of Person Making Application

Date

ALL SIGNATURES REQUIRED FOR APPROVAL

Date Rec'd. _____

Town Manager

- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: _____

ALL SIGNATURES REQUIRED FOR APPROVAL

Date Rec'd. _____

- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: _____

ALL SIGNATURES REQUIRED FOR APPROVAL

Date Rec'd. _____

- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: _____
