



## CITY OF AMERICUS SPECIAL ACTIVITY PERMIT APPLICATION

**NOTE:** A \$50.00 non-refundable application fee must accompany each request for a permit to hold a special activity on city-owned property. If electricity is required there is a \$25 non-refundable fee.

**No permit will be issued for the closing of Jackson Street between Forsyth and Lamar Streets on any Friday before 6:00 PM.**

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Name of Person submitting application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Is this organization a non-profit or for-profit entity?  Non-Profit  For Profit

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Exact Location of event: \_\_\_\_\_

Type of Activity, Program or Event (Provide details): \_\_\_\_\_

Date and Time of Activity: \_\_\_\_\_

Will a fee be charged or donations accepted at this event?  Yes  No -- If so, what is the estimated amount to be received? \_\_\_\_\_

Will you be using a tent of any kind?  Yes  No (Permit may be required)

Number of people and vehicles expected to attend: \_\_\_\_\_ People \_\_\_\_\_ Vehicles

Do you need a street closed?  Yes  No – If yes, give street and specific access points to be blocked? \_\_\_\_\_

Hours street to be closed: \_\_\_\_\_

Will electricity be required?  Yes  No – If yes, what will be powered? \_\_\_\_\_

Will this event affect the neighbors at the location?  Yes  No – If yes, how? \_\_\_\_\_

Have the plans for this event been discussed with the adjoining property owners?  Yes  No

Please select the services you will need from the City of Americus (You may be billed for additional costs associated with providing these services.)

- Traffic Control
- Security patrol
- Garbage/Trash pickup
- Emergency Medical Serv. (*This service is not provided by the City.*)
- Fire protection on site
- Other: \_\_\_\_\_
- Water service
- Sewer Service

If considered necessary, are you willing to provide liability insurance with the City listed as a named insured?  Yes  No

(The insurance will be in an amount to be determined by the Mayor and Council, with the advice of the City Attorney and the City's insurance carrier.)

You may also, be asked to sign an Indemnification Agreement for the use of real property owned by the City. This agreement will hold the City harmless from any damages, loss, or injury that occurs in relation to this event. If this is required, you will be notified.

\_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_  
**Date**

**FOR CITY USE ONLY**

Permit Application No.: \_\_\_\_\_ Date application received: \_\_\_\_\_

Staff receiving application: \_\_\_\_\_

Application fee received:  Yes  No

Is Liability insurance required for this event:  Yes  No If yes, amount and requirements?  
\_\_\_\_\_

Date review initiated: \_\_\_\_\_

Date review completed: \_\_\_\_\_

Date notification sent/called: \_\_\_\_\_

Department Responses Received										
	APD	FIRE	GAS	FIN/UB	PW	RYL		MAINST	TOUR	HR