

# CITY OF CLEVELAND

## APPLICATION FOR SPECIAL EVENT PERMIT

(Please print or type information)

Return completed application to: City of Cleveland, 85 South Main Street, Cleveland, GA 30528.  
For assistance or information, call (706) 865-2017.

<b>Name of event (if your group is not from White Co. or Cleveland you must include affidavit of support with app):</b>		
<b>Location(s) of event:</b>		
<b>Date(s) of event:</b>		
<b>Time of event (include time for set up prior to, and clean-up following the event):</b>		
<b>(From):</b>	<b>(To):</b>	
<b>Name of sponsor and <u>name of primary contact</u>:</b>		<b>Email:</b>
<b>501 (c) 3 Identification:</b>		
<b>Address:</b>		
<b>Telephone: (Work):</b>	<b>(Emergency – to be able to contact you during the event)</b>	
<b>Additional Contact Person:</b>		
<b>Telephone: (Work):</b>	<b>(Emergency – to be able to contact you during the event)</b>	
<b>Type of event (check all that apply: must identify on map and submit with application):</b>		
<b>Festival</b>	<b>Rally/Demonstration</b>	<b>Race/Walkathon</b>
<b>Concert/Street Dance</b>	<b>Sale/Auction</b>	<b>Fireworks Display</b>
<b>Parade/March</b>	<b>Sidewalk Exhibit</b>	<b>Other (specify)</b>
<b>Purpose of event (must demonstrate benefit to community):</b>		
<b>Description of event (attach additional sheets if necessary):</b>		
<b>Will the event have food for the public? Yes No Please provide catering information (the information must include business catering and/or private catering i.e. participants bringing food from home.)</b>		
<b>A food service permit may be required for all events that allow food to be sold or given away.</b>		
<b>Number of people participating:</b>	<b>Peak crowd estimate:</b>	

PLEASE MARK ALL THAT APPLY AND ATTACH THE REQUESTED DETAILED INFORMATION TO THE APPLICATION.

<p>Electrical services required? If yes, attach a detailed description of needs identifying location and electrical requirements.</p>
<p>Tents. Quantity _____ Size _____ Additional permit may be required from Building Inspection Department. If tents are enclosed, approval is required from the Fire Department. <u>Must identify on map and submit with application.</u></p>
<p>Clean up to be provided by: City of Cleveland Sanitation      Event Volunteers      Private Contractor</p>
<p>Arrangements have been made for restroom facilities. Location and # available: _____</p>
<p>Food Service permit ( if applicable) A copy of the permit must be presented with the application. Contact Cleveland City Hall or the White County Health Department</p>
<p>Fireworks Additional permits required from Probate Court and the Fire Department. <u>Must identify on map and submit with application.</u></p>
<p>Street Closure If yes, attach a schedule detailing exact location(s) and exact time(s) of closure. <u>Must identify on map and submit with application.</u></p> <p>If your event requires a street closure, please choose one of the following: <b><i>All street closures must have approval of the Mayor and City Council.</i></b> Street closure includes State Highways. A copy of the Department of Transportation permit <b><i>must</i></b> be included with the application.</p> <p>Annual event (street closures have been handled by the Police Department in previous years, and there are not any significant changes in event plans).</p> <p>Annual event (street closures have been handled by applicant in previous years). If your event requires City of Cleveland barricades, cones or signs, you must attach a detailed list of needs (type &amp; quantity) and provide a schedule of what day/time the equipment will be picked up and what day/time the equipment will be returned. The applicant is responsible for the pickup and return of equipment.</p> <p>New event (after the review of your application, we will advise you if any additional information is needed).</p>
<p>Use of amplifiers or speakers      Yes      No (please request copy of the Offense Against Public Peace and Order Ordinance)</p>

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Property Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY-----

Application fee paid \$ _____	Date Application Received: _____
Receipt#:	Permit#:
Date Application Permitted:	
Fees for additional services	Police/Fire Dept. \$ _____
Health Dept. \$ _____	City Sanitation \$ _____

**STATE OF GEORGIA  
CITY OF CLEVELAND  
WHITE COUNTY**

**INDEMNIFICATION AND WAIVER OF LIABILITY**

**FOR AND IN CONSIDERATION** of the acceptance of a City of Cleveland Special Event Permit, \_\_\_\_\_ (print name of Producer/Coordinator), acting for and on behalf of \_\_\_\_\_ (print name of Organization/Sponsor) hereby agrees to indemnify and hold harmless the City of Cleveland, White County, Georgia, its agents and employees, from all liability, loss and damage which may be sustained by reason of injury to any person, damage to any property, including theft, through any and all acts or omissions of the Producer and/or Sponsoring Organization(s), his/her/its agents and employees, during and as a part of the Special Event known as \_\_\_\_\_

\_\_\_\_\_

as set forth in the Special Event Application dated \_\_\_\_\_,

This indemnification shall not be applicable to any loss or damage resulting from the sole negligence of the City of Cleveland, its agents and employees.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Producer/Coordinator)

Signed, sealed and delivered  
in the presence of:

WITNESS:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public



City of Cleveland  
 85 South Main Street  
 Cleveland, GA 30528  
 706-865-2017 / fax 706-219-3220  
[generalinfo@cityofclevelandga.org](mailto:generalinfo@cityofclevelandga.org)

**AFFIDAVIT OF SUPPORT OF FUNDRAISER TO BE HELD WITHIN THE CITY LIMITS OF CLEVELAND, GA. FOR A NONPROFIT GROUP OR A CIVIC GROUP THAT IS NOT LOCATED WITHIN THE UNINCORPORATED OR INCORPORATED LIMITS OF WHITE COUNTY GEORGIA**

I, \_\_\_\_\_, do under oath depose and say:

I am over the age of eighteen years.

I am an authorized member of \_\_\_\_\_, located within  
 (Local nonprofit and/or local civic group)  
 the unincorporated or incorporated limits of White County, Georgia.

\_\_\_\_\_ is associated with \_\_\_\_\_  
 (Local nonprofit and/or local civic group) (Special events applicant)  
 and the event will benefit our local organization and will be a direct service or a direct financial benefit to the citizens of Cleveland and White County, Georgia.

I understand that making false statements and making said false statements in writing is a felony under O.C.G.A. § 16-10-20 and is punishable by a fine of \$1000.00 or by imprisonment for not less than one year nor more than five years.

IN WITNESS WHEREOF, and under penalty of perjury under the laws of the State of Georgia, I affix my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Print Full Name Signature

STATE OF GEORGIA, COUNTY OF \_\_\_\_\_:

I, \_\_\_\_\_, do hereby certify that on this  
 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me

\_\_\_\_\_,  
 known to be the person(s) who executed the foregoing instrument.

Notary Public in and for the State of \_\_\_\_\_.

My commission expires \_\_\_\_\_.

**CITY OF CLEVELAND  
SPECIAL EVENT INFORMATION**

Please refer to Special Events Ordinance for definitions or specific regulations.

**PROCESS**

1. Applications should be submitted to the City of Cleveland no less than two months prior to, or more than one year prior to, the date of the event. Applications for events covered by the Special Events Ordinance should be submitted to the City of Cleveland.
2. Review by the City of Cleveland will take approximately thirty (30) days (depending on the size and nature of the event). During the review, requirements and costs for cleanup, restroom facilities, security, street closures, etc., will be determined. Our goal is to notify the applicant within thirty (30) days of submission of the application of the approval/denial of the application, and of any permit fees, requirements, or restrictions.
3. Once all fees are paid and the Certificate of Insurance (see attached insurance requirements) and Waiver of Liability form (attached) are submitted, a Special Event Permit will be issued, upon approval.
4. Applications are processed in order of receipt of completed applications. Use of a particular area is allocated in the order in which fully executed applications are received.

**APPLICATION REQUIREMENTS**

1. The sponsor of the special event must submit a completed application to the City of Cleveland. Applications will not be accepted less than two months prior to, or more than one year prior to, the date of the event. A non-refundable application fee of \$25.00 will be charged to cover the cost of processing. Other charges may be required for additional government services, and will be determined during the review of the application by the City of Cleveland. The City of Cleveland has the right to waive all fees.
2. A completed application includes all supporting data (maps, detailed plans, etc.) being completed and attached. Applicant must submit proposed maps to identify street closures, setups, routes of races/parades/walks, etc. as requested on the application. Street closure maps must clearly identify emergency vehicle clearance area (minimum fifteen (15) feet). A Department of Transportation permit must be obtained for all State Highway street closures. Applications cannot be processed without all supporting data.
3. Applicant must submit Certificate of Insurance and Waiver of Liability form prior to issuance of permit. To allow adequate time for notification to government departments that you have met all requirements to obtain a special events permit, we request that these items be submitted immediately following our notification to you of approval of your application.

## OTHER PERMITS

1. **Tent Permit** – Contact the City of Cleveland Building inspection Department @ 706-865-2017 at least two weeks prior to the date of the event to obtain a tent permit. If an enclosed tent is used, you must contact the City of Cleveland Fire Department @ 706-865-2017 at least two weeks prior to the date of the event to obtain approval.
2. **Food Service Permit** – Contact the White County Health Department @ 706-865-2191 at least two weeks prior to the date of the event to obtain a food service permit. You must provide an ABC Fire Extinguisher in any booth using an open flame for food preparation. An application to obtain a temporary food service permit is attached for your convenience.
3. **Fireworks Permit** – Contact the City of Cleveland Fire Department @ 706-865-2017 at least two months prior to the date of the event to obtain a fireworks permit. A copy of the permit must be submitted to the City of Cleveland prior to issuance of your Special Event Permit.

### Fee Schedule

Permit fee	\$25.00
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### Sec. 48-119.1 Collections or Fundraisers

**Applicants who intend to solicit funds or sell goods must be a local civic group or a local non-profit group. Groups who are not located within the limits of White County and wish to solicit funds or sales must have a local civic group or a local non-profit group sponsor the event. The solicitation of funds and sale of goods must be a direct service or a direct financial benefit to the citizens of the City of Cleveland and White County, Georgia. A signed affidavit from the sponsoring group must accompany the application.**

## INSURANCE REQUIREMENTS

All special events open to the public and permitted by the City of Cleveland *may* be required to meet the following insurance requirements:

- Sponsor must provide \$1,000,000 coverage per occurrence with an aggregate of \$2,000,000 (aggregate must apply per location and not nationally in the event of a national, multi-location festival or event). Insurance requirements may be increased due to the size and type of the event as deemed necessary by the City of Cleveland government;
- Sponsor must provide the City of Cleveland a copy of the certificate of insurance;
- Certificate of Insurance must clearly identify the event, not your organization, is covered;
- Certificate of Insurance must name the City of Cleveland as an additional insured;
- Certificate of Insurance must include a statement that the City of Cleveland will be provided thirty (30) days notice of cancellation;
- Insurance carrier must be an A minus 6 Best Rated Company (this can be verified through the Insurance Commissioner's Office @ 1-800-656-2298).