City of Walthourville Business License Division



SPECIAL EVENT PERMIT

This application must be completed and submitted 21 Days Prior to the Outdoor Event Please do not begin advertising your event until your application is approved.

Applicant information

Name:				
Business:				
Business Address				
Mailing Address				
Home Address	City	State	Z	Zip
Email Address				
Address of Outdoor Event:				
Date/Time of Outdoor Event:				
Beginning Date: End Date:				
Event Time: AM / PM until A	AM / PM			
Set-Up Time: AM / PM				
Break-Down Time: AM / PM				
fide nonprofit organization*	n*			
Anticipated Number of Participants:				
Alcohol will be: Sold Served Food Will Be			0	
Has a Food Service permit been granted? Yes No				
Will Tents be used? 🗌 Yes 🗌 No How many?	Will sound amplificatio	on equipment be used?[Yes _	No
Will artificial lighting be used? Yes No Will Yes	ll a sign or other type of displ	lay be used? 🗌 Yes 🗌	No	
Detailed Description of Outdoor Event: (Include information about acti	ivities, structures, vendors, merchar	ndise, etc.)		
PRINTED NAME AND SIGNATURE OF APPLICANT:		DATE:	/	/
	a second and so with the terms and	conditions stinulated there	in of the	permit.
I acknowledge and affirm that this Outdoor Event will occur in a	accordance with the terms and t	conditions supulated there		

Mailing Address: P.O Box K, Walthourville, GA 31333 Office Location: 222 Busbee Road, Walthourville, GA 31333 Phone: (912) 368-7501 Web site address: <u>www.cityofwalthourville.com</u>