## **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>