



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: _____

Event Name: _____

Business: _____ Business Address _____

Mailing Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Email Address _____

Address of Outdoor Event: _____

Date/Time of Outdoor Event:

Beginning Date: _____ End Date: _____

Event Time: _____ AM / PM until _____ AM / PM

Set-Up Time: _____ AM / PM

Break-Down Time: _____ AM / PM

Event Type: ☐ Private **no more than three (3) days duration in which alcohol is served/sold by a Licensed Alcoholic Beverage Caterer or bona fide nonprofit organization**

☐ Public **no more than three (3) days duration**

Anticipated Number of Participants: _____

Alcohol will be: ☐ Sold ☐ Served Food Will Be: ☐ Sold ☐ Served Onsite Cooking ☐ Yes ☐ No

Has a Food Service permit been granted? ☐ Yes ☐ No ☐ By The Department of Public Health ☐ N/A

Will Tents be used? ☐ Yes ☐ No How many? _____ Will sound amplification equipment be used? ☐ Yes ☐ No

Will artificial lighting be used? ☐ Yes ☐ No Will a sign or other type of display be used? ☐ Yes ☐ No

Detailed Description of Outdoor Event: (Include information about activities, structures, vendors, merchandise, etc.)

PRINTED NAME AND SIGNATURE OF APPLICANT: _____ DATE: _____/_____/_____

I acknowledge and affirm that this Outdoor Event will occur in accordance with the terms and conditions stipulated therein of the permit.

PRINTED NAME AND SIGNATURE OF PROPERTY OWNER _____ Date: _____/_____/_____

Mailing Address: P.O Box K, Walthourville, GA 31333

Office Location: 222 Busbee Road, Walthourville, GA 31333

Phone: (912) 368-7501

Web site address: www.cityofwalthourville.com