

Date Received: _____
Office Initials: _____



Special Events
Permit Application

City of Senolia
P.O. Box 310
Senolia, GA 30276
770-599-3679

SUMMARY OF EVENT

EVENT TITLE _Movies on Main_

DATES REQUESTED: Start _7_/_16_/_21_ time: _7pm_ End _7_/_16_/_21_ time: _11pm_

Host Affiliation: _____ Georgia Tour Company Presents Coweta Movie Park _____

Name of Chief Officer of Org: _____ Julie Brown _____

Applicant/Contact: _____ Julie Brown _____

Address: _____ 53 Main Street _____

_____ Senolia, GA 30276 _____

Phone: (1) _404-219-6078_ (2) _770-599-0091_

Email: _____ julie@georgiatourcompany.com _____

EVENT TYPE: Athletic/Tournament Exhibit/Special Attraction
 Festival/Wedding Parade/Procession/March
 Concert/Performance Farmer/Outdoor Market
 Run/Walk/Bike Fundraiser
 Other: _____

Number of Participants
and Spectators:

ACTIVITY DESCRIPTION: _Free movie for the community in conjunction with the regularly scheduled Alive After 5 held each month on the third Friday until 8pm. We will erect an inflatable movie screen with sound system and professional projection. The number of spectators is unknown.

MARK ALL THAT APPLY: Alcohol Signage/Banners Amplified Sound/Music
 Tents/Canopies Carnival Rides Fireworks/lasers
 Pond/Lake Portable Restrooms Generators/Electricity
 Trash/Recycling Road Closing/Crossing Transportation Shuttle
 Police Cones/Barrels/Barricades Vendors/Concessions
 Fire/Ems Inflatable Recreation Crowd Control

****All proposed road closings shall be approved by the Mayor and Council at least 8 weeks prior to the event. If approved, all affected addresses shall be notified at least 2 weeks prior to the event.****

LOCATION TYPE:
 City Facility (select from right)
 Residential
 Commercial/Industrial

CITY FACILITY:
 Marimac Lakes Park Seavy Street Park
 Public Streets/Right of Way Multi-Use Trails
 City Hall/Parking Lot Barnes St. Parking

ADMISSION: Public (no cost) Tickets/Entry Fees Registration (Pre and at event) Private

SIGNAGE

Temporary signs are permitted for approved special events. Signs cannot be placed in the medians or right-of-ways within the City. A detailed sign plan, including the size and proposed locations of the signs should be provided as an attachment to the site plan.

It is not permitted to mark the roadway in any way or for any purpose.

ENTERTAINMENT AND RELATED ACTIVITIES

Check all that apply:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Music | <input type="checkbox"/> Amplification |
| <input checked="" type="checkbox"/> Electricity (describe Amps below) | <input checked="" type="checkbox"/> Inflatable Recreation |
| <input type="checkbox"/> Live Animals | <input type="checkbox"/> Amusement Rides |
| <input checked="" type="checkbox"/> Tents/Canopies | <input checked="" type="checkbox"/> Other |

Provide a Complete Description: A 20' x 30' inflatable screen will be erected for viewing at the base of Main Street near the gazebo, four speakers will be used for sound, and a projector with generator will be used to project the movie from the rear of the screen (on the pavers by the gazebo).

TENTS AND CANOPIES

Setup: Date: 7/16/21 Time: 7pm Pickup: Date: 7/16/21 Time: 11pm

~~Tent~~ Company: Name Georgia Tour Company tent for shelter of the projector

Address _____

City _____

Phone Number _____

**Tent/Canopies shall be shown on your proposed site plan

PORTABLE RESTROOMS

You are required to provide portable restroom facilities at your event unless you can substantiate the sufficient availability of facilities in the immediate area of the event that will accommodate the size of spectators and participants.

Number of regular portable toilets: _____ Number of ADA portable Toilets: 2

Sanitation Company: Name: Pollard Disposal

Address: _____

City: Senoia

Phone: _____

**Portable restrooms shall be shown on your proposed site plan.

SANITATION

Not sure where the text disappeared to in this section...

We will provide cardboard containers meant for trash collection purposes and dispose of them in our dumpster at our Coweta Movie Park facility south of town.

PARKING AND SHUTTLE PLAN

Number of parking spaces needed: _____

Amount of parking at the facility: _____

Parking needed outside facility: _____

Describe parking plan: _____

**Include parking plan in site plan.

**Include other parking arrangements and agreements.

SITE PLAN CHECKLIST

A clear and clean copy of the site plan shall be submitted with the application. Applicant should consider:

- | | |
|---|---|
| <input type="checkbox"/> Name of event | <input type="checkbox"/> Sound equipment |
| <input type="checkbox"/> Adjacent Streets | <input type="checkbox"/> Communication facilities |
| <input type="checkbox"/> Assembly area | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Route to be traveled | <input type="checkbox"/> Generators/electric supply |
| <input type="checkbox"/> Detour plan | <input type="checkbox"/> signage |
| <input type="checkbox"/> Parking | <input type="checkbox"/> trash receptacles/dumpsters |
| <input type="checkbox"/> Restrooms/portable toilets | <input type="checkbox"/> Event vehicles (that remain through event) |
| <input type="checkbox"/> Tents/canopies | <input type="checkbox"/> Barricades/cones/crowd control barriers |
| <input type="checkbox"/> Medical treatment facility | <input type="checkbox"/> Inflatables |
| <input type="checkbox"/> Food Vendor/cooking area | <input type="checkbox"/> Stage/platform |
| <input type="checkbox"/> Water supply | <input type="checkbox"/> Other event components |

ALCOHOL

The sale or consumption of alcoholic beverages is prohibited during the special event unless a separate alcoholic beverage special event permit is obtained.

Yes No Does your event involve the use of alcohol?

If yes, please describe the security plan to ensure the safe sale and distribution of alcohol at the event:

FOOD & CONCESSIONS

Yes No Does the event include food concessions?

Yes No Will food be cooked or prepared in the event area? Describe heat source.

Yes No Will food vendors be at the event? List them.

We will provide concessions with popcorn, candy, drinks on site. _____

SECURITY PLAN

Please describe your security plan including crowd, vehicle, and pedestrian control, internal security. (attach a complete plan if necessary)

As a family event in conjunction with Alive After 5, we request closure of Main Street from Seavy to Travis as is customary with similar events held by the DDA where spectators may sit in chairs and on blankets to view the movie screen.

Any road closings and detour plan have to be approved by the Mayor and Council. A volunteer or police officer shall be stationed at each closed intersection. Proper instructions and communications shall be provided. If it is determined that off-duty officers are necessary, please contact the Chief of Police to determine number of officers necessary. Each officer is **\$40 per hour with a minimum of 4 hours(effective 5/1/19)**. An additional **\$10** is payable to the City for the vehicle. Payment shall be made directly to the officer. Event shall provide evidence of Workers Compensation Insurance.

If a private security company is used, provide the following:

Company Name: _____

Primary Contact: _____ Phone Number: _____

Event Contact: _____ Phone Number: _____

PUBLIC WORKS

Public works staff can be available for extra-duty assignments. Staffing and availability is at the discretion of the Public Works Director. Please contact the Senoia Public Works Director to make nature of the duty and make arrangements. Each public works staff is **\$25 per hour with a minimum of 4 hours. Additional charges may be required for equipment and vehicles.** Payment shall be made directly to the worker(s) assigned to the event. Event shall provide evidence of Workers Compensation Insurance.

LIFE SAFETY PLAN

Yes No Will the event employ a first aid provider?
 Yes No Will the event require assistance of Coweta County EMT/Fire Department?

Please describe your medical plan including communication plan and types of medical resources at your event.

Please contact Coweta County Fire Department for availability of EMT/Fire Department assistance.

INSURANCE REQUIREMENTS

Before the application can be accepted as complete, applicant/sponsor shall provide proof of commercial general liability insurance or event insurance that names, as also insured, **City of Senoia, P.O. Box 310, 80 Main Street, Senoia, GA 30276**, with a waiver of subrogation in regards to Workers Compensation. Insurance coverage must be maintained for the duration of the event including setup and cleanup dates.

CLASS III INSURANCE REQUIRMENT: \$1,000,000 MINIMUM

If alcohol is served, additional insurance may be necessary.

VOLUNTEERS

Yes No Does the event plan to use volunteers to work the event.
Describe service the volunteers will provide:

We will invite volunteers for crowd assistance as needed. _____

Each person must be clearly identified as a volunteer. No volunteer shall be assigned a duty that he/she is not able to perform. Volunteers at closed intersections shall wear bright neon vests or t-shirts. Such volunteers are only to give instructions to travelers on how to safely detour around the event.

APPLICATION FEE

Must be submitted with application fee.

- \$100 – less than 500 Participants
- \$200 – more than 500 Participants

Amount included with Application:

APPLICANT'S AFFIDAVIT

I, applicant or authorized representative, agree to indemnify, hold harmless, and defend the City of Senoia, GA against all liability and expenses, including reasonable attorney fees, arising out of claims in connection with this event.

The applicant and/or organization agrees to investigate, handle, respond to, provide and/or defend any claims, etc., at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent.

In any case in which such indemnification would violate any applicable legal prohibition, the foregoing provision concerning indemnification shall not be construed to indemnify the City for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the City or its employees.

This agreement shall be terminated by either party by providing written notice of its intent to terminate said relationship.

The permit may be cancelled by the Chief of Police at any time with or without cause.

I, applicant or authorized representative, have read and understand the contents of this application. The information contained herein and attached is complete and true, current and correct to the best of my knowledge. Providing false information shall void the application and cancel the event.

Julie A Brown
Signature

_____ Owner _____
Title

6/29/21
Date

IF ROAD CLOSURES ARE REQUESTED THE PERMIT MUST BE SUBMITTED A MINIMUM OF 8 WEEKS PRIOR TO THE EVENT TO ALLOW TIME FOR MAYOR AND COUNCIL APPROVAL. APPLICATIONS AND ALL OTHER REQUESTED DOCUMENTATION DEEMED NECESSARY FOR THE EVENT MUST BE SUBMITTED 2 WEEKS PRIOR TO THE EVENT.

The information included herein has been reviewed by the City Manager. The permit has been:

Approved: Harold Simmons _____ Date: _____
City Manager

Jason Edens _____ Date: _____
Chief of Police

Denied: Reason: _____
