



Special Events
Permit Application

City of Senolia
P.O. Box 310
Senolia, GA 30276
770.599.3679

SUMMARY OF EVENT

EVENT TITLE Stalwart Productions, LLC.

DATES REQUESTED: start 07/29/2021 (1P – 1:30A) 7/30/2021 (1P – 1:30A), & 8/2/21 (6A- 9P)

Host Affiliation: Stalwart Productions, LLC. The Walking Dead
Name of Chief Officer of Org: _____
 Applicant/Contact: Sara Sheets 678-850-7079
 Address: 600 Chestlehurst Rd Senolia, GA 30276
 Phone: (1) 678-850-7079 (2) 678-723-0230
 Email: skaysheets@gmail.com

EVENT TYPE:

<input type="checkbox"/> Athletic/Tournament	<input type="checkbox"/> Exhibit/Special Attraction
<input type="checkbox"/> Festival/Wedding	<input type="checkbox"/> Parade/Procession/March
<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Farmer/Outdoor Market
<input type="checkbox"/> Run/Walk/Bike	<input type="checkbox"/> Fundraiser
x Other: <u>TV Show</u>	

ACTIVITY DESCRIPTION: We will be filming in and out of 9Main 2A & 15 Main 2A. We would also like to film in the Alley behind 15 Main & Baggarly Way St (b/w Seavy & Travis). Please see detailed overheads for each day and request.

Number of Participants and Spectators:
150

MARK ALL THAT APPLY:

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Signage/Banners	<input type="checkbox"/> Amplified Sound/Music
<input type="checkbox"/> Tents/Canopies	<input type="checkbox"/> Carnival Rides	<input type="checkbox"/> Fireworks/lasers
<input type="checkbox"/> Pond/Lake	<input type="checkbox"/> Portable Restrooms	x Generators/Electricity
<input type="checkbox"/> Trash/Recycling	X ITC Road/ Closing.	x Transportation Shuttle
x Police	<input type="checkbox"/> Cones/Barrels/Barricades	<input type="checkbox"/> Vendors/Concessions
x Fire/Ems	<input type="checkbox"/> Inflatable Recreation	<input type="checkbox"/> Crowd Control

****All proposed road closings shall be approved by the Mayor and Council at least two months 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)
 X Residential
 x Commercial/Industrial

CITY FACILITY:

<input type="checkbox"/> Marimac Lakes Park	<input type="checkbox"/> Seavy Street Park
<input type="checkbox"/> Public Streets/Right of Way	<input type="checkbox"/> Multi-Use Trails
<input type="checkbox"/> City Hall/Parking Lot	<input type="checkbox"/> Barnes St. Parking

ADMISSION: Public (no cost) Tickets/Entry Fees Registration (Pre and at event) X 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 type="checkbox"/> Music | <input type="checkbox"/> Amplification |
| <input type="checkbox"/> Electricity (describe Amps below) | <input type="checkbox"/> Inflatable Recreation |
| <input type="checkbox"/> Live Animals | <input type="checkbox"/> Amusement Rides |
| <input type="checkbox"/> Tents/Canopies | <input checked="" type="checkbox"/> Other |

Provide a Complete Description: Filming for a TV Series.

TENTS AND CANOPIES

Setup: Date _____ Time: _____ Pickup: Date _____ Time _____

Tent Company: Name _____

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: _____ 1 _____ Number of ADA portable Toilets: _____

Sanitation Company: Name: Crew Thrones

Address: _____

City: _____

Phone: _____

Portable restrooms shall be shown on your proposed site plan.

SANITATION

- Yes No Will the organization provide trash cans?
 Yes No Will the organization empty all public trash cans at the end of the event?
 Yes No Will the organization provide a dumpster for the event?

Sanitation Company: Name: Junkit GA
Address: _____
City: _____
Phone Number: _____

Please describe your clean up and removal of waste, recycling and garbage during and after the event:

Sanitation plan shall be displayed on your site plan.

PARKING AND SHUTTLE PLAN

Number of parking spaces needed: _____
Amount of parking at the facility: _____
Parking needed outside facility: _____

Describe parking plan: Staging in Parking lane & Barnes St

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.

SECURITY PLAN

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

_____ Officers for ITC of Main, Closure of Barnes, and when we move over to Baggarly for closure and ITC _____

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 \$35 per hour with a minimum of 4 hours. 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 comp insurance.

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

Company Name: RMA
Primary 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 comp 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 REQUIREMENT: \$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:

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 travellers 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.

Sara Sheets

Location Manager

7/15/21

Signature

Title

Date

IF ROAD CLOSURES ARE REQUESTED OR IF BUSINESS LICENCE OR PERMITS MUST BE VERIFIED THE PERMIT MUST BE SUBMITTED A MINIMUM OF 8 WEEKS PRIOR TO THE EVENT TO ALLOW TIME FOR MAYOR AND COUNCIL APPROVAL. ALL OTHER REQUESTED 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 _____
City Manager Signature Date

____ Denied: Reason: _____

8:30 P to 12:30A

Thursday, 7/29: Crew Call Est. 2PM

ITC Intersection

Buy Street Parking

ITC Intersection

Buy out Public P

Closure of Baggarly & Travis St

ITC Main & Travis & Gin

1:30P- 12:30A

Close Barnes St

Close parking lane



The Parlor Salon and Dry Bar

City Hall

Work

Senoia Coffee and Cafe Takeout

Georgia Tour Company - Senoia (home of

Veranda Historic Bed & Breakfast Inn

Woodbury Shoppe Clothing store

Main Street Fudge & Ice Cream Shop Takeout

Maguire's Takeout • Delivery

15 Main St, Senoia, GA 30276

2 min walk-work

Jacobs Table Takeout • Delivery

McMaster BBQ & Catering Takeout

Senoia United Methodist Church

Meditati

Friday, 7/30 (Crew Call Est; 2PM)



1:30P- 12:30A

Close Barnes St

Close parking lane

15 Main St, Senoia, GA 30276
2 min walk-work

ITC Main & Travis & Gin

Turin St Johnson St

Pylant St

Bagg

Main St

Johnson St

Bridge St

Seavy St Seavy St

The Woodbury Shoppe
Clothing store

Georgia Tour Comm
- Senoia (home of

1:30P- 12:30A

Veranda Historic
Bed & Breakfast Inn

Main Street Fudge
& Ice Cream Shop
Takeout

Close Barnes St

Seavy St

Maguire's
Takeout • Delivery

Close parking lane

Nic & Norman's Senoia
Takeout • Delivery

15 Main St,
Senoia, GA 30276
2 min walk-work

Senoia United
Methodist Church

Senoia Farmers' Market

Jacobs Table
Takeout • Delivery

Main St

Bridge St

Andrews Pkwy

Travis St

Travis St

Pylant St

Bridge St

Gin St

Travis St

McMaster BBQ
& Catering
Takeout

Bridge St

Gin St

Travis St

Travis St

Bridge St

Monday, 8/2 (Crew Call: 8AM)



7:30A - 7PM

Close Barnes St

Close parking lane

15 Main St, Senoia, GA 30276
2 min walk-work

ITC Main & Travis & Gin