



Special Events
Permit Application

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

SUMMARY OF EVENT

EVENT TITLE Stalwart Productions, LLC.

DATES REQUESTED: start 09 /22 /2021 (1PM – 4A) & 9/23/2021 (1- 4AM)(If incomplete)

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 Senoia, GA 30276
 Phone: (1) 678-850-7079 (2) 678-723-0230
 Email: skaysheets@gmail.com

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

ACTIVITY DESCRIPTION: We would like to film interior and exterior at the Senoia Farmer’s Market . We would like to close Travis Street on the day of filming and ITC Baggary way & Pylant St intersection as needed.

Number of Participants and Spectators:
150

MARK ALL THAT APPLY: Alcohol Signage/Banners Amplified Sound/Music
 Tents/Canopies Carnival Rides Fireworks/lasers
 Pond/Lake Portable Restrooms x Generators/Electricity
 Trash/Recycling X ITC Road/ Closing. x Transportation Shuttle
 x Police Cones/Barrels/Barricades Vendors/Concessions
 x Fire/Ems Inflatable Recreation 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:
 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) 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 checked="" 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 Int/Ext. Senoia Farmer's Market. Request to close Travis St and ITC Baggarly & Pylant Intersection as needed. Street lights out on the night of filming. The facility will serve as an animal stable in the show

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 on Travis St inside closure and gravel lot beside the Farmer's Market.

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 |

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 _____
Signature

_____ Location Manager _____
Title

9/9/21 _____
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: _____

CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)
9//10/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon/Albert G. Ruben Insurance Services, Inc. 15303 Ventura Blvd., Suite 1200 Sherman Oaks, CA 91403 + 1818.742.1400 License Number: 0806034	Contact Name: KELLIE LOWRY Phone: 818-742-0763 (A/C, No. Ext): Fax: 847-953-2436 (A/C, No): Email Address: KELLIE.LOWRY@AON.COM														
INSURED TWD PRODUCTIONS XI, LLC STALWART PRODUCTIONS, LLC 600 CHESTLEHURST RD. SENOIA, GA 30276	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Insurers Affording Coverage</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: GREAT DIVIDE INSURANCE COMPANY</td> <td style="text-align: center;">25224</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	Insurers Affording Coverage	NAIC #	INSURER A: GREAT DIVIDE INSURANCE COMPANY	25224	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table style="width: 100%;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X		CNA7512458-11	04/10/2021	04/10/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea Occurrence)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS – COMP/OP AGG</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS – COMP/OP AGG	\$ 1,000,000		\$		
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N/A	CNA7512458-11	04/10/2021	04/10/2022	LIMITS/DEDUCTIBLES \$5,000,000 LIMIT / \$3,500 DEDUCTIBLE PER LOSS \$5,000,000 LIMIT / \$3,500 DEDUCTIBLE PER LOSS \$5,000,000 LIMIT / \$2,500 DEDUCTIBLE PER LOSS \$2,000,000 LIMIT / DED: 10% - \$2,500 MIN / \$7,500 MAX																		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED FOR THE PRODUCTION ENTITLED: **"THE WALKING DEAD" SEASON 11.**

CERTIFICATE HOLDER City of Senoia P.O. Box 310 Senoia, GA 30276	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Aon/Albert G. Ruben Insurance Services, Inc.
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Legend	
	Full Road Closure
	ITC Traffic

1. ROAD WORK AHEAD (diamond), ROAD CLOSED AHEAD (diamond), ROAD CLOSED (rectangle with cones), ROAD CLOSED (rectangle with cones)

2. ROAD WORK AHEAD (diamond), BE PREPARED TO STOP (pentagon), ITC Traffic (rectangle with hatching)

3. ROAD CLOSED LOCAL TRAFFIC ONLY (rectangle with cones), DETOUR (rectangle with arrow)

4. DETOUR (rectangle with arrow), DETOUR (rectangle with arrow), DETOUR (rectangle with arrow)

5. ROAD CLOSED LOCAL TRAFFIC ONLY (rectangle with cones)

6. DETOUR (rectangle with arrow), DETOUR (rectangle with arrow), DETOUR (rectangle with arrow)

7. DETOUR (rectangle with arrow), DETOUR (rectangle with arrow), DETOUR (rectangle with arrow)

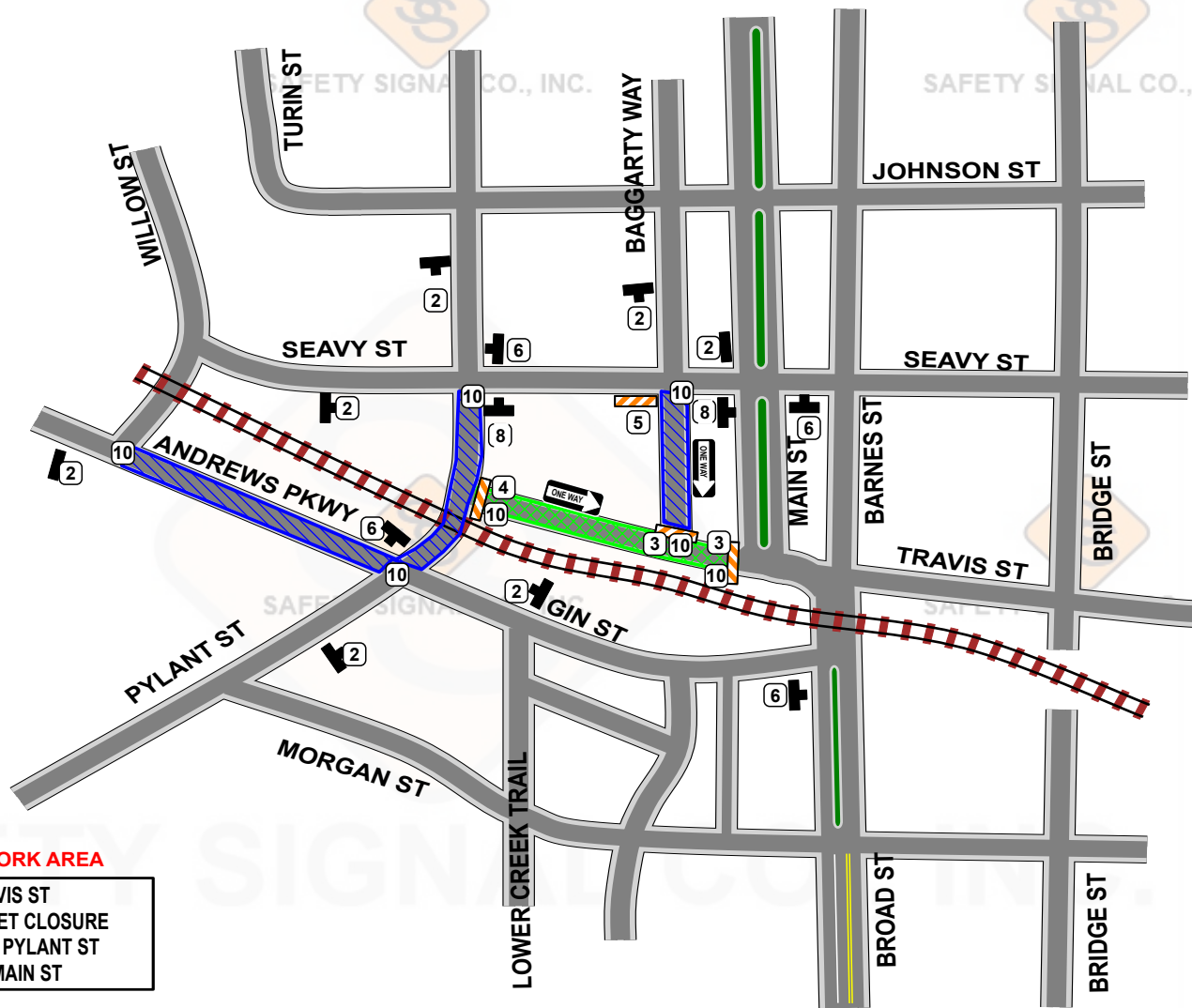
8. DETOUR (rectangle with arrow), DETOUR (rectangle with arrow), DETOUR (rectangle with arrow)

9. VMS BOARD (rectangle)

10. POLICE OFFICER (figure)

NOTE:

- Plans not to scale. Actual site conditions may affect placement and spacing of traffic control devices and advance warning signs.
- Contractor will maintain accessibility to driveway at all times.
- All traffic control shall conform to the 2009 MUTCD and Georgia DOT Standards.



630 FT WORK AREA

TRAVIS ST
FULL STREET CLOSURE
BETWEEN PYLANT ST
AND MAIN ST

650 FT WORK AREA

ANDREWS PKWY
ITC TRAFFIC
BETWEEN PYLANT ST
AND MAIN ST

380 FT WORK AREA

BAGGARTY WAY
ITC TRAFFIC
BETWEEN SEAVY ST
AND TRAVIS ST

360 FT WORK AREA

PYLANT ST
ITC TRAFFIC
BETWEEN SEAVY ST
AND GIN ST

STALWART FILMS, LLC
"THE WALKING DEAD" SEASON 11
600 Chestlehurst Rd
Senoia, Georgia 30276
OFFICE: 678-723-0230 FAX: 678-723-1001

SAFETY SIGNAL CO., INC.
P.O. BOX 488
UNION CITY, GEORGIA 30291
OFFICE: 770-964-3181
Drawn by: CT White Date: 04-15-15

REV 1
09-09-21