

# CITY OF BUFORD APPLICATION FOR EVENT PERMIT

Complete the following application, provide event layout, and return to, Rhonda Cunningham, City of Buford, 2300 Buford Hwy, Buford, GA 30518, no less than 45 days prior to the event. Please submit the processing and event fees with this application. **All events with more than 200 in attendance and/or over 4 hours in length require proof of insurance (except Buford Youth Sports Complex).** For more information, call 770-945-6761 or email Rhonda Cunningham at rcunningham@cityofbuford.com. Additional park requirements will be distributed with event approval.

Application Date: \_\_\_\_\_

Application for which park/area: Amphitheatre  City Square  Buford Youth Sports Complex  Other

BCC Amphitheater  BCC Town Park (Please note the exact area below)

Town Park Area: \_\_\_\_\_

\*The Buford Community Center Fountain is not a rentable facility.

If Buford Youth Sports Complex, select field(s): Field A (Game Field) \_\_\_\_\_ Field B \_\_\_\_\_ Field C \_\_\_\_\_

Name of Event: \_\_\_\_\_ Actual Date of Event: \_\_\_\_\_

Type of Event: Run \_\_\_\_\_ Walk \_\_\_\_\_ Performance \_\_\_\_\_ Festival \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**NOTE: ALCOHOL IS PROHIBITED AT SPECIAL EVENTS.**

Set-Up Time: \_\_\_\_\_ A.M. or P.M. Date: \_\_\_\_\_

Tear-down Time: \_\_\_\_\_ A.M. or P.M. Date: \_\_\_\_\_

**Actual Start Time of the Event:** \_\_\_\_\_ A.M. or P.M.

**Actual End Time of the Event:** \_\_\_\_\_ A.M. or P.M.

Total Event Hours: \_\_\_\_\_

These times are used to estimate City Services and should be accurate at application submittal. Changes to these times will require approval from the City Event Coordinator.

**CALCULATION OF FEES BUFORD YOUTH SPORTS COMPLEX (minimum 2 ½ hours per game):**

Event Application Processing Fee =	\$ 25.00
Synthetic Field without light usage Fee - \$100.00 per hour x _____ total field time hours =	\$ _____
Synthetic Field with light usage Fee - \$125.00 per hour x _____ total field time hours with light usage =	\$ _____
Attendant Fee - \$25.00 per hour x _____ total event hours =	\$ _____
Deposit =	\$ 200.00

**TOTAL FEES DUE** \$ \_\_\_\_\_

\*\*\$50 cancellation fee applied for deposit for cancelled events.

**CALCULATION OF FEES: BUFORD COMMUNITY CENTER**

Event Application Processing Fee =	\$ 25.00
BCC Amphitheater =	\$ _____
BCC Other Outdoor: _____ =	\$ _____
BCC Security =	\$ _____
BCC Restroom Facilities=	\$ _____
BCC Fencing for Amphitheater Ingress/Egress =	\$ _____

Deposit = \$ \_\_\_\_\_

**TOTAL FEES DUE** \$ \_\_\_\_\_

\*\*\*\$50 Cancellation fee applied to deposit for cancelled events.

Starting Location of Event: \_\_\_\_\_

Ending Location of Event: \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

Estimated Number of Toilets (per 200 attendees; toilets provided at Buford Youth Sports Complex): \_\_\_\_\_

Estimated Number of Vendors: \_\_\_\_\_

Estimated Number of Performers: \_\_\_\_\_

Estimated Number of Vehicles: \_\_\_\_\_

**Name of this event you would like listed on our website (if applicable):** \_\_\_\_\_

**Contact information (phone or email address for our website for people to call for more information):**

\_\_\_\_\_  
If no additional information is provided, event name and primary phone number of organizer will be used.

**Person/ Organization Making Application:**

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_  
E-Mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_

**Event Organizer (Must be an individual that is responsible for the event):**

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_  
E-Mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_ Non-Profit? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide Tax ID# \_\_\_\_\_

Is proposed event to be held by, or on behalf of, or for any person other than applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the event and State the Purpose or Objective of the Proposed Event (Attach additional sheets as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Street Closures are needed? ANY STATE OR COUNTY ROUTES REQUIRE APPROPRIATE DOT APPROVAL (Please attach a drawing or map of area.)

---

---

Proposed Route or Layout of event: (Please attach a drawing or map of area.)

---

---

Describe the Event Equipment included in Layout (tents, tables, chairs, stages, etc.):

*(Note: The City does not provide equipment.)*

---

---

Electricity Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Do you plan to use amplified sound? Yes \_\_\_\_\_ No \_\_\_\_\_

Please detail sound system requirements: \_\_\_\_\_

---

Food Sales: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, each vendor must complete Event Food Vendor Permit (other than Buford Youth Sports Complex).

I request that concessions be provided by the City of Buford at Buford Youth Sports Complex: Yes \_\_\_\_\_ No \_\_\_\_\_ (See Exhibit "A" for any additional requirements)

Vending/Souvenirs at Buford Youth Sports Complex: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

---

Special Sanitation Request: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please detail sanitation requirements: \_\_\_\_\_

---

I have carefully read and will abide by the foregoing Application and Policies and swear that statements I made therein are true and correct to the best of my knowledge and belief. ***(Signature is required before approval will be granted.)***

\_\_\_\_\_  
Signature of Person Making Application

\_\_\_\_\_  
Date

**For City Use only**

ALL SIGNATURES REQUIRED FOR APPROVAL      **Date Rec'd.** \_\_\_\_\_

\_\_\_\_\_  
Events Coordinator

- City Sponsored Event
- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: \_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ Application For Event Permit and All Fees - 45 days prior to the event
- \_\_\_\_\_ Signed Release and Indemnity
- \_\_\_\_\_ Permit and Property Deposit fees **must** be separate checks and payable to City of Buford
- \_\_\_\_\_ Copy of Certificate of Insurance, if applicable - 14 days prior to the event
- \_\_\_\_\_ Copy of final layout of event - 14 days prior to the event
- \_\_\_\_\_ Food service permit - approved 14 days prior to the event
- \_\_\_\_\_ Grease container approval by Health Dept. & City Inspector - 14 days prior to the event

**CALCULATION OF FEES:**

Event Application Processing Fee -	\$	25.00
Synthetic Field without light usage Fee - \$100.00 per hour x _____ total field time hours =	\$	_____
Synthetic Field with light usage Fee - \$125.00 per hour x _____ total field time hours with light usage =	\$	_____
Attendant Fee - \$25.00 per hour x _____ total event hours =	\$	_____
Deposit -	\$	200.00
<b>TOTAL FEES DUE</b>	\$	_____

ALL SIGNATURES REQUIRED FOR APPROVAL      **Date Rec'd.** \_\_\_\_\_

\_\_\_\_\_  
City Marshal

- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: \_\_\_\_\_  
\_\_\_\_\_

ALL SIGNATURES REQUIRED FOR APPROVAL      **Date Rec'd.** \_\_\_\_\_

\_\_\_\_\_  
Public Works

- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: \_\_\_\_\_  
\_\_\_\_\_

ALL SIGNATURES REQUIRED FOR APPROVAL      **Date Rec'd.** \_\_\_\_\_

\_\_\_\_\_  
City Manager

- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: \_\_\_\_\_  
\_\_\_\_\_

**Merchants on Main Street Notification - Julie@studio93.com**