

## PERMIT APPLICATION INSTRUCTIONS

Atlanta is host to many public outdoor events on an annual basis. As you start the planning process for your event it is important to recognize that your event plays a unique part in the relationship we have with each individual community and the quality of your event can make a difference to the City of Atlanta.

### PERMIT PROCESS

In order to process your Outdoor Event Permit Application form, a completed permit application **must** be received by the City of Atlanta Mayor's Office of Special Events **no later than ninety (90) days prior to the actual date of your event.** *Please be aware that failure to submit your application in a timely manner will result in an immediate denial of your permit application.*

The Mayor's Office of Special Events (MOSE) shall be responsible for coordinating the permitting of all outdoor events, including each of its components. The office does not plan events or partner with non-city agencies to plan events. Generally, the scheduling of all events shall be a first come, first served basis. In addition to obtaining the event permit, there are several other permits that may need to be acquired; you will read more about these types of permits throughout this packet.

### SUBMIT YOUR OUTDOOR EVENT PERMIT APPLICATION

After you have carefully developed your outdoor event plan, submit your proposed event description and plan to the City of Atlanta in the form this application. **Make sure to address every question in the application. If it does not apply to your event, write N/A. Do not leave the area blank.**

Once you have submitted your Special Event Permit Application to the City of Atlanta, you will be contacted by email with a list of any additional items needed to complete the application. **Be aware that incomplete applications will delay both the processing issuance time for your permit.** At this time you will also be scheduled to meet with the Outdoor Events Committee, composed of all city departments and agencies affected by your event. These meetings take approximately 30 minutes and are held at City Hall. Payment for permit and sub-permit fees are due when the permits are issued.

Please visit the frequently asked questions section of the special event website for more information. Thank you for your interest in choosing the City of Atlanta as the location for your event.

**HAVE A SUCCESSFUL EVENT!!!!**

## REQUIREMENTS

If **ANY** of the below applicable requirements are not turned in with application, the application is **INCOMPLETE**. If **ANY** of the lines in the application are left blank, the application is **INCOMPLETE** (N/A is acceptable if does not apply). **Please note** when the application is stamped received, this does not denote that the application is **COMPLETED**. It merely notes that the application was **RECEIVED** by the Mayor's Office of Special Events on that date. We suggest turning the application in early to ensure the requested event date(s) can be granted

- Signed and dated your application
- Included your application fee  
**(Certified Check or Money Order ONLY made payable to the City of Atlanta- ABSOLUTELY NO personal checks, business checks, credit cards or cash)**

### Requirements:

- A copy of your IRS 501(c) tax exempt letter
- Copy of your Fulton or DeKalb County Permit/Exemption for Temporary Food Service
- Letter of authorization for freelance event organizers
- List of Vendors/Concessionaires/Food and Non-Food Vendors
- Original agreement letter from the agency performing clean up of the festival area
- Original agreement letter from the agency providing the portable toilets
- A complete entertainment list and schedule
- Fireworks Information (type of fireworks, map of set-up and fall-out area, and license of operator)
- A complete list of all endorsed events outside of permitted event (after party, receptions, etc.)
- Explanation of your marketing general target area
- Event site plan and parade/race route (if applicable)
- Original Temporary Structures/Building Permit application
- Original agreement letter from the agency providing the electrical services
- Original agreement letter from the agency providing the emergency medical services
- Original Fire Safety Plan application
- Original Temporary Street/Lane Closing applications
- Certificate of banner flammability testing or sample of banner material
- Copy - Letter announcing the upcoming proposed Special Event to the City Council member  
(hard copy or via email)
- Copy - Letter announcing the upcoming proposed Special Event to the NPU Chairman  
(hard copy or via email)
- Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship and other entities
  
- Provide Proof of Insurance for Class A, Class B, and Class C Outdoor Festivals. (See page 3)

**PLEASE NOTE: Applications can be mailed or brought in person. They cannot be emailed or faxed.**

Submit your completed permit application to:

City of Atlanta  
Office of Special Events  
55 Trinity Avenue, SW  
Suite 2500  
Atlanta, Georgia 30303  
Office: (404) 330-6741

***If event location is on business property, a letter giving permission to use property is required. Letter must be on letterhead and signed by owner or manager. All businesses must have required business license.***

PROOF OF INSURANCE

Proof of insurance.

(1)

Prior to the issuance of a permit for any Class A, Class B, or Class C outdoor festival, the applicant must provide the SEM with a certificate of insurance evidencing a fully paid public liability damage insurance policy procured from a company licensed to do business in Georgia. This policy must protect the City of Atlanta, its officers, agents, the outdoor festival and its contractors from any and all claims, damages to property, and or bodily injury which may result from or in connection with any of the operations carried on by the host, and must list the City of Atlanta as an additional named insured. Insurance limit requirements are as follows:

(A)

\$1,000,000.00 bodily injury total;

(B)

\$500,000.00 bodily injury to any one person; and

(C)

\$100,000.00 property damage.

(2)

The SEM shall forward the certificate of insurance to the city's bureau of risk management within three business days of receiving the certificate. The bureau of risk management shall review the certificate and provide written feedback to the chief of staff regarding the insurance coverage within ten business days of the bureau's receipt of the certificate. The outdoor festival permit shall not be issued until the bureau of risk management provides the chief of staff with written approval of the outdoor festival insurance coverage.

# GENERAL INFORMATION

Today's Date: \_\_\_\_\_

DESCRIPTION

**Event Title:** \_\_\_\_\_

**Description:**

(To be placed on the MOSE website and calendar.)

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

**Purpose of Event:**

(Please describe the purpose of proposed event)

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

**Event Type:**

(Mark all components Of your event)

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Festival/Celebration      | <input type="checkbox"/> Outdoor/Farmer's Market | <input type="checkbox"/> Circus      |
| <input type="checkbox"/> Parade/Procession/March   | <input type="checkbox"/> Athletic/Recreation     | <input type="checkbox"/> Advocacy    |
| <input type="checkbox"/> Museum Special Attraction | <input type="checkbox"/> Private Party           | <input type="checkbox"/> Fund Raiser |
| <input type="checkbox"/> Concert/Performance       | <input type="checkbox"/> Carnival                | <input type="checkbox"/> Community   |
| <input type="checkbox"/> Race                      | <input type="checkbox"/> Other: _____            |                                      |

**Anticipated**

**Attendance**

**Total:** \_\_\_\_\_ **Event Day 1:** \_\_\_\_\_ **Event Day 2:** \_\_\_\_\_

\*If your event is more than two days, list the anticipated attendance for each day on a separate piece of paper.

**What Class is your event considered?**  A  B  C  D  E

If your event is a class A, B or C event, would you like to schedule a meeting with the required festival monitors prior to your event?  Yes  No

Will your guest arrive at once?  Yes  No If no, what is peak attendance? \_\_\_\_\_

Will your event have spectators that are not also considered participants?  Yes  No

If yes, please describe \_\_\_\_\_

DATE/TIME

Setup Date & Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time \_\_\_\_\_

Event Day 1 Date & Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time \_\_\_\_\_

Event Day 2 Date & Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time \_\_\_\_\_

Dismantle Date & Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time \_\_\_\_\_

\*If any element of your event schedule is longer than the space allotted above, list start and end time for each day on a separate piece of paper.

Rain Date \_\_\_\_\_ Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time \_\_\_\_\_

Rain or Shine Event

LOCATION

\_\_\_\_\_  
**Location Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State & Zip**

*If event location is on business property, a letter giving permission to use property is required. Letter must be on letterhead and signed by owner or manager. All businesses must have required business license.*

**Location Description:**  Park  Street  Gated Event  Sidewalk  Other \_\_\_\_\_

GENERAL INFORMATION

Today's Date: \_\_\_\_\_

Name of Host or Producing Organization: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Public Contact:

(Required) To be placed within the MOSE website and calendar

Name \_\_\_\_\_
Address \_\_\_\_\_
Telephone/Fax ( ) \_\_\_\_\_ ( ) \_\_\_\_\_
Email \_\_\_\_\_

Non-Public Contact:

(Required for internal use only)

Name \_\_\_\_\_
Address \_\_\_\_\_
Telephone/Fax( ) \_\_\_\_\_ ( ) \_\_\_\_\_
Email \_\_\_\_\_

\*\*Please supply a number that will be accessible during the proposed event.

Media Contact:

(If different from Public Contact) To be placed within the MOSE website and calendar.

Name \_\_\_\_\_
Address \_\_\_\_\_
Telephone/Fax ( ) \_\_\_\_\_ ( ) \_\_\_\_\_
Email \_\_\_\_\_

Vendor Contact:

(If different from Public Contact) To be placed within the MOSE website and calendar.

Name \_\_\_\_\_
Address \_\_\_\_\_
Telephone/Fax ( ) \_\_\_\_\_ ( ) \_\_\_\_\_
Email \_\_\_\_\_

Web Address:

To be placed within the OSE website and calendar.

http://: \_\_\_\_\_

YES NO

- Is this an annual event? How many years have you been holding this event? \_\_\_\_\_ Years
Has this event been permitted by the City of Atlanta? Last year permitted? \_\_\_\_\_
Do you want this event publicize on the City of Atlanta website?
Is your event an official part of a current citywide, statewide or nationwide event (i.e. Atlanta Pride Celebration, National Black Arts Festival, etc)? If yes, please list \_\_\_\_\_

PROFESSIONAL EVENT ORGANIZER

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Written communication from the Host Organization on letterhead authorizing the applicant and/or professional event organizer to apply for this Outdoor Event Permit on their behalf must be submitted with this permit application.

Applicant/Organizer Name: \_\_\_\_\_

Address: Street \_\_\_\_\_ Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_

SPONSORS

Please list your sponsors for this event:

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

ORGANIZATION STATUS/ EVENT INFORMATION

YES NO

- Is the Host Organization a commercial entity?
- Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must **ATTACH** a copy of your IRS 501 (c) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.
- Is this event open to the public?
- Are patrons' admission, entry or participant fees required?  
If yes please provide amounts: \_\_\_\_\_
- Will there be onsite registration the day of the event?
- Are vendor, sponsor or other fees required?  
If yes please provide amounts and cut-off date (if applicable): \_\_\_\_\_
- Will your organization or sponsors be distributing commercial advertising/literature at the event?

IMPACT MITIGATION

CITY COUNCIL DISTRICT

What Council District(s) is this event being held in? \_\_\_\_\_

Who is the Council member(s): \_\_\_\_\_

**For clarity on Council Member Districts, please call the City Council Office at 404.330.6030**

YES NO

Have you notified the City Council member that represents the venue area of your event? If yes, please **ATTACH** a copy of the letter/email. Make sure that the notification includes the dates and times of all street/lane closures associated with your event, if applicable. **Please be advised that notification must be sent to the affected Council Member, your permit will not be issued until proof of notification to the Council Member has been sent to MOSE.**

NEIGHBORHOOD PLANNING UNIT

Which NPU(s) will be affected by this event? NPU \_\_\_\_\_

**For clarity on Neighborhood Planning Units, please contact the NPU Coordinator at 404.330.6145**

The City of Atlanta NPU Coordinator will schedule you to meet with the appropriate NPU impacted by your event. You will receive information regarding your attendance date at your special events team review meeting. **Please avoid scheduling meetings independent of the NPU Coordinator.**

You should, however, inform the NPU chair of your event in advance of your scheduled NPU meeting. Make sure that the notification includes the dates and times of all street/lane closures associated with your event as well as the hours of any amplified sound, if applicable. Your correspondence should also inform them of your intent to present at a future NPU meeting as scheduled by the City's NPU Coordinator.

Please **ATTACH** a copy of correspondence sent to the NPU chair. **Be advised that notification must be sent to the affected NPU, your permit will not be issued until proof of notification to the NPU has been sent to MOSE.**

COMMUNITY

YES NO

Have you informed the immediate residents, businesses, places of worship, schools and other entities that may be directly impacted by your event?

Applicants requesting any type of street closure in association with their event application should make sure to contact those residences, business and organizations along the street that you are requesting to be closed in advance. Failure to do so may delay issuance of your event permit.

**If yes**, please attach copies of the letter/email including a list of names/addresses of the people who received notification and the date that notification was distributed. Make sure that the notification includes the dates and times of all street/lane closures associated with your event as well as the hour of any amplified sound, if applicable. It is suggested that you get written acknowledgement of notification for your records.

OUTDOOR FESTIVAL PERMIT APPLICATION

ENTERTAINMENT AND RELATED ACTIVITIES

YES NO

Is there entertainment associated with your event?

If yes, please indicate the types of entertainment (check all that apply): Live Music Disc Jockey (DJ) Children's Activity Animal Acts Theatrical Performance Other:

Please ATTACH a sound check and performance schedule/timeline if applicable.

Number of Stages/Platforms

Number of Performers/Bands

Local or National Acts or Both?

Will sound checks be conducted prior to the event? If yes, State time Finish time

Will sound amplification be used? If yes, State time Finish time

Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics? If yes, please ATTACH type of firework, map of set-up and fall-out area, and license of Operator. For more information, contact the AFRD Fire Safety at 404-546-7078. \*If fireworks will take place in a City of Atlanta Park, you must obtain permission from the Office of Parks (404-817-6744) in advance. Fireworks are not approved until the permit is physically issued.

Are you sponsoring or allowing outside promoters or agencies to officially sponsor events outside of this event you are currently applying for a permit for? If yes, please ATTACH a list of each event with dates, times and locations.

PARKING

Please list all parking options for patrons and event staff. Please include approximate number of spaces available:

YES NO

Will you encourage patrons to take public transportation? If yes, how will you inform them:

How will you handle traffic that arises from your event?

MARKETING AND PUBLIC RELATIONS

YES NO

Will this event be marketed, promoted, or advertised in any manner?

If yes, please indicate the types of advertising (check all that apply): Local Radio National Radio Local TV National TV Cable TV Local Newspaper National Newspaper Direct Mail/Flyers Internet Email Billboards

Will there be live media coverage during the event? If yes, please describe:

Please ATTACH an explanation of your GENERAL MARKETING PLAN/TIMELINE of all advertisements.



MERCHANTS AND NON-FOOD VENDORS

Yes No

Will items or services be sold at your event? If yes, please list general vendor categories.

Three horizontal lines for listing vendor categories.

FOOD CONCESSIONS OR PREPARATION

YES NO

Does your event include food concession and/or preparation areas? If yes, please describe how food will be served and/or prepared.

Three horizontal lines for describing food concession areas.

YES NO

Will food items be sold at your event?

\* Note: You must receive approval from Fulton or DeKalb County to sell food at Assemblies. A copy of your application must be submitted to the Mayor's Office of Special Events before your permit is approved.

Do you intend to cook food in the event area?

If yes, please specify method (Check all that apply):

Gas Electric Charcoal Grease Other (specify)

Indoors Tent Table Food Truck Other (specify)

If there is cooking with grease or charcoal, please specify disposal plan:

Three horizontal lines for specifying disposal plan.

If there will be more than one food vendor, please ATTACH a list of vendors and method of cooking for each. Make sure to indicate if they will be cooking under a tent or in a vehicle. If you have vendors that are cooking underneath a tent, you will need to ATTACH a Cooking Permit application. There is a fee associated with this permit. The application can be found in the appendix section of this application.

Three horizontal lines for attaching vendor list.

YES NO

Will any fuel tanks need to be refueled/ re- stocked at anytime during the event?

Will there be any fuel stored overnight?

\*Note: If there will be fuel stored onsite, you may need a fuel tank permit. The application can be found in the appendix section of this application. Please review the event needs checklist from the Fire Department if you are cooking underneath a tent. The checklist can be found under the frequently asked questions section.

ALCOHOL PERMIT INFORMATION

The City of Atlanta issues one day special event alcohol permits to licensees who currently hold a State of Georgia Liquor License. Please fill out and submit the Alcohol Location Information Form which can be found on the website under subpermits. Fill this form out and submit this along with this application if you are serving/selling alcohol at the event.

YES NO

Does your event involve the **sale** of alcoholic beverages?

**If yes, Check all that apply:**

Spirituous Liquor  Beer  Wine

Does the alcohol provider presently hold a City license for on premises consumption?

**If yes, please ATTACH** a copy of the current City license and fill out the section below:

Are you having alcohol donated to your event?

Do you want exclusivity of alcohol sales? If yes, patrons will not be able to bring outside liquor to your event.

Have you applied for a license through APD Licenses & Permits/ Liquor Review Board?

Will you require a permit to cover delivery?  
(Note: A permit must be active on the date of delivery and most companies do not deliver on the weekends.)

**Name of State of Georgia Licensee:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** Street: \_\_\_\_\_ Suite \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Telephone/Fax:** Tel \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

**\* The State of Georgia requires an additional permit for alcohol usage/ sales. This must be obtained AFTER the City permit has been issued. For additional information, visit the State of Georgia website <http://www.etax.dor.ga.gov/alcohol/index.shtml>**

**Note: A copy of permit will be required before liquor is delivered**

List the exact location(s) of alcohol service (tents/tables) and times for alcohol service:

**Location(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Type(s):** \_\_\_\_\_

**Location(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Type(s):** \_\_\_\_\_

**Location(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Type(s):** \_\_\_\_\_

# SANITATION PLAN

YES NO

Will you be contracting sanitation services with an outside agency?

Will you be contracting recycling services with an outside agency?

\* Please note: All outdoor events must provide recycling containers at a ration of one per trash container.

Please **ATTACH** an agreement between your organization and the agency providing the sanitation/recycling services. This agreement letter must be submitted on the letterhead of the appropriate agency and must include:

- CONTACT INFORMATION: NAME AND NUMBER OF PERSON RESPONSIBLE DURING EVENT FOR SERVICES
- NUMBER OF TRASH AND RECYCLING RECEPTACLES PROVIDED BY THE AGENCY
- DATE TRASH & RECYCLING WILL BE REMOVED FROM EVENT LOCATION
- TYPES OF RECYCLABLES THAT WILL BE COLLECTED (ALUMINUM, #1 OR #2 PLASTIC, CARDBOARD)
- DESCRIPTION OF THE SIGNAGE USED TO IDENTIFY RECYCLING BINS AND PROMOTE RECYCLING
- FOR ALL FESTIVALS WITH FOOD VENDORS, PLEASE ADDRESS YOUR PLAN TO RECYCLE GOODS THEY GENERATE.
- FOR **CLASS A, B, AND C FESTIVALS IN A CITY PARK** WITH PUBLIC RESTROOMS, YOUR AGREEMENT MUST INCLUDE A SPECIFIC PLAN FOR CLEANING AND RE-STOCKING THE RESTROOMS EVERY TWO HOURS.

If no, please explain clean-up & recycling plan: (If you are using volunteers, please list the number of volunteers and scope of responsibilities, procurement of trash & recycling containers to include rental contract if applicable, and disposal plan/location

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

What types of recycling are you going to collect?

aluminum      #1 plastic      #2 plastic      cardboard      other\_\_\_\_\_

Where do you intend on recycling materials collected?

A. private residence for curbside pick-up

B. public drop-off center      Location: \_\_\_\_\_

DESCRIBE THE SIGNAGE USED TO IDENTIFY RECYCLING BINS AND PROMOTE RECYCLING

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

APPROVED

DISAPPROVED

\_\_\_\_\_  
Please Print- Dept. of Public Works, Solid Waste  
Services Designee

\_\_\_\_\_  
Signature/Date-Dept. of Public Works, Solid  
Services Designee

# SECURITY PLAN

**\*\*Please note that the Commander of Special Operations of the Atlanta Police Department must approve your plan prior to your permit being issued.**

Today's Date \_\_\_\_\_

Zone:

Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Security Plan Summary: (Attach Plan of Action or briefly describe security plan to include, but not limited to, crowd control, internal security and venue safety)

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

Number of POST-certified off-duty law enforcement personnel hired: \_\_\_\_\_

List agencies represented by Off-duty Officers: \_\_\_\_\_

List "lead Officer's" name and contact number: \_\_\_\_\_

**TRAFFIC:** Fixed: \_\_\_\_\_ Mobile: \_\_\_\_\_  
**CROWD CONTROL** Fixed: \_\_\_\_\_ Mobile: \_\_\_\_\_

Number of Barricades required: \_\_\_\_\_

The Applicant is responsible for providing barricades, cones, no parking, and warning/detour signs.

Are you hiring additional security from a private security company? :  **Yes**  **No**

**\*Note: this is not a substitute for Post-certified off-duty law enforcement personnel**

If yes, please list the Name and Contact Number of private security company: \_\_\_\_\_

THIS ABOVE PORTION IS TO BE COMPLETED BY THE ASSEMBLY ORGANIZER OR COORDINATOR ONLY. CITY ORDINANCE PROHIBITS ATLANTA POLICE OFFICERS FROM SIGNING THIS FORM AS SECURITY COORDINATORS.

Name of Assembly Organizer responsible for managing security plan: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**\*To be completed by the ATLANTA POLICE (SOS) DEPARTMENT ONLY\*\***

**APPROVED**  
 **DISAPPROVED**

**APPROVED**  
 **DISAPPROVED**

\_\_\_\_\_  
Commander, Special Operations Section  
Atlanta Police Department

\_\_\_\_\_  
Deputy Chief, Field Operations  
Atlanta Police Department

## ASSEMBLY/ TEMPORARY STREET CLOSURES

Does your event involve any street/ lane closures? **Yes No**

**\* If yes, you will need to complete a temporary street/ lane closure sub-permit application, which can be found in the appendix section of this application.**

Does your event involve sidewalk closures or limit pedestrian access to any of the sidewalk?

Does your event consist of or include a foot race, walkathon, parade, march, or rally?

**\*\*\*\* If yes, please complete the following information in order to receive an assembly permit. If you are requesting a street closure that is at a different time than your assembly or is not part of your assembly route, you need to fill out a temporary street/ lane closure sub-permit application in addition to the below information. This application can be found in the appendix section.**

Please check the appropriate Box:

- Rally/ March
- Bicycle Race
- Foot Race
- Caravan

- Walk-A-Thon
- Parade
- Demonstration
- Other \_\_\_\_\_

\*Please note: You must submit information on your assembly's restroom, sanitation, temporary structures, security, EMS, and water plan separately if they differ from the outdoor festival plan. Please attach route map and applicable plans related to the assembly to this application.

Assembly Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\*Responsible for event coordination and conduct of participants during the assembly

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location: \_\_\_\_\_

What time will participants start gathering for the event? \_\_\_\_\_

Assembly Start Time (s): \_\_\_\_\_ Assembly End Time: \_\_\_\_\_

List or attach a written route, beginning with the starting & termination locations including the direction of traffic flow that will be closed to vehicular traffic:

\_\_\_\_\_

Proposed route will occupy:  One Lane  Two Lanes  Half of Street  Full Street

List Approximate Numbers: Persons: \_\_\_\_\_ Animals: \_\_\_\_\_ Vehicles: \_\_\_\_\_ Other: \_\_\_\_\_

Assembly Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: It is the responsibility of the Applicant to ensure compliance with the provisions that are listed below; along with ALL City, State, and Federal Laws.**

- The applicant must notify ALL residents and or Businesses affected by this event.
- The applicant may be required to hire police officers to control traffic and ensure that peace and order is preserved.
- The applicant will assume any and all liabilities that may arise by such event.
- The applicant must provide an adequate supply of barricades, cones and warning signs to indicate that such an event is taking place.
- Emergency vehicles must have access, without delay.
- Please list any additional information that the Chief of Police may find reasonably for a fair determination to issue a permit.
- Per Georgia law, throw- aways are not permitted from floats or vehicles.

# EMERGENCY MEDICAL SERVICES PLAN

911 is an appropriate plan for MOST Class E events (1,999 persons<); All Class D and above (2k persons>) are required to have an emergency services plan. **Atlanta Fire-Rescue Dept. must approve your plan and may reduce or require additional services.** Please **ATTACH** an agreement letter, on providers letterhead, between your organization and the agency contracting EMS services. Include contact information (Name/Number), complete listing of contracted services, the manner in which they will be managed/deployed, complete listing of personnel state certification levels (MD, RN, EMT, Paramedic, NPQ), and **date(s)/hours of all medical aid areas.** **AFRD Sp. Events: 404.546.7042, Fax 404.546.8358**

Name of Festival: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Event Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Estimated Daily Attendance: \_\_\_\_\_ Estimated Daily Peak Attendance: \_\_\_\_\_

**Race, Parade, March associated with this Festival?** \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Starting Location: \_\_\_\_\_ Finish Location: \_\_\_\_\_

Estimated Participating # \_\_\_\_\_ Estimated Viewing #: \_\_\_\_\_ Route Length(s) \_\_\_\_\_

Will Alcohol Be Served? YES \_\_\_\_\_ NO \_\_\_\_\_ Times: \_\_\_\_\_ to \_\_\_\_\_

**On Site Contact Person** (Name, Cell Number) During the Festival/Event:

\_\_\_\_\_

**EMS Provider Info:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand my EMS Provider must have on identifiable uniforms: YES \_\_\_\_\_ NO \_\_\_\_\_

**INSERT APPLICABLE NUMBERS (NO X'S or CHECK MARKS)**

**EMS Vendor and AFRD Monitor must be provided an event radio. Show First Aid, Water, Restrooms, EMS Locations on site plan and route map if applicable.**

\_\_\_ AMBULANCE SERVICE (# of ALS Units)

\_\_\_\_\_  
**Please Print-Medical Director of Provider** \_\_\_\_\_ **Signature/Date-Medical Director**

\* Required for ALS Units and shall be gotten from EMS Provider prior to submission.

- |                                  |                       |                       |
|----------------------------------|-----------------------|-----------------------|
| ___ First Aid Stations           | ___ Bike Team(s)      |                       |
| ___ Medical Director             | ___ Foot Patrol(s)    |                       |
| ___ Registered Nurse             | ___ Sag Wagon(s)      |                       |
| ___ Licensed Practical Nurse     | ___ Firefighter/Medic |                       |
| ___ Emergency Medical Technician | _____                 | **Other (Please list) |
| ___ Paramedic                    |                       |                       |
| ___ Physicians Asst.             | (If Using 911)        |                       |

- \_\_\_ Portable Restrooms Must match Water and Restroom Plan Numbers \_\_\_ Portable ADA Restrooms
- \_\_\_ Public Water Sources \_\_\_ Fixed Restrooms \_\_\_ Fixed ADA Restrooms

**PLEASE NOTE: ATLANTA FIRE-RESCUE DEPARTMENT MUST APPROVE YOUR PLAN.**

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
Please Print- <b>EMS Chief of AFRD, Special Event Coordinator or Designee</b>	Signature/Date- <b>EMS Chief of AFRD Special Event Coordinator or Designee</b>

OUTDOOR FESTIVAL PERMIT APPLICATION

	<b>Class A</b> 50,000 and over	<b>Class B</b> 49,999- 20,000	<b>Class C</b> 19,999 - 10,000	<b>Class D</b> 9,999 - 2,000	<b>Class E</b> 1,999 - 1
<b>Ambulance(s) Advanced Life Support Unit (ALS)</b>	3	2	1		
<b>Bike Team(s)/ Foot Patrol(s) (suggested for route coverage)</b>					
	3	1	1		
<b>First Aid Station(s)</b>					
	2	1	1	1	

These numbers indicate the minimum number of EMS personnel and/or equipment required for the specified class of event and is subject to change pending review of your event application by the Chief of EMS of the Atlanta Fire-Rescue Department and/or Special Event Coordinator. City Ordinance Chapter 42-Outdoor Events, Section 142. For more information please contact 404.546.7042.

- 1. ALL MEDICAL LOCATIONS MUST BE SHOWN ON BOTH THE SITE PLAN AND ROUTE MAP**
- 2. Class A-C, Half/Full Marathons, Routes 6 miles or more must submit a medical plan that fully explains medical coverage, communication, placement**
- 3. If an ALS Unit is used you must get Medical Directors Signature from provider on EMS Plan prior to submission**
- 4. All First Aid Stations must have signage, must be one of the required water stations, and if open past dusk must have lighting**
- 5. All EMS personnel must wear readily identifiable uniforms including name badge and level of Georgia EMS licensure. (EMT-B, EMT-I, C/T, or EMT-P)**
- 6. Minimum staffing for all Bike Teams will be one (1) Emergency Medical Technician-Intermediate and one (1) Paramedic.**
- 7. Minimum staffing for all Foot Patrol Team(s) will be one (1) Emergency Medical Technician-Intermediate and one (1) Paramedic.**
- 8. Minimum staffing for all First Aid Station will be one (2) Emergency Medical Technician-Intermediate.**
- 9. All Class D and above will have an EMS Monitor assigned and will require a radio from organizer.**
- 10. All Class E events that are not hiring EMS services must write 911 on the EMS Plan. If hiring EMS in lieu of using 911, compliance of the above staffing credentials is necessary.**

## RESTROOM PLAN

**Name of Event/Festival:** \_\_\_\_\_ **Peak Number of Attendees:** \_\_\_\_\_

Events are required to provide restroom facilities that are both American Disability Act (ADA) accessible and non-accessible in the immediate area of the event site which will be available to the public. **The Atlanta Fire Rescue Dept. may determine if less or more may be necessary based on time of year, location, event type to ensure proper safety.**

- For each sewerd restroom (fixed, permanent) available onsite, subtract 1 from the portable number.
- If **alcoholic beverages** are sold/available, **add 25%** from the base number required.
- You need to have a minimum of 1 ADA per portable toilet cluster. Race routes #'s may be adjusted.
- **Your site plan must indicate the location(s) and number of all restroom facilities**
- **Parades** must have restrooms at **both** marshalling and disband area based on participant #'s.
- **For more information please contact AFRD Sp. Events: 404.546.7042.**

YES NO

I acknowledge I must provide portable or sewerd restrooms facilities at your event?

**Restroom Details:** Total number of portable restrooms \_\_\_\_\_

Total number of ADA portable restrooms \_\_\_\_\_

Total number of fixed sewerd toilets available onsite \_\_\_\_\_ Fixed ADA \_\_\_\_\_

**Written permission on the facilities letterhead if using fixed toilets shall be provided/included listing number of both standard and ADA compliant stalls. Please detail the location of fixed toilets in relation to event location and how event participants will be informed of fixed restroom locations. Some locations may require signage.**

**Portable Restroom Vendor:** \_\_\_\_\_

Vendor Contact #: Day ( ) \_\_\_\_\_ Emergency#/Cell# ( ) \_\_\_\_\_

Equipment Setup Date \_\_\_\_\_ Time: \_\_\_\_\_ Equipment Pickup Date \_\_\_\_\_ Time \_\_\_\_\_

Please **ATTACH** an agreement between your organization and the vendor providing the portable restrooms.

- Agreement letter (**NO Proposals/Quotes**) must be submitted on the letterhead from vendor and must include the number of portable restrooms/ADA toilets ordered, drop off/pick up information.
- Please note that for events held in parks, portable restrooms must be on a paved, level surface (never placed on turf) and zip-tied or locked for over-night stays.
- All portable restrooms must be removed within 48 hours of event close, unless another agreement with EMS has been established. Failure to remove them by an agreed upon date may result in significant penalties.

Attendance Number	Standard Restrooms	Standard Restrooms Alcohol Sold/Available	ADA Restroom(s)
249 or Less		1	1
250-499	2	3	1
500-999	3	4	1
1,000-1,999	4	5	1
2,000-2,999	5	7	1
3,000-3,999	7	8	1
4,000-4,999	10	13	2
5,000-5,999	12	15	2
6,000-6,999	14	19	2
7,000-7,999	17	21	2
8,000-9,999	20	25	3
10,000-11,999	25	32	3
12,000-14,999	28	35	3
15,000-16,999	30	38	4
17,000-19,999	35	44	4
20,000-24,999	38	48	4
25,000-29,999	42	53	5
30,000-39,999	44	55	5
40,000-49,999	48	60	5
50,000-74,999	50	63	6
75,000-99,999	75	94	8
100,000-Above	100-TBD	125-TBD	11-TBD



OUTDOOR FESTIVAL PERMIT APPLICATION

WATER PLAN

Name of Event/Festival: \_\_\_\_\_ Peak Number of Attendees: \_\_\_\_\_

Number of Water Stations: \_\_\_\_\_ Capacity (i.e. # of ounces, # of gallons) \_\_\_\_\_

**Drinking Water Supply (DWS):** Free drinking water should be made available and accessible for both the general public attending as well as participants of the special event. This supply of free potable water should be conveniently located with identifying signage that says "Water Station" with the exception of along the route. For quantity calculations assume at a minimum 1/2 gallon of water per person per day. For more information please contact AFRD Sp. Events: 404. 546.7042.

Source of water (bottles, fountains, no less than multiple 5 gallon coolers): \_\_\_\_\_  
**Coolers** should be a minimum of 5 gallons each, have a secured lid, and in warmer months include ice. A dedicated staff person should be assigned for servicing each station a minimum of every hour replenishing throughout the event. No less than 5oz cups must be provided and maintained. An adequately sized solid waste receptacle must be provided to receive all spent drinking cups. Fixed fountains count as station if reasonably located within event activity area. Directional signage may be needed.

Location of water sources: \_\_\_\_\_  
**Parades/Marches** must have water at both marshalling area and disband. Depending upon time of year and participant numbers may be required at review stand as well. Please make sure your **Site Plan** shows all water stations locations to include along the route. Half/Full Marathons must provide locations in writing as well. Location(s) should be accessible to main crowd area(s). **First Aid stations** must have water and will serve as a required water station. If your event is hiring an **ALS Unit**, it should be equipped with water.

DRINKING WATER STATION UNIT REQUIREMENTS  
FESTIVAL AREA

The following matrix determines the minimum number of water stations for this event type.  
**The Atlanta Fire-Rescue Department may determine that less or more stations may be necessary based upon time of year, location and /or event type to ensure proper safety of the event.**

Peak Attendance Numbers Parades/Marches based on Participant #'s	Drinking Water Stations (no less than 10 gallons per station; each cooler/water set up counts as station)
1-2,999	2
3,000-7,999	4
8,000-12,999	6
12,000-16,999	10
17,000-27,999	12
28,000-50,999	20
51,000-99,999	24
100,000+	30+

WATER STATION UNIT REQUIREMENTS  
RUN/WALK ROUTE

**5K thru 10k:** Below 5k should have a minimum of 1 station in start/finish area  
**Minimum Locations of Water Stations:** Start, Finish and Half-Way Point

**ABOVE 10K THRU FULL MARATHONS:** BASED ON MODERATE HEAT INDEX AND HUMIDITY FACTORS  
**Minimum Locations of Water Stations:** Start, Finish and Every two miles unless deemed otherwise

# ATLANTA FIRE RESCUE-FIRE SAFETY PLAN

Office (404) 546.7000-ask for the Inspections Dept.

Name of Assembly: \_\_\_\_\_

Date & Times of Assembly: \_\_\_\_\_

1. What is your estimated attendance at this event: \_\_\_\_\_
2. Do you intend to erect a fence around the event? Yes  No   
If yes, you will be required to get an occupancy limit from Atlanta Fire Rescue.
3. Will any tents be erected at this event? Yes  No   
If yes, how many and what size: \_\_\_\_\_
4. Will there be any streets/lanes closing for this event? Yes  No
5. Will any alcohol be served at this event? Yes  No
6. Will there be any fireworks/pyrotechnics displayed in conjunction with this event? Yes  No
7. Will there be any cooking at the event? Yes  No   
If yes, what will be the fuel source \_\_\_\_\_
8. Will there be any LP-Gas, charcoal, flammable or combustible liquids used at this event? Yes  No   
If yes, give the name, intended use and how much will be stored on the site: \_\_\_\_\_

**\*\*Be advised that large quantities of fuel stored on site require a fuel tank permit. The application can be found in the sub-permits section of the website.**

9. Will there be any candles or fire pits used at your event? Yes  No

**BEFORE A PERMIT CAN BE ISSUED THE SITE PLAN SHALL BE SUBMITTED TO THE FIRE MARSHAL'S OFFICE FOR APPROVAL. \*NOTE: ANY DEVIATION OF THE APPROVED SITE PLAN MUST BE RESUBMITTED TO THE FIRE MARSHAL'S OFFICE FOR RE-APPROVAL.**

**\*\*PURSUANT TO 78-57 CITY OF ATLANTA FIRE PREVENTION CODE, ALL OUTDOOR EVENTS ARE SUBJECT TO REVIEW AND APPROVAL AS REQUIRED BY THE ATLANTA FIRE RESCUE DEPARTMENT – FIRE MARSHAL'S OFFICE.**

**\*\* To be completed by Atlanta Fire Rescue Department Only\*\***

- Has applicant obtained all required permits? Yes  No
- Event Site Review completed? Yes  No
- Number of fire inspectors required for this event? \_\_\_\_\_

**APPROVED**                       **DISAPPROVED**                      **Date:** \_\_\_\_\_

\_\_\_\_\_  
Print, Chief, Atlanta Fire Rescue-Inspections or Designee

\_\_\_\_\_  
Signature, Chief, Atlanta Fire Rescue-Inspections or Designee

# FIRE RESCUE-FIRE SAFETY PLAN

YES NO

Will your event include the use of any signs, banners, decorations, or special lighting?

- **If yes**, please describe size of banners, number of banners, how and where they will be secured and when they will be installed and removed (attach additional sheets if necessary)

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

- **If yes**, you can receive a banner Sub-Permit either along with the issuance of the Outdoor Event Permit or at the time of set-up of the Outdoor Event. **Note:** Banners must be flame resistant and made of materials that meet the National Fire Protection Association 701 standards.

**\* Note: Fastening or attaching any rope, sign, banner, flyer or other object to any tree or shrub is strictly prohibited.**

**Please check one:**

With Outdoor Event Permit

- Attach Certificate of Flammability from the Banner's fabric manufacturer stating that the material meets the standards.
- Or, Banner material can be attached to application for testing by the Atlanta Fire Rescue Department.
- Applicant can take a sample of the Banner material to the Fire Rescue Department for testing **BEFORE submission of outdoor event permit.** Please attach AFR approval letter to this application.
- AFRD is located at 226 Peachtree Street, SW, Atlanta, GA 30303. For more information, contact 404-546-7169.

At time of set-up of event

Set-up Contact Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Note: At any Outdoor Event, the Fire Rescue Department shall have the authority to require that a Banner be taken down upon a finding that the Banner does not meet the National Fire Protection Association 701 standards.**

YES NO

Will your event include the use of any decorations or special lighting that could be a fire hazard?

If yes, please describe: \_\_\_\_\_

YES NO

\_\_\_\_\_ Are you hiring off-duty fire safety personnel?

If yes, please list how many are National Fire Protections Association Certified Fire Inspectors 1 and have jurisdictional authority in the City of Atlanta. \_\_\_\_\_

YES NO

Will any banners be attached to light poles or any other object in any City Street, sidewalk or right-of-way? (If yes, please contact the Department of Public Works at 404-330-6240.)

### AMUSEMENTS

YES NO

Are there amusements (moon walks, dunk tanks, etc) associated with your event?

If yes, what type(s) of amusements will be used? \_\_\_\_\_

Amusement Provider: \_\_\_\_\_

Address: Street \_\_\_\_\_ Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

\* NOTE: The City of Atlanta does not govern the safety of amusements. Organizers assume all risk.

### ELECTRICAL NEEDS

YES NO

Will a generator(s) be used? If yes, what type of fuel and what size generators will be used? \_\_\_\_\_

If an electric generator is used, are you installing a grounding rod?

\* Grounding rods must be removed from all public property at the end of the permitted event.

Will additional electrical wiring or temporary power poles need to be installed?

Describe specific electrical needs:  
\_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Telephone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_

Please **ATTACH** an agreement from the agency providing the electrical service. This letter **must be submitted on the letterhead of the agency and must** include the license number of the electrician contracted for service.

Note: Electricity Sub-Permits are required for the use of all generators, gas or electric. Electrical sub-permits must be received directly from the bureau of Buildings Electrical Division. Fees associated with this permit must be submitted in person for payment by the permit applicant to the Department of Finance pay window located on the 1<sup>st</sup> floor at 55 Trinity AVE SW. Generators 5,000 watts or larger can only be permitted by a licensed electrician. The application can be found at: <http://www.atlantaga.gov/modules/showdocument.aspx?documentid=2531>

### TEMPORARY STRUCTURES/BUILDING PERMIT

Are you using any platforms?   No  
If yes, please complete the following: \_\_\_\_\_ # of platforms Sizes: \_\_\_\_\_

Are you building any stages?   No  
If yes, please complete the following: \_\_\_\_\_ # of stages Sizes: \_\_\_\_\_

**\*\*If you are using bleachers and / or building a stage, platform 10'x20' or larger than 200 square feet then you must receive a temporary structures permit from the Office of Buildings. The application is separate and can be found at:** <http://www.atlantaga.gov/modules/showdocument.aspx?documentid=2530>

**Mobile Stages (provided they have current motor vehicle registration) do not need permits, just submit a contract for the stage or an over-view of the specs for the mobile stage. Permitting needs for platforms, stages, trusses, bleachers, etc will be determined upon review of structural plans which must be signed and sealed by a State of Georgia registered architect or engineer. Structural plans must include stair and handrail details.** Fees associated with this permit must be submitted in person for payment by the permit applicant to the Department of Finance pay window located on the 1<sup>st</sup> floor at 55 Trinity Ave. SW

# TRANSPORTATION PLAN

**\*\*Please note that the following information must be submitted to the Department of Public Works, Office of Transportation prior to your permit being issued. For additional information contact 404-330-6501.**

Today's Date \_\_\_\_\_

Name of Assembly Organizer responsible for managing security plan: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Event Location/Route:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide site plans (**please note NO VEHICLES to ride over, park, and/or stage on the SIDEWALK!!!**)  
Site Plan Provided Yes \_\_\_\_\_ No \_\_\_\_\_ Sidewalk clear of vehicles Yes \_\_\_\_\_ No \_\_\_\_\_

Traffic control plans for lanes / detour routes for full street closures: (Attach Plans and briefly describe traffic plan)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parking meters blocked or used: # of meters \_\_\_\_\_ # of days \_\_\_\_\_

Describe reason for use/blockage: \_\_\_\_\_  
\_\_\_\_\_

**Must include notification of businesses and residents (Notification must be done within a three block radius at least (from where blockage may occur in the sidewalk or street, if additional notification is needed the Office of Transportation will let you know)**

1. Copy of Notification(s) sent.
2. Addresses and date notified.

SIGNATURE \_\_\_\_\_

**\*\*To be completed by the Office of Transportation\*\***

**APPROVED**  
 **DISAPPROVED**

\_\_\_\_\_  
 Traffic Engineer / Manager  
 Office of Transportation

## TRANSPORTATION PLAN

### Department of Public Works, Office of Transportation Information

Please provide site plan so that the elements in your setup can be identified, especially those near or in the street.

Please notify businesses and residents within a 3 block radius of the start and end of the work in the sidewalk and/or street. We need a copy of the letter of notification for businesses and residents in the area. A letter from you stating the addresses and date delivered.

Please note that at no time vehicles can be placed, park, ride over or be staged on the sidewalk.

Dumpsters can not be placed on the sidewalk.

If you are blocking parking meters or parking spaces on the street that have a device to pay for parking and you will be blocking these spaces for more than one day, then you must pay for the spaces that you are blocking. These charges are additional fees that are to be paid to the Office of Transportation. Please note that all permits complete by the Office of Transportation has a fixed fee associated with the permit of \$35 for each permit. Permits are completed per block per street.

Per City Code 142-89, The fee shall be \$5.00 per each calendar day, subsequent to the first day, per parking meter space that cannot be utilized by the public, as calculated by the department of public works, office of transportation. Said parking meter reimbursement fee must be paid by the permit applicant prior to her/his receiving the permit.

Please provide traffic control plans.

#### Emergency No Parking Signs:

- **Applicants are required to post the "Emergency No Parking" signs at least 24 hours before the appointed "no parking" hours begin.**
- White signs with Orange writing (Standard sign below)
- Dimensions are 18" x 24"
- Dates must be listed boldly and clearly on the signs



**Any other signs are not approved.**

**TRANSPORTATION PLAN**

**EXAMPLE OF NOTIFICATION LETTER**

Name of Event  
Address of Event / Organizer  
Date Delivered

Notification for Special Event

**28<sup>th</sup> Street**

20  
21  
24  
25  
27  
28  
31  
32  
34  
36  
38  
40  
41  
42  
43  
47  
48  
51  
52  
62  
63

**Peachtree Street**

1836  
1860  
1974  
1900

**Collier Rd**

2  
5  
8  
18

**Ardmore Park Neighborhood Association**

General distribution via email to:  
Person / email address her

**Wycliff**

1378  
1870  
1872  
1874  
1876  
1883  
1885  
1887  
1888  
1891  
1892  
1893  
1896  
1898

---

**Signature**

---

**Print Name**

---

**Date**

## SITE PLAN/ROUTE MAP

Please **ATTACH** your event site plan/route map. Park Maps can be requested from the Office of Parks, Recreations and Cultural Affairs at (404) 817-6740. Maps must include but not be limited to:

- (Check once prepared)
- An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind (i.e. parade, race, etc) indicate the route including the direction of travel and all street or lane closures.
- The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- The location and dimensions of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, booths, amusements, dumpsters, and other temporary structures. The location of portable toilets, cooking areas, trash containers, generators, fuel tanks, banners, drinking water fountains or free water stations in park, waste grease containers and gray water containers.
- The location of first aid facilities and ambulances.
- Placement of vehicles and/or trailers.
- Space allotted for parking.
- Identification of all event components that meet accessibility standards.
- Other related event components not listed above.
- A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills.
- Generators locations and/or source of electricity.
- Exit location for OUTDOOR events that are fenced and/or locations within tents and tent structures.

**\* All A, B and C Festivals must submit a map that is to scale (i.e one inch= 10 feet)**



AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Atlanta Code of Ordinance, and I understand that this application is made subject to the rules and regulation established by the City Council and/or the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, Federal Government and any other applicable entity, which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes. I further agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Atlanta.

(Please print)

Host/Producing Organizer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Host Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Event Organizer: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Agency Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date received by office:



For office use only

**NOTE: THE APPENDIX SECTION FOLLOWS PLEASE PRINT AND SUBMIT THESE PAGES ONLY IF THEY ARE NEEDED.**

OUTDOOR FESTIVAL PERMIT APPLICATION



**CITY OF ATLANTA**

**FIRE DEPARTMENT**

226 Peachtree Street  
 Atlanta, GA 30303  
 (404) 546-7000

ICHIEFS ID – ATLFDHQ

**APPLICATION FOR PERMIT TO ERECT A TENT FOR PUBLIC USE**

EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_ THROUGH \_\_\_\_\_

EVENT LOCATION \_\_\_\_\_

TOTAL NUMBER OF TENTS: \_\_\_\_\_ NUMBER OF TENT BY SIZE: 10x10 \_\_\_\_\_

10x20 \_\_\_\_\_ 15x15 \_\_\_\_\_ 20x20 \_\_\_\_\_ 30x30 \_\_\_\_\_ Other: Size(s) \_\_\_\_\_ # per Size \_\_\_\_\_

The tent/or air-supported structure shall be so located from any property line or permanent structure so as to be readily accessible by fire equipment.

An unobstructed passageway or fire road not less than 12 ft. wide and free from guy ropes or other obstructions shall be maintained on all sides of all tents or air-supported structures unless otherwise approved by the Fire Official.

Tents or air-supported structures and their appurtenances shall be adequately roped, braced, and anchored to withstand the elements of weather against collapsing.

Tents or air-supported structures shall be suitably treated to render them flameproof (Certificate required).

No shavings, sawdust or other similar combustibles shall be used on the floor.

THERE SHALL BE NO FLAMMABLE LIQUIDS ON THE PREMISES WITHOUT PRIOR APPROVAL FROM ATLANTA FIRE RESCUE

THE RULE AGAINST SMOKING SHALL BE RIGIDLY ENFORCED.

ALL WIRING SHALL BE DONE BY A LICENSED ELECTRICIAN.

EXIT FACILITIES SHALL COMPLY WITH THE FOLLOWING:

CAPACITY	MINIMUM WIDTH EACH EXIT(ft)		
	MINIMUM NUMBER OF EXITS	TENT	AIR-SUPPORTED STRUCTURES
UP TO 199	2	6	3
200 TO 499	3	6	6
500 TO 999	4	8	6
1000 TO 1999	5	10	8
2000 TO 2999	6	10	8
OVER 3000	7	10	8

# OUTDOOR FESTIVAL PERMIT APPLICATION

PAGE TWO  
TENT PERMIT

Exits shall be clearly marked.  
Exits Shall Be Illuminated At All Times.  
Exit Signs Shall Be Posted Clearly Indicating The Direction Of Travel.

2. One 2-A Type Extinguisher Shall Be Provided In Every Tent or Air- Supported Structure. One additional -A Type Extinguisher Shall Be Provided For Each Additional 3000 sq.ft. Maximum floor area per unit of A shall be 3,000 sq.ft. Maximum travel distance to Extinguisher shall be 75 feet.

3. A clearance of 3 feet shall be maintained around fire hydrants.

Applicant(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Property Owner(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Tent Rental Co. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

APPLICATION APPROVED: \_\_\_\_\_ APPLICATION DISAPPROVED: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE \_\_\_\_\_  
ATLANTA FIRE RESCUE  
FIRE SAFETY DIVISION

**PLEASE CALL (404) 546-7169 FOR FINAL INSPECTION WHEN THE TENT IS ERECTED.**

INSTALLATION APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
BY: \_\_\_\_\_  
NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
ATLANTA FIRE RESCUE, FIRE SAFETY DIVISION

**TENT PERMIT FEE \$** \_\_\_\_\_ **PAID:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_  
Make Check or Money Order Payable to the City of Atlanta

Per location; (Includes site inspection)		
<b>200 up to 400 sq. ft =</b>		<b>\$50.00</b>
<b>401 - 1,500 sq. ft =</b>		<b>\$100.00</b>
<b>1,501 - 3,000 sq. ft =</b>		<b>\$150.00</b>
<b>3,001 - 6,000 sq. ft =</b>		<b>\$200.00</b>
<b>6,001 - 9,000 sq. ft =</b>		<b>\$250.00</b>
<b>More than 9,001 sq. ft =</b>		<b>\$300.00</b>
<b>INSPECTION IS BASE ON THE TOTAL AGGREGATE AREAS.</b>		



OUTDOOR FESTIVAL PERMIT APPLICATION

ATLANTA POLICE DEPARTMENT
Application for Temporary Street or Lane Closing

Note: Effective June 23, 2009, Atlanta City Code of Ordinances [Chapter 142-85(a)] requires a \$50.00 application fee on Street Closure or Sidewalk Closure Permits that are not associated with an Outdoor Festival, Large Gathering or Assembly as defined by City code. A certified check or money order payable to the City of Atlanta must be submitted to the Special Operations Precinct, 180 Southside Industrial Parkway, SE, Atlanta, Georgia 30354 before such permit will be issued.

Name: Telephone #:
Address: Street Apt.
City State Zip
Organization Name: Telephone #:

Event Information
Date(s) of street closing: Time(s) of closing:
Specific Purpose:
Accurately list the street / lane to be closed:
between and
Alternate street which can be used while event is taking place:
Have all residents and / or businesses on the requested street been notified? Yes No

Note: It is the responsibility of the applicant to ensure compliance with the provisions that are listed below, along with all City, state and federal laws.
[a] The participants will abide by and obey all laws, rules and regulations.
[b] The applicant must notify all residents and or businesses affected by this closure.
[c] The applicant must hire Peace Officer(s) certified by the Georgia P.O.S.T. Council and who have jurisdiction in the City of Atlanta to control traffic and ensure that peace and order is preserved.
[d] The applicant will assume any and all liabilities that may arise by such closures.
[e] The applicant must provide an adequate supply of barricades, cones, and warning signs to indicate that such street or lane is temporarily closed.
[f] Your application must be received by the Atlanta Police Department at least ten days prior to the date of the request closure.
[g] Emergency vehicles must have access, without delay!
Applicant's Signature: Date:

THIS SPACE IS FOR OFFICIAL USE

Can the alternate street handle the additional volume of traffic? Yes No
Zone(s) the closure takes place in: Z1 Z2 Z3 Z4 Z5 Z6
Application Number to be policed by: on duty off duty officers
Reason: Recommended Not Recommended

Approved Disapproved
Comments:
SOS Commander's Signature: Date:
Form APD 654 8/1/08