



Tift County

APPLICATION FOR SPECIAL EVENT PERMIT

NO ALCOHOL ALLOWED ON TCRD PROPERTY

Complete the following application and return to the Tift County Clerk's Office, 225 Tift Avenue, Tifton, GA 31793, no less than sixty (60) days prior to the event. **All events with over 200 in attendance and/or over 4 hours in length require security and proof of insurance. Please refer to Exhibit A regarding events where alcohol is dispensed and/or consumed.** For more information, call Glynda Hemby at 229-386-7856.

Name of Event: _____ Actual Date(s) of Event: _____

Type of Event: Parade ___ Run/Walk ___ Concert ___ Trade Show ___ Festival ___ Other Assembly ___

Assembly Time for Event Participants: _____ A.M. or P.M. _____ A.M. or P.M.

Actual Start Time of the Event: _____ A.M. or P.M.

Actual End Time of the Event: _____ A.M. or P.M.

Location of Event: _____

*** A Map of the area must be attached to this application (minimum size 8 1/2 x 11) with area/s designated

Person Making Application:

Name: _____ Res. Phone: _____

Residence Address: _____ Bus. Phone: _____

Business Address: _____ Fax #: _____

Occupation: _____ E-Mail: _____

Producer or Person in Charge of Event:

Name: _____ Res. Phone: _____

Residence Address: _____ Bus. Phone: _____

Business Address: _____ Fax #: _____

Occupation: _____ E-Mail: _____

Name of Organization: _____ Non-Profit? ___ Yes ___ No

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

Is this event political in nature? ___ Yes ___ No (If yes, please attach documentation of political status.)

Alcoholic Beverages:

Is the dispensing and/or consumption of alcoholic beverages requested? ___ Yes ___ No
(If yes please refer to Exhibit A attached)

Name of License Holder: _____ Res. Phone: _____

Residence Address: _____ Bus. Phone: _____

Business Address: _____ Fax #: _____

Occupation: _____ E-Mail: _____

What street closures are needed? ANY STATE ROUTES REQUIRE GDOT APPROVAL (Please attach a drawing or map of area.)

State the Purpose or Objective of the Proposed Event: _____

Estimated Number of Pedestrians: _____ Estimated Number of Spectators: _____
 Estimated Number of Vehicles: _____ Estimated Number of Floats: _____
 Estimated Number of Animals: _____ (Other, Please Specify) _____

Any Additional Information That Should Be Considered: _____

I have carefully read the foregoing application and swear that every statement made therein is true and correct to the best of my knowledge and belief. I further agree that no alcohol is allowed and that the event will disperse no later than 10:00 p.m. ***(Signature is required before approval will be granted.)***

Signature of Person Making Application _____ Date _____

ALL SIGNATURES REQUIRED FOR APPROVAL

_____	<input type="checkbox"/> Approved as Submitted	_____
Craig Sowell, CPRP, Recreation Director	<input type="checkbox"/> Approved with Stipulations	Date
	<input type="checkbox"/> Denied	
_____	<input type="checkbox"/> Approved as Submitted	_____
Gary Vowell, Sheriff	<input type="checkbox"/> Approved with Stipulations	Date
	<input type="checkbox"/> Denied	
_____	<input type="checkbox"/> Approved as Submitted	_____
Richard Burr, Roads and Public Works Director	<input type="checkbox"/> Approved with Stipulations	Date
	<input type="checkbox"/> Denied	
_____	<input type="checkbox"/> Approved as Submitted	_____
Craig Grace, EMS Director	<input type="checkbox"/> Approved with Stipulations	Date
	<input type="checkbox"/> Denied	
_____	<input type="checkbox"/> Approved as Submitted	_____
Code Enforcement Director	<input type="checkbox"/> Approved with Stipulations	Date
	<input type="checkbox"/> Denied	
_____	<input type="checkbox"/> Approved as Submitted	_____
Mike Flippo, Fire Chief Director	<input type="checkbox"/> Approved with Stipulations	Date
	<input type="checkbox"/> Denied	
_____	<input type="checkbox"/> Approved as Submitted	_____
Bill Park, P.E., County Manager	<input type="checkbox"/> Approved with Stipulations	Date
	<input type="checkbox"/> Denied	

Stipulation Request Form

Stipulation request from: Craig Sowell, CPRP, Recreation Director

Stipulation request from: Gary Vowell, Sheriff

Stipulation request from: Richard Burr, Roads and Public Works Director

Stipulation request from: Craig Grace, EMS Director

Stipulation request from: Code Enforcement Director

Stipulation request from: Mike Flippo, Fire Chief Director

Stipulation request from: Jim Carter, County Manager

Fees

	Paid	Waived	N/A	Date	Refund Date
Application Fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alcoholic Beverage Fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Litter Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____