

## ASSEMBLY APPLICATION

# PERMIT APPLICATION INSTRUCTIONS

Atlanta is host to many public and private events on an annual basis. As you start the planning process for your event it is important to recognize the impact that your event has on city services and your surrounding communities.

This application is intended to help you better understand the Assembly Event permitting process and to provide tips that will facilitate your event planning process.

The Mayor's Office of Special Events (OSE) 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 based on the date the application is received. We do not hold dates without an application. 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.

### PERMIT PROCESS

In order to process your Assembly Event Permit Application form, a completed permit application and the application fee **must** be received by the City of Atlanta Mayor's Office of Special Events **no later than thirty (30) days prior to the actual date of your event.** Count backwards from the event date with the day before your event counting as day number one.

*Please be aware that failure to submit your application in a timely manner will result in an immediate denial of your permit application.*

### SUBMITTING YOUR ASSEMBLY EVENT PERMIT APPLICATION

After you have carefully developed your assembly event plan, submit it you're your proposed event description to the City of Atlanta in the form of 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 Assembly Event Permit Application to the City of Atlanta, you will be contacted via email with a list of any additional items needed to complete the application. ***Be aware that incomplete applications will delay both the processing and issuance time for your permit.***

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!!!!!**

# ASSEMBLY APPLICATION

## 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)**
- \$50.00-Assemblies under 10,000 persons**
- \$100.00-Assemblies over 10,000 persons**

### **Requirements:**

- Temporary structures, sub-permit applications (if using a stage)
- Fire Tent permit application (if using tents larger than 10X10 or 10X10's closer than 12ft. apart)
- Original agreement letter from the agency performing sanitation and recycling services
- Original agreement letter from the agency providing the portable toilets or agency giving permission to used sewerer toilets
- Explanation of your marketing general target area
- Event site plan and written turn by turn route
- Original agreement letter from the agency providing the electrical services
- Original agreement letter from the agency providing the emergency medical services
- Written notification letter to businesses, residences, council districts and NPU(S).
- A copy of your IRS 501 (c) tax exemption letter providing proof of your current tax exempt, nonprofit status.
- List of merchandise/food vendors
- Copy of your application with County Health Services if selling food
- Flame Resistant Certificate for banners

***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.***

***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**

# ASSEMBLY APPLICATION

## GENERAL INFORMATION

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

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

Applicant Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_ Applicant E-Mail: \_\_\_\_\_

**Please Check the Appropriate Box:**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Rally        | <input type="checkbox"/> Walk- a- Thon |
| <input type="checkbox"/> Bicycle Race | <input type="checkbox"/> Parade        |
| <input type="checkbox"/> Foot Race    | <input type="checkbox"/> March         |
| <input type="checkbox"/> Motorcade    | <input type="checkbox"/> Other _____   |

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

Organization Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Organization Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**\*Organization Contact is responsible for the conduct of the participants during the assembly.**

Name of Event: \_\_\_\_\_

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

Set-Up Start Time: \_\_\_\_\_ Set-Up End Time: \_\_\_\_\_

Breakdown Start Time: \_\_\_\_\_ Breakdown End Time: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

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

**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.**

Rain Date: \_\_\_\_\_ (Please write N/A if this is not applicable)

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

Route Length \_\_\_\_\_ (i.e. 10K, 5K, Marathon, Half- Marathon, etc.)

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

Proposed route will have:  Rolling Closure (street will open up to traffic after participants pass)  
 Hard Closures (event elements will be placed in the street for duration of the event)

List the Exact Turn by Turn Route, Beginning with the Starting & Termination Locations:  
**(do not just include a map-Attach additional sheets if necessary)**

# ASSEMBLY APPLICATION

## 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 ( ) \_\_\_\_\_

## EVENT DETAILS

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is this a first time event?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this event open to the public?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want this event publicized on the City of Atlanta website?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are patrons' admission, entry or participant fees required?<br>If yes, please provide amounts and cut-off date (if applicable): _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a vendor, sponsor or other fee required?<br>If yes please provide amounts and cut-off date (if applicable) : _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will any streets or lanes need to be closed outside of the proposed route for the set-up or break-down of your event?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will any streets or lanes need to be closed for more than one day in conjunction with any portion including set-up or break down of your event?<br><b>If yes, fill out a temporary street/ lane closure permit application (appendix section)</b> |

## IMPACT MITIGATION

Which NPU(s) will be affected by this event? NPU \_\_\_\_\_ For information contact the NPU Coordinator at 404.330.6145  
What Council District(s) is this event being held in? \_\_\_\_\_ For information contact 404.330.6030  
Who is the Council member(s): \_\_\_\_\_

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you presented your event concept to the City Council member that represents the venue area? If yes, please <b>ATTACH</b> a copy of the letter. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you informed the immediate residents/businesses about parking and traffic issues that may arise from your event?                               |

**The City asks that you send written notification about your event to the businesses, residences, council districts and NPU chair as a courtesy no less than 14 days prior to your event. Please include the route and all street closures in your correspondence. Please submit proof of notification with your application. You can also ask that they confirm that they have received the notification. For more information about notification, see the frequently asked questions section of the special events website.**

## PARKING/TRAFFIC MITIGATION

Please list parking options for patrons and event staff. Include approximate number of spaces available: \_\_\_\_\_

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Will you encourage patrons to take public transportation? If yes, how will you inform them: _____ |

# ASSEMBLY APPLICATION

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: \_\_\_\_\_

## ENTERTAINMENT AND RELATED ACTIVITIES

**YES**   **NO**  
    Is there entertainment associated with your event? **If no, go to the next page**  
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.**

   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.

## MERCHANTS AND NON-FOOD VENDORS

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

## SPONSORS

**Please list your sponsors for this event (if applicable):**

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

# ASSEMBLY APPLICATION

## SANITATION AND RECYCLING 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

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

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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

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APPROVED

DISAPPROVED

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

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

# ASSEMBLY APPLICATION

## FOOD CONCESSIONS/PREPARATION

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 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.**

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

Will there be any fuel stored overnight?

**\*Note: Grease and Charcoal must be disposed of in predetermined locations.**

**\*Note: Please identify all cooking tent locations on your site map.**

## 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?

Are you having alcohol donated to your event?

**If you answered yes to any of the above questions, please contact the Atlanta Police Department at 404-546-4470 to obtain a one day special event alcohol license from them. Please submit no later than 30 days prior to the last Tuesday before your event. Please check on the State of Georgia website <http://www.etax.dor.ga.gov/alcohol/index.shtml> regarding additional state license requirements for all events with alcohol. Allow 14 days for state permits.**

YES NO

Does your event involve the use of alcoholic beverages?

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**

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

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

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

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

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

**What type of alcohol will be served at the event?**  Spirituous Liquor  Beer  Wine

**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):** \_\_\_\_\_

# ASSEMBLY APPLICATION

## 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)

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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 APPLICATION

EMERGENCY MEDICAL SERVICES PLAN

911 is an appropriate plan for MOST Class E events (1,999 persons or <); All Class D and above (2k persons or >) are required to have an emergency services plan. Atlanta Fire-Rescue must approve your plan and may reduce or require additional services. Please contact AFRD Sp. Events for more information: 404.546.7042, Fax 404.546.8358

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

Event Type (Race, Walk, March, Rally, Other-please list) \_\_\_\_\_

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

Starting Address of Assembly/Location: \_\_\_\_\_

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

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

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

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:

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

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/AFRD Monitor must be provided event radio. Show First Aid, Water, Restrooms, EMS Locations on site plan and route map.

\_\_\_ 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.

- \_\_\_ Medical Director
- \_\_\_ Registered Nurse
- \_\_\_ Licensed Practical Nurse
- \_\_\_ Emergency Medical Technician
- \_\_\_ Paramedic
- \_\_\_ Physicians Asst.

- \_\_\_ First Aid Stations
- \_\_\_ Bike Team(s)
- \_\_\_ Foot Patrol(s)
- \_\_\_ Sag Wagon(s)
- \_\_\_ Firefighter/Medic
- \_\_\_\_\_  
\*\*Other (Please list)

(If Using 911)

Must match Water and Restroom Plan Numbers

\_\_\_ Portable Restrooms      \_\_\_ Portable ADA Restrooms

\_\_\_ Public Water Sources      \_\_\_ Fixed Restrooms      \_\_\_ Fixed ADA Restrooms

APPROVED

DISAPPROVED

\_\_\_\_\_  
Please Print- EMS Chief of AFRD,  
Special Event Coordinator or Designee

\_\_\_\_\_  
Signature/Date- EMS Chief of AFRD  
Special Event Coordinator or Designee

## ASSEMBLY APPLICATION

### MEDICAL SERVICES INFORMATION SHEET PLEASE READ COMPLETELY-----DO NOT SUBMIT WITH APPLICATION

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

# ASSEMBLY APPLICATION

## RESTROOM PLAN

**Name of Event/Festival:** \_\_\_\_\_ **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 seweried restroom (fixed, permanent) available onsite, subtract 1 from the portable number.
- If **alcoholic beverages** 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 seweried restrooms facilities at my event and that they must be checked and restocked throughout the event?**

**Restroom Details:** Total number of portable restrooms \_\_\_\_\_  
 Total number of ADA portable restrooms \_\_\_\_\_  
 Total number of fixed seweried 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<br>Parades/Marches based on Participant #'s<br>All Other's Based on Attendee's+Participant #'s | 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          |

# ASSEMBLY 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 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 ½ 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  
**PARADES, MARCHES, RALLIES, DEMONSTRATIONS, GATHERING AREAS**

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.**

| Parades/Marches must provide water during the months of May through September only<br>Participation/Attendance Numbers<br>All Other's Based on Attendee +Participant #'s | Required Drinking Water Stations<br>(no less than 10 gallons per station; each cooler/ water set up counts as station) |
|--|--|
| 1-2,999  | 2  |
| 3,000-9,999  | 2  |
| 10,000-11,999  | 4  |
| 12,000-14,999  | 4  |
| 15,000-29,999  | 6  |
| 30,000-99,999  | 6  |
| 100,000+   | 10+  |

WATER STATION UNIT REQUIREMENTS  
**RUN/WALK ROUTE**

Dedicated staff persons should be assigned to each station ensuring replenishment and clean up.

**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

# ASSEMBLY APPLICATION

## 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
4. Will there be any street/lane closings 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 this event? Yes No
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:  
\_\_\_\_\_
9. Will there be any candles or fire pits used at your event? Yes No
10. 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  
Inspections  
Or Designee

Signature, Chief, Atlanta Fire Rescue-  
Or Designee

# ASSEMBLY APPLICATION

## 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.)

# ASSEMBLY APPLICATION

## 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>

## 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.

## TEMPORARY STRUCTURES/BUILDING PERMIT

Are you using any platforms?

If yes, please complete the following:

No \_\_\_\_\_ # of platforms Sizes: \_\_\_\_\_

Are you building any stages?

If yes, please complete the following:

No \_\_\_\_\_ # 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**

# ASSEMBLY APPLICATION

## 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



# ASSEMBLY APPLICATION

## 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.

ASSEMBLY APPLICATION  
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 here

**Wycliff**

1378  
1870  
1872  
1874  
1876  
18831885  
1887  
1888  
1891  
1892  
1893  
1896  
1898

---

Signature

---

Print Name

---

Date

# ASSEMBLY APPLICATION

## SITE PLAN/ROUTE

Please **ATTACH** your event site plan/route map. Maps must include but not be limited to:

- (Check once prepared)
- A written, turn by turn route
- An outline of the entire start and finish area including the location (dimensions-if applicable) of all stages, platforms, scaffolding, bleachers, tents, portable toilets/ADA toilets, water stations, EMS locations, amusements, trash containers, and dumpster(s).
- The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- The location of first aid facilities and ambulances.
- Generators locations and/or source of electricity.

### 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!!**

# ASSEMBLY APPLICATION



## CITY OF ATLANTA

### FIRE DEPARTMENT

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

ICHIIEFS 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:

MINIMUM WIDTH  
EACH EXIT(ft)

| CAPACITY            | MINIMUM<br>NUMBER OF EXITS | TENT | AIR-SUPPORTED<br>STRUCTURES |
|---------------------|----------------------------|------|-----------------------------|
| <i>UP TO 199</i>    | 2                          | 6    | 3                           |
| <i>200 TO 499</i>   | 3                          | 6    | 6                           |
| <i>500 TO 999</i>   | 4                          | 8    | 6                           |
| <i>1000 TO 1999</i> | 5                          | 10   | 8                           |
| <i>2000 TO 2999</i> | 6                          | 10   | 8                           |
| <i>OVER 3000</i>    | 7                          | 10   | 8                           |

# ASSEMBLY 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> |                 |



**ASSEMBLY 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<br>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

Recommended  Not Recommended

Reason: \_\_\_\_\_

Approved  Disapproved

Comments: \_\_\_\_\_

SOS Commander's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form APD 654 8/1/08