



Permit #: _____

CITY OF NORCROSS SPECIAL EVENTS PERMIT APPLICATION

For questions, contact Mary Beth Bender, Phone: 678.421.2000 or Email: mbender@norcrossga.net

APPLICATION

COMPLETED APPLICATION CONSISTS OF THIS ORIGINAL APPLICATION FORM PLUS THE FOLLOWING ITEMS SUBMITTED AS ATTACHMENTS:

1. Signage Permit (if event promotion includes any temporary signage such as banners, ground signs, posters, etc.)
2. Map showing the entire route of any running or walking event (must show exact turn-by-turn route)
3. A copy or pdf of any proposed or completed graphics used to promote event (posters, brochures, rack cards, etc.)
4. Confirmation of reservation of any City of Norcross parks, pavilions, community center, or publicly owned building

SECTION I. General Information



Event Name: _____

Event Date(s): _____ Time(s) of Event: _____

Set-Up Start Time: _____ Breakdown Finish Time: _____

Event Location: _____

Will the event occupy the entire park or public area requested? _____

If it is a city park, has the park's availability been confirmed and reserved for this event? Yes No

To reserve a City of Norcross Park, call the Parks & Recreation Department, 678.421.2010. A copy of the confirmed reservation must be attached to this application.

Today's Date: _____ Applicant's Name: _____

Applicant's Title: _____

Organization Name: _____

Organization Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____ Fax #: _____

Main Contact #: _____ Alternate Phone: _____

Event Organizer's Email Address: _____

Organization Website: _____ Organization Tax ID: _____

Organization Status:

Non-profit /501(3)c Association Trust Licensed Business Other: _____

Is this a charity fundraiser? Yes No

Expected Attendance: _____

Describe Targeted Attendees: _____

Event Sponsors (please list) _____

Are event entry fees, admission or participant fees required? _____

Is alcohol being served at this event? _____ Is alcohol being sold at this event? _____

Does server/distributor have state/local licensure to serve and/or sell alcohol? Yes No

A copy of the vendor's pouring license and alcohol licensure must be attached to this application.

Describe Event in Detail, including Goals, Activity, etc. (attach more pages as necessary):

Describe the overall community value this event provides (attach more pages if necessary):

Is there a raffle at this event? Yes No (if yes, please contact Gwinnett County Sheriff's office @ 770-822-3963 (no cost to apply)

SECTION 2: Event Sites

If this event is a run, walk or parade, or an event occupying more than one location or site inside the city and/or in the downtown district, please fill out the following section (if not applicable, mark N/A and skip to next section)

Proposed route will occupy: Entire Street Sidewalk(s) Other: _____

List the exact turn-by-turn route, beginning with Starting and Termination locations: (do not just include a map – a written description of route must be included in addition to a map. Attach additional sheets if necessary):

List number of volunteers staged along event route during event: _____

SECTION 3: Parking, Traffic & Security

How many parked vehicles do you estimate at this event? _____

How many handicap access parking spaces does this event require? _____

Event Name: _____

Will you encourage patrons to use parking areas other than in the downtown retail area? _____

If so, how will you inform them? _____

What special parking needs do you anticipate for event volunteers, staff and patrons?

Do you plan on any temporary signage to direct staff, volunteers, and patrons to parking areas?

Will this temporary parking signage have event logos on it? Yes No

Is there any shuttle service planned for this event? Yes No

If yes, specify location(s) of shuttle pick up and drop off points: _____

Do you plan to close any streets, sections of streets, or do you plan on Intermittent Traffic Control only? Please specify:

Describe the need for any barricades or other obstructions to vehicular and/or pedestrian traffic in the area: _____

Do you have event security arranged? Yes No How many security officers are scheduled? _____

If yes, what is the name of the security company and primary contact info? _____

SECTION 4: Marketing & Promotions



Will this event be marketed, promoted or advertised in any manner? Yes No

If yes, please check all that apply:

Radio TV Newspaper Cable TV Internet Social Media Billboards Direct Mail/flyers

Posters (Where will they be posted?) _____ Poster size?: _____

Will there be live media coverage during the event? Specify: _____

In what language(s) will this event be promoted? _____

Do you request city marketing support for this event? Yes No

If yes, please specify:

use of city logo in collateral Posting on City Websites Posting on City Social Media City Reader Board

City email distribution Other: _____

Languages other than English requested: _____

SECTION 5: Sound Amplification & Entertainment Structures



Will there be live music during the event? Yes No

What type of music? _____

Will sound amplification be used? Yes No

What time will sound amplification begin? _____

What time will sound amplification end? _____

Will there be sound checks and if so, what time(s)? _____

Will there be more than one stage? Yes No *Please attach a map showing the placement of the stage(s).*

Event Name: _____

Will there be other entertainment at this event? Yes No

If so, please indicate the type (check all that applies):

Live music DJ Animal Acts Children's Activities Theatrical Performance Other: _____

Are there inflatables, tents, or other temporary structures at the event site? Yes No **NO STAKES ALLOWED**

What time will the inflatables and structures begin to set up? _____

When will they be removed from the event site? _____

SECTION 6: Sanitary Collection



Will you be contracting trash collection services with an outside agency? Yes No City supported requested
Will you be contracting portable restrooms with an outside agency? Yes No Total #: ____

Date all trash collection/restroom facilities will be removed from event site:

_____ Does this event require electricity or water services on site? Please specify: _____
Will there be generators on site? Yes No If yes, specify the times they will be running: _____
Are you requesting any city in-kind support for this event? Yes No

Recycling of aluminum & plastic is required at City events; Recycling stands will be made available.

CITY ADMINISTRATION ONLY: Events Policy Committee Determination

Level of city support that **will be** provided (please note any exceptions in requested services):

City support that **will not be** provided for this event (explain): _____

Committee Approval

The following committee members have reviewed the application. Signing below acknowledges accountability for departmental/staff support of the event as defined in the approved application.

PR/Marketing	Date	Public Safety (Norcross Police)	Date
Public Works, Utilities & Parks	Date	Downtown Manager	Date

Special Event Committee

_____ **SEC Chairperson**

Grant Funding

_____ \$ Required _____ \$ Granted

_____ **Event Grant Committee**