



3120 Stonecrest Blvd. • Stonecrest, Georgia 30038 • (770) 224-0200 • www.stonecrestga.gov

## Special Administrative Permit Application (Parks & Recreation)

The Special Administrative Permit does not require a public hearing. The Director of Parks and Recreation will issue a decision within 30 days. The review timeframe begins after the date of application acceptance by city staff.

In making this request, the applicant understands that the sponsor will hold harmless and indemnify the City of Stonecrest, its officers, employees, and agents against injury, loss or damage occurring as a result of this special event. Sponsors of special events held on public property will be required to provide Special Event Liability Insurance in an amount not less than \$1 million dollars, naming the City of Stonecrest its officers, officials, employees and agents as an additional insured party to the contract. For additional information regarding this requirement please contact the City of Stonecrest Parks & Recreation Department at 770-224-0200.

### Application Checklist

**(Incomplete applications will not be accepted)**

- Completed Application.
- Site plan detailing location of amenities, equipment and/or apparatuses, event resources, etc.
- Traffic mitigation plan and/or Race/Walk Route
- Copy of DeKalb County Temporary Food Service Permit
- Copy of DeKalb County Police Department agreement and/or receipt for services
- Copy of DeKalb County EMS or EMS Provider agreement and/or receipt for services
- Fireworks Information (type of fireworks, map of set-up and fall-out area, and license of operator)
- Copy of IRS 501(c)3 tax exemption
- Copy of Public Notice/Correspondence

### Application

Applicant Information	Type	
	Name:	
	Address:	
	Social Media/ Website:	
	Phone:	Fax:
Cell:	Email:	



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Event Purpose/ Brief Description	
Identify Event	<input type="checkbox"/> CARNIVAL/FAIR <input type="checkbox"/> DEMONSTRATION <input type="checkbox"/> CONCERT/PERFORMANCE <input type="checkbox"/> FESTIVAL <input type="checkbox"/> FUNDRAISER <input type="checkbox"/> HISTORICAL CELEBRATION <input type="checkbox"/> OUTDOOR/FARMER'S MARKET <input type="checkbox"/> MARATHON/RACE/WALK <input type="checkbox"/> PARADE/PROCESSION <input type="checkbox"/> Wedding <input type="checkbox"/> OTHER (Describe Other)
EVENT VENUE & LOCATION REQUESTED:	
ESTIMATED # PARTICIPANTS:	
EVENT START DATE/TIME:	
EVENT END DATE/TIME:	
EVENT RAIN DATE REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Organization a bona fide tax exempt, nonprofit entity: <input type="checkbox"/> YES <input type="checkbox"/> NO (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.)	
WILL AMPLIFIED MUSIC BE USED: YES <input type="checkbox"/> NO <input type="checkbox"/>	
IDENTIFY TYPE MUSICAL ENTERTAINMENT REQUESTED: BAND <input type="checkbox"/> DISC-JOCKEY <input type="checkbox"/> OTHER	
Public Notice/Correspondence: Notice to surrounding properties owners with a 500' radius of event. A copy must be attached. 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.	
Please indicate the types of advertising (check all that apply): Local Radio <input type="checkbox"/> National Radio <input type="checkbox"/> Local TV <input type="checkbox"/> National TV <input type="checkbox"/> Cable TV <input type="checkbox"/> Local Newspaper <input type="checkbox"/> National Newspaper <input type="checkbox"/> Direct Mail/Flyers <input type="checkbox"/> Internet Email <input type="checkbox"/> Billboards <input type="checkbox"/>	
Will there be live media coverage during the event? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, please describe:	
ALCOHOLIC BEVERAGE INVOLVED IN THIS ACTIVITY: <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes please describe circumstances involved with the use of alcoholic beverage and if the activity involves the sale of alcohol at this event)	
LIST RACE/WALK STREET ROUTES, IF APPLICABLE (A clear & legible map showing walk/run routes also requested –Please attach map to application):	



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SANITATION/CLEAN-UP PLAN: <input type="checkbox"/> YES <input type="checkbox"/> NO CONTACT INFORMATION: NAME AND NUMBER OF PERSON RESPONSIBLE DURING EVENT FOR SERVICES: NUMBER OF TRASH AND RECYCLING RECEPTACLES PROVIDED: _____ DATE TRASH & RECYCLING WILL BE REMOVED FROM LOCATION: DESCRIPTION OF THE SIGNAGE USED TO IDENTIFY RECYCLING BINS AND PROMOTE RECYCLING:	
PORTABLE RESTROOM: <input type="checkbox"/> YES <input type="checkbox"/> NO (Standard and ADA, Number of portable restrooms: ___ Standard ___ ADA DATE & Time: ___ Drop off ___ Pick up	
DESCRIBE OTHER EQUIPMENT REQUESTED FOR PLACEMENT: (Please note if “other” equipment includes the use of a moon bounce and or inflatable carnival type rides and activities provided by a 3rd party vendor, proof of insurance by the vendor providing such equipment will be required. The 3rd party vendor shall provide a current certificate of insurance indicating at least \$1 million in general liability and completed operations coverage and certificate of workers’ compensation coverage, if applicable. Said insurance shall name the City of Stonecrest (including its officers, officials, employees and agents) as an additional insured party to the insurance contract. A copy of said documents must be provided to the Parks & Recreation Department by the requested due date specified.)	
WILL FOOD BE DISTRIBUTED AT THIS EVENT: ___ YES ___ NO (If Yes a Temporary Food Permit will be required by the Health Department: TEMPORARY FOOD SERVICE PERMIT APPLICATION Division of Environmental Health DeKalb County Board of Health 445 Winn Way, Suite 320, Decatur, GA 30030 Phone: (404) 508-7900 Fax: (404) 508-7979 <a href="http://www.dekalbhealth.net">www.dekalbhealth.net</a> )	
ANY LP-GAS, CHARCOAL, FLAMMABLE or COMBUSTIBLE LIQUIDS USED: ___ YES ___ NO	
NUMBER OF FOOD VENDORS ___	CONTACT NAME (If different from Sponsor/Applicant): CONTACT TELEPHONE (If different from Sponsor/Applicant):
SAFETY/SECURITY PLAN: (Attach Plan of Action or briefly describe safety/security plan to include, but not limited to, crowd control, EMS, internal security and venue safety)	



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Are you hiring additional security from a private security company? <input type="checkbox"/> YES <input type="checkbox"/> NO (Private security 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:
Providing EMS SERVICES: <input type="checkbox"/> YES <input type="checkbox"/> NO (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 and date(s)/hours of all medical aid areas) Name and Contact Number of Contracted EMS services:
DEKALB COUNTY POLICE DEPARTMENT APPROVAL: East Precinct Commander <input type="checkbox"/> YES <input type="checkbox"/> NO
DEKALB COUNTY FIRE MARSHAL DEPARTMENT APPROVAL: ? <input type="checkbox"/> YES <input type="checkbox"/> NO

**SEXUAL OFFENDER/PREDATOR SEARCH AND VOLUNTEERS.**

Permittee shall not permit any person who is listed as a sexual predator or sexual offender on the Georgia Department of Law Enforcement Offenders and Predators Website located at <http://www.gbi.georgia.gov> or the United States Department of Justice, National Sex Offenders Website located at [www.nsopw.gov](http://www.nsopw.gov), to work with or around children on City of Stonecrest Property and provide any services such as performance bounce house attendants, face painters, magicians, etc.), employees, volunteers, subcontractors, collectively referred to herein as “Event Permittee shall be responsible for conducting this search prior to the special event.

<b>Affidavit</b>	To the best of my knowledge, this special administrative permit application form is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for filing additional materials as specified by the City of Stonecrest Parks & recreation Department. I understand that failure to supply all required information (per the relevant Applicant Checklists and Requirements of the Stonecrest Chapter 19 Parks & Recreation CITY Code) will result in the rejection of this application. I have read the provisions of the Georgia Code Section 36-67A-3 as required regarding Campaign Disclosures. My Signed Campaign Disclosure Statement is included		
Applicant's Name:			
Applicant's Signature:		Date:	
Sworn to and subscribed before me this                      Day of                      20			
Notary Public:			
Signature:			
Date:			
Application Received By:		Project Number:	
Fee: \$	Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC	Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Date:	