



# City of Covington

## SPECIAL EVENT PERMIT APPLICATION

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Permit No.: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

A special events is a community interest event, open to the general public.

Non-refundable permit fee is required in the amount of \$150.

**I. APPLICANT INFORMATION:**

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

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

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

Email Address: \_\_\_\_\_

**II. LOCATION OF EVENT:**

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

Tax ID: \_\_\_\_\_ Parcel Size (Acres): \_\_\_\_\_

Zoning District: \_\_\_\_\_ Tenant: \_\_\_\_\_

**III. PROPERTY OWNER:**

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

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**IV. EVENT INFORMATION:**

Dates of event: From \_\_\_\_\_ To \_\_\_\_\_ Time: \_\_\_\_\_

Number of people expected to participate in the event: \_\_\_\_\_

Please describe the event: \_\_\_\_\_

Which of the following amenities will be necessary to facilitate the event:

Electrical service;  Plumbing service;  Water or Sewer service;  HVAC service;  Porta-John

Dumpster service;  Other – please describe: \_\_\_\_\_

- This application, including a layout of the proposed event (tents, booths, trailers, etc.) shall be submitted a minimum of ten days prior to the event for adequate review.
- If amplification equipment will be used, please see the attached City Ordinance Section 8.20.030.
  - If alcohol is being served; a caterers and pouring licenses are required. Please note: alcohol is not permitted on site without obtaining the proper alcohol permits prior to the event.



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- If a tent is erected, an inspection by the Building Inspector and Fire Marshall is required.
- If food is prepared and/or served, a food service permit from the Department of Health is required.

*Please attach a copy of all invitations, flyers, tickets, etc. to this application*

**V. AUTHORIZATION FOR REPRESENTATION:** (If the owner/applicant is requesting to be represented)

I, \_\_\_\_\_, the owner of the subject property identified in this application, do hereby authorize \_\_\_\_\_ to act on my behalf in all matters pertaining to the processing and approval of this application, including modifying the project accordingly to the terms and conditions set forth by the City of Covington. I agree to be bound by all representatives and agreements made by my designated representative.

Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**VI. CERTIFICATION:**

I, \_\_\_\_\_ the owner or authorized representative of the owner(s), read and understand the contents of this application. I certify that that the information contained herein, including attachments and all other supporting information, is complete and true, to the best of my knowledge. I further agree that to save, indemnify, and keep harmless the City of Covington, its officers, employees, and agents against all liabilities, judgments, costs, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on-site or off-site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules and ordinances. Signature constitutes an attestation by the owner or owner's authorized representative(s) that application complies with all covenants, conditions, and restrictions.

Signature of owner/applicant or representative: \_\_\_\_\_

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



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### CITY OF COVINGTON, GEORGIA AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

I, \_\_\_\_\_ am applying to the City of Covington, Georgia for a  
(Name)

\_\_\_\_\_ 1) Alcohol

X  2) Other public benefit as referenced in O.C.G.A. 50-36-1.

(Please describe)  Special Event

I hereby state, under oath, with respect to my application for

\_\_\_\_\_  
(Name of business, corporation, partnership, or other private entity)

that:

\_\_\_\_\_ 1) I am a United States citizen or a legal permanent resident

OR

\_\_\_\_\_ 2) I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 year of age or older, lawfully present in the United States. \*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Alien Registration Number for Non-Citizens\*

NOTARY SEAL:

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

\*Note: O.C.G.A. 50-36-1 (e) (2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number, because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration numbers. Qualified aliens that do not have an alien registration number may supply another identifying number below:  
\_\_\_\_\_



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**\*\* FOR OFFICIAL USE ONLY \*\***

Distribution for review:

- Planning Director
- Fire Marshall
- Building Inspector
- Public Works Department
- Police Department
- Transportation Department
- Utility Department

**PLANNING AND ZONING**

Approved:  Denied:  Approved with remarks

**If issued, the Applicant must present this Permit, upon request, at all times during the event.**

Planning Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Covington Police Chief's Signature: \_\_\_\_\_ Date: \_\_\_\_\_