



CITY OF VIENNA

APPLICATION FOR PERMIT TO HOLD A SPECIAL ACTIVITY

NOTE: A \$50.00 non-refundable application fee must accompany each request for a permit to hold a special activity on city-owned property. This application should be submitted thirty (30) days prior to the date of the event so that City personnel will have adequate time to review the request. **NO VEHICLE TO BE DRIVEN ONTO ANY CITY PARK**

Name of Person submitting application: _____

Name of Organization: _____

Is this organization a for-profit entity? Yes No

Mailing Address: _____ City _____ State _____ Zip _____

Telephone Numbers: (_____) _____ (_____) _____

Exact Location of Event: _____

Event Route, if applicable (please attach map)

Type of Activity, Program or Event: (provide details) _____

Will a fee be charged or donations accepted at this event? Yes No

Date of Activity: _____ Time of Activity: _____

Number of People and Vehicles expected to attend: _____

Do you need a street closed? Yes No If so, give hours to be closed: _____

Give specific location on the street to be closed: _____

Will this event affect the neighbors at the location? Yes No

Have the plans for this event been discussed with the adjoining property owners? Yes No

Please check the following services you will need from the City of Vienna:

(You may be billed for additional costs associated with providing these services.)

<input type="checkbox"/> Traffic Control	\$_____.	<input type="checkbox"/> Water Service	\$_____.
<input type="checkbox"/> Security Patrol	\$_____.	<input type="checkbox"/> Use of Restroom	\$_____.
<input type="checkbox"/> Garbage/Trash Pickup	\$_____.	<input type="checkbox"/> Electricity	\$_____.
<input type="checkbox"/> Fire protection on the site	\$_____.		

Signature of Person Responsible: _____ Date: _____

If considered necessary, are you willing to provide liability insurance with the City of Vienna listed as a named insured? Yes No
(The insurance will be in an amount to be determined by the Mayor and City Council, with the advice of the City Attorney and the City insurance carrier.) You may be asked to sign an Indemnification Agreement for the use of real property owned by the City. This agreement will hold the City harmless of any damages, loss or injury that occurs in relation to this event. If this is required, you will be notified.

**PLEASE RETURN APPLICATION TO: CITY OF VIENNA, P. O. Box 436, 203 W Cotton Street,, VIENNA, GA 31092 PHONE (229) 268-4744
FAX (229) 268-6172**

FOR CITY USE ONLY

Date application received: _____ Name of person receiving application: _____

Application Fee needed: YES NO N/A Received CK: CS: Liability Insurance required? Yes No

Date review initiated: _____ Date review completed: _____ Date notification sent / called: _____

NOTIFIED: VPD Public Works VFD

APPROVED: _____ DENIED: _____

www.cityofvienna.org

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