

SPECIAL EVENT PERMIT APPLICATION

Revised 07/2020

(Please Print or Type Information Below)

Applicant: _____

Address: _____

Phone: _____

Purpose of Event: _____

Sponsor of Event: _____

Date of Event: _____

Time of Event: Begin: _____ End: _____

Event Location: _____

Approximately Number of People: _____

Are These Involved (Check YES or NO):

Vehicles: YES () NO () Amusement Rides: YES () NO () Animals: YES () NO ()

- My signature certifies that I and the Sponsor of this event agree to any and all special instructions and accept all liability regarding the event.
- Applicant understands that the City of Sandersville may require permits separate from the County.
- Upon review of application, the County reserves the right to require applicant to provide proof of insurance.
- Courthouse restroom will be closed beyond normal working hours.

Applicant Signature: _____ Date: _____

Approve for County: _____ Date: _____

Please Outline the Area of the Courthouse Property That Will be Used.

