Special Event Permit Application

THE CITY OF HIRAM REQUIRES A MINIMUM OF 30DAYS, BUT NO MORE THEN 120 DAYS, TO REVIEW, VERIFY DOCUMENTATION, AND ISSUE YOUR PERMIT.

DATE OF EVENT: _____

CHECKLIST:

- Schedule of proposed activities, including a list of all vendors that will be involved in this event.
- Copy of the 501(c) 3 and/or registration per OCGA 43-17-1 et seq., if applicable.
- Plat or drawing depicting all existing buildings, structures, parking, and curb cuts of the property where the Special Event is to be held, the property immediately adjacent; and should include locations of temporary structure/set-up, for example, toilet facilities and parking.
- If using a tent larger than 10' x 10' inches, you must contact the Paulding County Building Services to schedule an inspection. 770-443-7571.
- If you desire signage, request sign permit application.
- A plan for parking, along with plans for restroom facilities and collection and removal of garage, trash and any other waste
- A plan for vehicular/pedestrian traffic, crowds and traffic control, and security.
- A plan for responding to medical and other public safety incidents/emergencies.
- Copies of notices informing residents and businesses adjacent to the event area.
- A copy of a valid occupational tax certificate (business license) issued to the producer by a jurisdiction in Georgia; if the producer does not have one we will collect an occupational tax from the business; additional documents will be needed.
- Signature of Titleholder (Property-owner) of property
- If Producer is a corporation or LLC, attach copy of the registration documents from the Georgia Secretary of State.
- Hold Harmless Agreement
- S.A.V.E. Affidavit by applicant
- A copy of the applicant's driver's license
- E-Verify Affidavit by applicant, reference the producer
- All vendors *MUST* provide a copy of their current occupational tax certificate.
- Food vendors, including food trucks, MUST provide the City with their current Food Service Permit.
- Proof of comprehensive liability insurance, including $1,000,000 for personal injury per person and $1,000,000 for property damage, naming the City of Hiram as an additional insured for the day of the event.
- Special Events that involve alcohol will require additional licensing and approval from the Hiram Police Dept.
- Request for Off-Duty employment of City of Hiram Police Officer (s).

***It is the applicant's responsibility to be knowledgeable of Federal, State and Local regulations for the activity requested. Visit www.cityofhiramga.gov and select Code of Ordinances to view Chapter 7, the City of Hiram's Special Events Ordinance. ***

Permit fee $100.00 PAID: _____ DATE: _____

Forms of payments accepted: cash, check, and money orders.
Make checks or money orders payable to The City of Hiram

The application is subject to denial; the permit may be revoked; the permit may not be assigned or transferred
The original permits issued must be posted in a visible location on site Photocopies are prohibited in lieu of an original permit**

Personal/Business/Event Information

Applicant must complete form.

Name of applicant/responsible party: _____

Address: _____City: _____ State: _____ Zip: _____

Contact phone: _____Email address: _____

PRODUCER OF EVENT: _____

Organization Name: _____

Address: _____Mailing address: _____

Phone: _____ Email: _____

Georgia sales and/or Use tax certificate number: _____

Current Occupational tax certificate number and issuing jurisdiction: _____

Have you conducted a special event in the City of Hiram within 12 months? YES____ NO_____

If so, list the address (s):_____

_____

SPECIAL EVENT INFORMATION:

Location address of where the event will take place: _____

Description of special event: _____

Dates and hours of operation: _____

Estimated number of participants: _____Will there be ALCOHOL? YES____NO____

If yes, provide complete details: _____

Will your event include any tents? YES____ NO_____ Size of Tent (s): _____

If tent is larger the 10'X10' inches, an inspection is required.

Contact the Paulding County Building Services to schedule an appointment. 770-443-7571

Description of City Services needed/requested

Police: _____

Public Works: _____

Other: _____

Will the event include any of the following? Yes___ No___ *If yes, checkmark all that apply *

- ☐ Closing (full or partial) of a street
- ☐ Signage (requires sign permit from City of Hiram)
- ☐ Portable toilets
- ☐ Selling/providing merchandise, food or beverages
- ☐ Blocking or obstructing public property
- ☐ Pyrotechnics or sound amplification devices

By signing this page you understand the requirements and agree to abide by all current ordinances and regulations regarding your permit to be issued. Failure to comply will result in immediate revocation of permit.

_____ _____

Applicant Signature Date

_____

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____DAY OF_____, 20____

_____

NOTARY PUBLIC SIGNATURE & SEAL

TITLEHOLDER MUST COMPLETE FORM

Name of Property Titleholder: _____

Contact Person: _____

Contact Phone Number: _____ Email: _____

Address: _____City: _____ State: _____ Zip: _____

Description of Activity Allowed:

_____

_____

_____

I, as titleholder/representative/approved agent, hereby grant permission for the above- referenced activity on my property.

_____ _____

Titleholder Signature **Date**

_____

Printed Name of Titleholder

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____DAY OF_____, 20____

_____

NOTARY PUBLIC SIGNATURE & SEAL

HOLD HARMLESS AGREEMENT

NAME OF PRODUCER: _____

agrees that it shall defend, pay, and hold harmless the City, its elected and appointed officials, employees, and agents from any and all liability for claims of personal injury (ies) and property damage (s) resulting from any acts or omissions occurring during the special event:

NAME OF EVENT: _____, inclusive also of any claims for attorneys' fees and costs connected with such claims, except for such claims arising solely from the negligent acts of the City, its elected and appointed officials, employees, and agents.

_____	_____	_____
Signature	Print Name of Applicant	Date

SUBSCRIBED AND SWORN BEFORE
ME ON THIS THE

_____DAY OF_____, 20_____

_____
NOTARY PUBLIC SIGNATURE & SEAL

City of Hiram
Verification of Lawful Presence Affidavit
O.C.G.A. § 50-36-l(e) (2)

By executing this affidavit under oath, as an applicant for a_____ as referenced
(Certificate/License),

in O.C.G.A. § 50-36-1, from City of Hiram the undersigned applicant verifies one of the following with
(Name of Government entity)

respect to application for a public benefit:

Chose One:

1) _____I am a United States citizen.

2) _____I am a legal permanent resident of the United States.

3) _____I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:
#_____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as:
_____

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____DAY OF_____, 20_____

_____
NOTARY PUBLIC SIGNATURE & SEAL

CITY OF HIRAM
Private Employer Affidavit
Pursuant to O.C.G.A § 36-60-6(d)

BUSINESS NAME/ PRIVATE EMPLOYER NAME: _____

By executing this affidavit under oath**,** the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one

A. _____On January 1st of the below-signed year, the individual, firm or corporation employed **MORE than ten (10) employees**[1].

If you selected Section 1(A), please COMPLETE Section 2 and then execute below

B. _____On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or LESS employees.**

If you selected Section 1(B), please SKIP Section 2 and then execute below

Section 2.

Complete this section only if you chose section 1 (A)

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____ ____/____/____

E-Verify # (Federal Work Authorization Identification Number) Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

_____

Signature of Applicant or Agent

_____

Printed Name and Title of Applicant or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF_____, 20_____

_____

NOTARY PUBLIC SIGNATURE & SEAL

[1] To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

HIRAM POLICE DEPARTMENT

217 MAIN STREET
HIRAM, GEORGIA 30141
PHONE: 770-943-3087
FAX: 770-439-1190

Michael Turner
Chief of Police

Request for Employment of Off-Duty Hiram Police Officer

Date of Request: _____

Name of Requestor/Employer: _____

Business: _____

Address: _____

Scope of Employment: _____

Date(s) of Employment & Hours: _____

Number of Officers needed for detail: _____

- Minimum Rate of Pay: $50.00/hr. per Officer
- Holiday Rate of Pay: $60.00/hr. per Officer
- Last Minute Rate of Pay: $60.00/hr. per Officer
- **Rate of Pay for Event: $_____**/hr. per Officer Initial _____
- **Minimum of 4 hours** required when scheduling an Officer

Minimum 24hr cancellation notice- If cancelled within that 24hrs, each officer assigned receives the minimum 4hr pay at scheduled rate

Late Notice of scheduling *(last minute) - If the signed and completed contract is submitted within 5 days (calendar days) of the DATE of EMPLOYMENT, the minimum pay rate is immediately raised to $60.00 per hour per Officer*

Lt. Tyler Third: tthird@hiram-ga.gov Office: 770-943-3087 / Cell: 678-491-1461