

CITY OF BUFORD

APPLICATION FOR EVENT PERMIT

Complete the following application, provide event layout, and return to, Rhonda Cunningham, City of Buford, 2300 Buford Hwy, Buford, GA 30518, no less than 45 days prior to the event. For more information, call 770-945-6761 or email Rhonda Cunningham at rcunningham@cityofbuford.com.

Application Date: _____

Name of Business In Which Itinerant or Transient Merchant Will Be Associating _____

Address of Business Itinerant or Transient Merchant Will Be Associating _____

Name of Event: _____ Actual Date of Event: _____

Name of Vendor: _____

Address of Vendor: _____

Set-Up Time: _____ A.M. or P.M. Date: _____

Tear down Time: _____ A.M. or P.M. Date: _____

Actual Start Time of the Event: _____ A.M. or P.M.

Actual End Time of the Event: _____ A.M. or P.M.

Total Event Hours: _____ (Include Set Up & Tear Down Time)

Is Your Business License Held With City of Buford or Other Jurisdiction: _____

If Other Jurisdiction, Where: _____

Estimated Number of Attendees: _____

Person/ Organization Making Application:

Name: _____ Primary Phone: _____

Occupation: _____ Secondary Phone: _____

Business Address: _____ Fax #: _____

_____ E-Mail: _____

Residence Address: _____

Event Organizer (Must be an individual that is responsible for the event):

Name: _____ Primary Phone: _____

Occupation: _____ Secondary Phone: _____

Business Address: _____ Fax #: _____

_____ E-Mail: _____

Residence Address: _____

Describe the event and State the Purpose or Objective of the Proposed Event (Attach additional sheets as needed):

Layout of Event: (Please attach a sketch, drawing or map of the area)

Describe The Event Equipment Included in the Layout (tents, tables, chairs, stage, etc.)

Do you Plan to Use Amplified Sound? Yes _____ No _____
Please note that applicant shall comply with provisions of the City Noise Ordinance

Will You Have Food Sales/Vending: Yes _____ No _____

If So, Has Health Department Been Contacted For Approval _____

Did You Provide Proof of Approval From Health Department _____

If You Answered Yes To Food Sales You Will Need To Complete An Application For A Food Vendor Permit

I have carefully read and will abide by the foregoing Application and Policies and swear that statements I made therein are true and correct to the best of my knowledge and belief. ***(Signature is required before approval will be granted.)***

Signature of Person Making Application

_____ Date

For City Use only

ALL SIGNATURES REQUIRED FOR APPROVAL Date Rec'd. _____

City of Buford's Events Coordinator

- ☐ Approved
☐ Denied
☐ Approved with conditions

Approval/Denial Conditions: _____

- _____
Received Application For Event Permit and All Fees

Received Permit Fees

Received Copy of Final Layout of Event

Food Service Permit

Received Grease Container Approval by Health Dept. & City Inspector

ALL SIGNATURES REQUIRED FOR APPROVAL Date Rec'd. _____

Safety Director

- ☐ Approved
☐ Denied
☐ Approved with conditions

Approval/Denial Conditions: _____

ALL SIGNATURES REQUIRED FOR APPROVAL Date Rec'd. _____

City Clerk

- ☐ Approved
☐ Denied
☐ Approved with conditions

Approval/Denial Conditions: _____

ALL SIGNATURES REQUIRED FOR APPROVAL Date Rec'd. _____

City Manager

- ☐ Approved
☐ Denied
☐ Approved with conditions

Approval/Denial Conditions: _____