



Carroll County Department of Community Development

423 College Street
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

Date Received _____
Fee \$ _____ (\$150/day)

APPLICATION FOR SPECIAL EVENT PERMIT

Applicant Name: _____
Address: _____ Phone: (____) _____
City: _____ State: _____ Zip: _____
Age: _____ Driver's License #: _____ State: _____

EVENT INFORMATION:

Type of Event: _____
Date and Time of Event: _____
(including start and end times)
Approximate number of guests: _____
Type of entertainment: _____
Will alcohol be served? Yes _____ No _____
Will you have catering? Yes _____ No _____ If so, does this caterer hold a Carroll County Beer and Wine License?
Yes _____ No _____ License #: _____

LOCATION INFORMATION:

Name of Venue or Address of Event: _____
Property Owner's Name: _____
If not a registered venue, is there sufficient parking for all vehicles? Yes _____ No _____ (must be approved by S.O.)
Provide parking and traffic control plan: _____

Are there restroom facilities? Yes _____ No _____ (must be approved by Environmental Health)
Provide approved restroom plan: _____

Person responsible for cleanup? _____ Phone #: _____

Will you have signage? Yes _____ No _____ If yes, please provide photo or drawing of signage with size noted.

Sheriff Department Approval: _____ Date: _____
Environmental Health Approval: _____ Date: _____
Community Development Approval: _____ Date: _____

Note: Special Event Permits are limited to three (3) per calendar year in areas not zoned and licensed as Special Event Centers.



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AFFIDAVIT FOR A SPECIAL EVENT PERMIT

_____, [PRINT NAME] personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a **SPECIAL EVENT PERMIT** under the ordinances of Carroll County.

The information contained within the application attached hereto and filed in the Carroll County Department of Community Development consist of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This _____ day of _____, _____.

AFFIANT (signature)

Personal _____
Address: _____

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address.

Entity: _____

Address: _____

Notary

Sworn to and subscribed before me on this

_____ day of _____, _____.

Signature: _____

My Commission Expires: _____

Seal: