



Special Event/Use Permit Application

APPLICANT INFORMATION

Applicant's Name and Title: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Applicant's Organization: \_\_\_\_\_ Non-profit status? Yes No

Applicant's Phone Number: \_\_\_\_\_ Applicant's Email Address: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the applicant using an event organizer? \_\_\_\_Yes \_\_\_\_No If yes, provide the following:

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

EVENT INFORMATION

Name of Event: \_\_\_\_\_

Event Location Preference: \_\_\_\_\_

Is this a fundraising event? Yes No If yes, for who? \_\_\_\_\_

Will you charge an entry fee for the event? Yes No If yes, how much? \_\_\_\_\_

Estimated # of Participants: \_\_\_\_\_ Maximum # of Participants: \_\_\_\_\_

Event Dates:

1st choice: Day \_\_\_\_\_ Date \_\_\_\_\_

2nd choice: Day \_\_\_\_\_ Date \_\_\_\_\_

3rd choice: Day \_\_\_\_\_ Date \_\_\_\_\_

Event Times:

Set-up starts: \_\_\_\_\_

Event starts: \_\_\_\_\_

Event ends: \_\_\_\_\_

Clean-up ends: \_\_\_\_\_

EVENT DETAILS

Describe the event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will vehicles need to access non-parking areas? Y N  
Will there be any merchandise vendors/sales? Y N  
Will there be any food/beverage vendors/sales? Y N

Will tents or inflatables be used at the event? Y N  
Does your event require electricity? Y N  
Will sound amplification be used? Y N

If you answered yes to any of these questions, please give details above



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**SITE LAYOUT**

Attach a site plan that includes activities, parking areas, tents, stages, amplified sound, inflatables, vendors, portable restrooms, barricades, shuttle stops and any item integral to the conduct or production of the event. FCPRD can provide a map of the areas upon request.

**WAIVER OF LIABILITY**

I, the undersigned, have read the special event permit policy and understand the policy, process, fees and conditions and agree to abide by them.

Print Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**APPLICANT CHECK-LIST**

\_\_\_\_\_ Completed application      \_\_\_\_\_ Proof of non-profit status      \_\_\_\_\_ Site plan attached

**SUBMIT APPLICATION**

By mail:      FCPRD, Special Event Permit Application, P.O. Box 2417, Cumming, GA 30028  
In person:    Fowler Park Administrative Office, 4110 Carolene Way, Cumming, GA 30040  
By email:     [parkweb@forsythco.com](mailto:parkweb@forsythco.com)

----- *For Office Use Only* -----

\_\_\_\_\_ Approved                      \_\_\_\_\_ Approved with changes                      \_\_\_\_\_ Denied

Notes: \_\_\_\_\_

\_\_\_\_\_

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Total fee due: \$ \_\_\_\_\_