



## SPECIAL EVENTS PERMIT APPLICATION

Applicant:	Submittal Date:
Organization:	Event Date(s)*:
Type of Event:	Event Time(s):

**\*Please provide the following information a minimum of thirty (30) days prior to the event date.**

**This request will be placed on the next available City Council agenda for a hearing.**

**The applicant (or designated representative) must attend this hearing.**

Applicant's local address:	
Applicant's e-mail address:	
Location of the Event:	
Name and telephone number of onsite contact who will be onsite for the duration of the event.	
Description of the nature of the special event:	
Identify sponsors and/or merchants participating in the event.	
Identify types of goods to be sold*, if any <i>*Additional permits may be required</i>	
Duration of the event (including setup and take down)	
Description of music/entertainment*: <i>*City's Noise Ordinance prohibits loud music/voices after midnight.</i>	

### Additional required information:

- Written permission from the property owner
- Legible copy of the applicant's driver's license (or other State issued ID)
- If the event is a road race, parade, march, running or cycling along public streets, attach a proposed route for review and approval.
  - List number of police officers/public works staff requested – additional fees may apply
- All fees\* are payable to the City of Locust Grove in the amount of \$150  
*\*If the event is for a non-profit organization wishing to waive the fees, proof of the organization's non-profit status must be submitted.*
- **FOR PROFIT EVENTS ONLY:** Complete the "Georgia Bureau of Investigation – Georgia Crime Information Center Consent Form" for a background check.
- **FOR PROFIT EVENTS ONLY:** Complete the attached "E-Verify Affidavit"
- **FOR PROFIT EVENTS ONLY:** Complete the attached "Affidavit Verifying Status for Receipt of Public Benefits"

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



E-VERIFY AFFIDAVIT

Locust Grove, GA

E-verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6(d), stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly know as E-Verify, or any subsequent replacement in O.C.G.A. § 36-60-6(d). Furthermore, the undersigned applicant verifies one of the following with respect to my application for the above mentioned document:

1. (a)\_\_\_\_\_ The individual, firm or corporation employed more than ten (10) employees.
- (b)\_\_\_\_\_ The individual, firm or corporation employed ten (10) or fewer employees.

***If the employer selected 1(a) please fill out Section 2 below.***

2. **The undersigned private employer attests that its federal work authorization user identification number and date of authorization are listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



AFFIDAVIT VERIFYING STATUS for RECEIPT OF PUBLIC BENEFITS  
O.C.G.A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for the City of Locust Grove, Georgia public benefit (defined below), as supplemented by resolution of the City Council, and as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application to the City of Locust Grove:

\_\_\_\_\_ I am a United States citizen.

OR

\_\_\_\_\_ I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

I understand that "public benefit" includes but is not limited to: Adult education; Authorization to conduct a commercial enterprise or business; Authorization to conduct activities regulated by local government such as flea markets, peddlers, sidewalk vendors, massage therapy, bingo games, adult entertainment, pawn shops, day cares, etc.; Business certificate, license, or registration; Business loan; Cash allowance; Contract for materials or services; Disability assistance or insurance; Down payment assistance; Energy assistance; Food stamps; Gaming license; Health benefits; Housing allowance, grant, guarantee, or loan; Home occupation certificate, license, license and registration; Loan guarantee; Medicaid; Occupational license; Professional license; Registration of a regulated business; Rent assistance or subsidy; Retirement benefits; State grant or loan; State identification card; Tax certificate required to conduct a commercial business; Temporary assistance for needy families (TANF); Unemployment insurance; Vehicles for Hire certificate or license; and Welfare to work.

\_\_\_\_\_  
Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity

\_\_\_\_\_  
Address of applicant named above

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of individual, business, corporation, partnership or other private entity for whom application is being made

\_\_\_\_\_  
Category of Public Benefit

In making the above representations under oath, I understand that any person who knowing 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.

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
\*Alien Registration Number for Non-citizens