



Date Received: _____

50 River Street, Hiawassee GA 30546
Office: 706-896-2202 Fax: 706-896-

Venue / Special Event Registration

The purpose of this registration is for information and coordination of events occurring in the city. In order for everyone to enjoy maximum benefit from your event and to avoid scheduling conflicts, please register at least 30 days prior to the date of the event.

Please print clearly

Name of Applicant: _____

Date(s) of Event: _____ Hours event to be held: _____

Event Location: _____ Name of Event: _____

Sponsoring Organization: _____

Primary Contact Name _____ Email address: _____

Mailing Address: _____

Phone Number: _____ Cell: _____ Fax Number: _____

Fee:	Mayor's Park (city residents free)	Town Square	Training Room
	\$100 _____	\$50 _____	\$50 _____

There is a \$50 refundable security/cleaning deposit required on all reservations: Refund available within 72 hours of event and inspection of venue

Amount Paid: _____ Date Security Deposit refunded: _____

- Actual hours venue will be needed to from setup through breakdown, different from event hours

- Will you be asking to close any streets or sidewalks for the event: Yes ___ No ___
*If yes attach a detailed description of requested closures, including streets and hours of closure
- Will any traffic routing or control devices be used for this event: Yes ___ No ___
*If yes, who is providing the devices
- Will there be a parade associated with this event:
*If yes, attach a detailed description of the route (All parade routes must be approved by the DOT)
- Does your event/organization carry insurance? Yes* ___ No _____
*Attach a copy of the declaration page.

- Briefly describe your event: _____

I declare under penalty of perjury that the information provided is true and correct. I also understand that my signature is binding as the official representative of my organization.

Signature of Person Registering Event: _____

_____ Initial: I understand that my organization will be responsible for clean-up of the above requested area including removal of all trash from the grounds.

City Representative: _____

Date: _____

Internal Use Only:

Reviewed and Recorded: _____
Hiawassee Mayor

Date: _____

Reviewed and Recorded: _____
Hiawassee Police Department

Date: _____

Reviewed and Recorded: _____
Staff meeting

Date: _____