City of Woodbine
<u>Application for Special Event Permit</u>

<u>Organization/Group Information</u>

Organization/Group Name _____

Physical Address _____ City/State/Zip _____

Mailing Address _____ City/State/Zip _____

Office Phone _____ Cell _____

Email _____

Contact Name _____

Contact Phone _____ Cell _____

Contact Email _____

<u>Special Event Information</u>

Name of Event _____

Location of Event (Park, Restaurant, Other) _____

Location Address _____

Is the location: ☐ Publicly Owned ☐ Privately Owned

Name of Owner _____

Owner Mailing Address_____

Owner Phone _____ Cell _____

Date(s) of Event _____

Hour(s) of Event _____

Purpose of Event _____

Private Location Owner Authorization

I hereby give _____ permission to hold the above described
                        (Applicant Name)

Special Event at the following location _____
                                              (Name and Address of Location)

on the date and times listed above.

_____   _____

Location Owner Signature   Date

Applicant Certification

I hereby certify that the above information is true and correct and that I will abide by all rules, regulations and requirements of the City of Woodbine "Noise Control Ordinance". I further certify and agrees to defend, indemnify and hold harmless The City of Woodbine, and any person associated with the City or City Staff from and against any loss, damages, and claims regardless of merit, for bodily injury including death, property damage, and all other consequential loss arising out of the activities of the Applicant, their employees, subcontractors, suppliers, guests, audience or patrons in connection with the Special Event identified herein.

_____   _____

Applicant Signature   Date

Approval of this Application is based on the information provided above by the applicant. Any change to the Location Information requires the applicant to notify the City immediately to allow for review of the changes. Failure to notify the City of changes in the Location Information could result in revocation of the Permit.

_____   _____

City Application Reviewer   Title

☐ Approved   ☐ Disapproved   Date: _____

Reason for Disapproval _____

_____

Contact Information for Woodbine City Hall:

(912)576-3211 (City Hall)
(912)576-3274 (Fax)
cityofwoodbine@tds.net

(Ver.081913)