



Walhalla City Hall * 206 N. Church St. * Walhalla, SC * 29691* (864) 638-4343
cityofwalhalla@bellsouth.net

SPECIAL EVENT PERMIT APPLICATION

This application must be completed and submitted to the City Administrators office no fewer than 60 days prior to the start of the event. Any misrepresentation or deviation from the final agreed upon route and or method of operation described herein may result in the immediate revocation of this permit. All questions must be fully answered. If a question does not apply, please write "Does not apply" in that space. Please type or print information clearly. You may attach additional sheets as necessary.

The information requested by this form will be used to determine your eligibility for the permit requested. Completed forms may be released upon the request of any citizen provided by the Freedom of Information Act. Completion of this for ins voluntary; however, failure to do so will prevent processing of your application. Incomplete applications will be returned.

Name of Event _____

Date(s) of Event _____

Times of Event _____

Specific Location of Event _____

Fax | Email _____

Applicant Information

Name of Person in Charge of Event _____

Street Address _____

City, State and Zip Code _____

Organization Representing _____

Home Phone _____ Other Phone _____ work cell

Is this a charity or non-profit organization? yes no

Does your event carry liability insurance listing the City as co-insured? yes no

Will event use amplified sound? yes no

If yes, what will it be used for?

Describe any revenue to be generated from admission fees, solicitation from spectators, concessions and any other sources:

Will proceeds benefit any organization? yes no

If yes, name the organization(s):

Event Set Up

Entertainment area (Include on Site Plan) Location(s) _____

Speakers/Microphones yes no Electrical Connections yes no

Note: City doesn't provide unless otherwise noted.

Other: _____

List entertainers and type of entertainment _____

Will you require use of the stage owned by the City for this event? yes no

If yes, see attached Stage and Reservation Policies and Stage Rental Agreements

Do you plan to sell or serve food and beverages at the event? yes no

If yes, describe the types of food and beverages to be served:

If yes, describe the types of alcoholic beverages and how it is going to be served. Must comply with federal, state and local laws and regulations.

Will there be any cooking with grease? yes no
If yes, how do you plan to dispose of grease?

Will your event include pyrotechnics (fireworks)? yes no
Must comply with all federal, state and local laws. Must coordinate with City of Walhalla fire department.

Expected number of participants: _____ Expected number of spectators: _____

The event is Public Private

It will be held on property that is Public Private

Will tents be used for the event? yes no
If yes, list the number of tents, size, type and locations: (Include on Site Plan)

Will signs or banners be erected?
yes no

If yes, list size and locations (Include on Site Plan)

Describe any power/ water or other utility needs and locations of power sources:

Will generators be used? yes no

If yes list number, size and locations: (Include on Site Plan)

Have arrangements been made for restroom facilities? yes no

If yes list locations, number of toilets, frequency of servicing. (Include on Site Plan)

Describe sanitation provisions (provider, trash cans, recycling, event clean up). (Include on Site Plan)

If using Walhalla Street and Sanitation a fee for these services may be required.

Roll Carts yes no How many? _____ Locations: _____

Date and time(s) to be emptied. _____

Date and time roll carts are to be picked up: _____

Dumpster yes no How many? _____ Locations: _____

Date and time(s) to be emptied. _____

Date and time dumpster(s) are to be picked up: _____

Barricades: yes no How many? _____ Locations: _____

Include on Site Plan

Who will be responsible for placing barricades?

Will City personnel be responsible for street and property clean-up? yes no

Parking (Include all on site plan)

Anticipated number of spaces _____ Number of Handicapped Spaces _____

Participant Parking Location _____

Vender Parking Location _____ Entertainment Parking Location _____

Traffic Control, Safety, Emergency Response and Security

Have arrangements been made for medical assistance? (Include staging area on Site Plan)

If yes, include provide and contact information _____

What are the traffic control measures? (Include on Site Plan)

Are you requesting Walhalla Police and Fire Department for assistance? yes no

If yes, how many officers? _____ Fire personnel _____

Note: City reserves the right to require city personnel, at the event's expense, to provide staffing for sufficient security and safety.

Dates and times security to be on site? _____

Are you planning on using private security? If yes, name and contact information.

Have you contracted for mechanical rides, space walks, petting zoos or other attractions.....

yes no

If yes, please list company and details.

Anticipated number of vendors not include above. please list vendors

Experience:

Please list name(s), location(s) and date(s) of special events you have staged over the last five years:

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Rain Policy for Event

Hold Harmless Clause

Permittee/organization hereby shall assume all risks, incident to or in connection with permitted activity and shall be solely responsible for damage or injury of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of permittee's operation. Permittee hereby expressly agrees to defend and save the City harmless from any penalties for violation of law, ordinance or regulation affecting its activity and from any and all crimes, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the permitted activity of conduct of its operation or resulting from the negligence or intentional acts or omissions or its officers, agents, volunteers, sponsors and employees.

Applicant Signature _____ Date _____

Title; _____

Return complete application to:

City Administrator's Office
Walhalla City Hall
206 N. Church St.
Walhalla, SC 29691

DEPARTMENTAL REVIEW & APPROVAL

Police ----- yes no

Authorized Signature

Fire ----- yes no

Authorized Signature

Street and Sanitation ----- yes no

Authorized Signature

Codes ----- yes no

Authorized Signature

Parks & Recreation ----- yes no

Authorized Signature

Utilities ----- yes no

Authorized Signature

Application: Granted Denied

City Administrator

Date