

DAWSON PUBLIC SAFETY DEPARTMENT

432 Crawford Street NE, Dawson, Georgia 39842

(229) 995-4414

SPECIAL ACTIVITY PERMIT

Date Submitted: _____ My signature is verification that I am the sponsor the event shown below. I will be present during the event and I will be responsible for the conduct of those present during this event.

PERSON RESPONSIBLE INFORMATION

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NO: _____ CELLPHONE NO: _____

(PRINT NAME)

(SIGNATURE)

EVENT/VENUE INFORMATION

TYPE OF EVENT: _____

LOCATION OF EVENT: _____

DATE OF EVENT: _____
(FROM) (TO)

TIME OF EVENT: _____
(FROM) (TO)

ESTIMATED NUMBER OF PARTICIPANTS AND/OR GUESTS: _____

Alcohol Present: Yes No If alcohol is present, security is required. Security will be provided by the Dawson Public Safety Department and will consist of two (2) sworn personnel at a rate of \$30.00 per hour per officer.

Note: If "Alcohol Present" is marked "NO", personnel of the Dawson Public Safety Department may inspect the venue during the event. If it is found that alcohol is present, the event will be stopped, and the venue will be closed.

If this request is for use of the "Old Library", there can be no sale of alcoholic beverages, charge/donation for entry, donations taken, or the exchange of money for entry or participation. ENTRY CAN'T BE DENIED TO SECURITY PERSONNEL

Recommended for Approval: Yes No

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Police Chief

Dawson City Manager

Criminal Record (Attached/Released)

Possible NCIC/GCIC Warrant
(List Wanting Agency Below) Wanting Agency Name:

Wanting Agency Telephone: _____

Agency Designee Signature and Title

Date

_____/_____/_____