**Application for Racing Event Permit**



***CONTACT FOR APPLICATION PROCESS:***

Special Operations, Smyrna Police Department

Phone: (678)-631-5124

Fax: 770-431-2870

2646 Atlanta Rd SE

Smyrna, GA 30080

*Please print legibly or type.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application

1. **Permit Applicant Information**

Applicant’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Application must include a copy of the applicant’s state issued photo ID.**

1. **Event Organizer Information.**

Organization/Group Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Event Coordinator/Director.**

Please provide the complete information and contact info for the professional race coordinator. Include a 24-hr contact number where they can be reached regarding the event.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Application must include a copy of the coordinator’s state issued photo ID.**

1. **Purpose.**

Please describe the reason for your application and the event:

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1. **Event Details.**

Date of Activity (mm/dd/yy) \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Starting Time \_\_\_\_\_\_\_\_\_\_\_ Finishing Time \_\_\_\_\_\_\_\_\_\_

Number of participants \_\_\_\_\_\_\_\_\_\_\_ Number of Vehicles (if any) \_\_\_\_\_\_\_\_\_\_

1. **Event Route.**

Racing Events must select a pre-approved route as designated by the Police Department.

5K: Route # \_\_\_\_\_\_\_\_ 10K Route # \_\_\_\_\_\_\_\_

Attach a copy of the proposed route and indicate on the map any planned assembly locations.

Identify specific assembly locations and describe any planned activities or intended uses for those locations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Applicant Certification**
2. Event organizer must include an executed copy of the release and indemnity form signed by a representative authorized to sign such a document.
3. Applicant agrees to secure an approved Emergency Medical Services plan from the Emergency Medical Services Director of the Smyrna Fire Department and submit the approved plan to the Office of the Assistant City Administrator no later than 30 days prior to event.
4. Applicant agrees to secure Comprehensive Liability Insurance up to $500,000 per the terms of Chapter 11 of the City Code and to provide documentation to the Assistant City Administrator no later than 30 days prior to the event. Please refer to the Insurance Guidelines for clarification.
5. Applicant confirms that all information that has been provided is accurate to the best of their knowledge and no misrepresentations have been made. False or inaccurate information may result in the denial or revocation of the event permit.

Proof of all required items need to be attached to the application.

Permit will receive initial approval for the date and time of the event and final approval will only be received after all documents (proof of insurance, approved EMS plan) have been provided to the City of Smyrna at least 30 days prior to event.

**I also understand that the permit fees, and fees due the officers are to be paid before the start of the event.**

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(Police Department Use Only)**

Approve \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deny \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Modification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Department Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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See Attachments \_\_\_\_\_\_\_\_

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**PERMIT**

1. The application for Racing Event Permit as outlined in the application section is hereby granted for the stated purpose at the listed location and date.

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Assistant City Administrator Date

*Denied for the following reasons*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Assistant City Administrator Date

Notice to permit holder: This permit, any limitations, attachments, or instructions must be kept with the person in charge and on the premises where the event is to be held.

**The mere filing of the permit application does not mean that the date requested is secured. It is strongly recommended that any event should not be published or advertised until the final approval is received.**

**City of Smyrna**

2800 King Street (City Hall)

Smyrna GA 30080

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| --- | --- | --- |
| City Hall Reception | Special Ops/Police Department | Fire Department |
| 770-434-6600 | 678-631-5124 | 770-434-6667 |
| Community Relations | **Parks and Recreation Department** | **EMS Director (Fire)** |
| 678-631-5401 | 770-431-2842 | 678-631-5461 |



*Created June 2017*