



# APPLICATION FOR SPECIAL EVENTS

APPLICANT NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
 ORGANIZATION NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
 \_\_\_\_\_ LOCAL SPONSOR \_\_\_\_\_ EVENT ORGANIZER \_\_\_\_\_ CHARITY  
 ADDRESS: \_\_\_\_\_  
 CITY / STATE / ZIP: \_\_\_\_\_  
 ORGANIZATION TAX STATUS: \_\_\_\_\_  
 (Note: No such events shall be held on the public roads of Oconee County, Georgia, unless same are sponsored by a non-profit, charitable institution, local school or local church.)

EVENT NAME: \_\_\_\_\_  
 EVENT DATE: \_\_\_\_\_ NO. OF PARTICIPANTS: \_\_\_\_\_ (Estimated)  
 EVENT START TIME: \_\_\_\_\_ EVENT END TIME: \_\_\_\_\_  
 TYPE OF EVENT: \_\_\_\_\_ Bike Race \_\_\_\_\_ Road Race \_\_\_\_\_ Sporting Event  
 \_\_\_\_\_ Other (Please explain): \_\_\_\_\_  
 PUBLIC RIGHTS-OF-WAY WILL BE UTILIZED AS FOLLOWS: \_\_\_\_\_  
 ROAD NAMES: \_\_\_\_\_  
 MAP OF ROUTE ATTACHED (required): \_\_\_\_\_ Yes \_\_\_\_\_ No

### APPLICATION FEE PAYMENT

All applications for events must be submitted to the Board of Commissioners 30 days prior to event date. Date of fee payment will be considered the application date.

FEE-\$40.00 PAID: \_\_\_\_\_ PAYMENT DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

- (Initials) ADDITIONAL REQUIREMENTS FOR USE OF PUBLIC ROADS & COUNTY RIGHTS OF WAY
- \_\_\_\_\_ 1. I understand that arrangements must be made for security and restroom facilities/waste control. Proof that this requirement has been met is attached.
  - \_\_\_\_\_ 2. I understand that race sponsors must have a copy of the County Ordinance, which regulates the use of public rights-of-ways for sporting or recreational purposes, in their possession during event. By signing this agreement below, I agree I have received said ordinance and will comply with all requirements therein.
  - \_\_\_\_\_ 3. I understand that arrangements must be made and approved through the Sheriff's Department to obtain security for this event.
  - \_\_\_\_\_ 4. I understand additional information may be required before granting approval of this event.
  - \_\_\_\_\_ 5. I understand that the County reserves the right to reject any and all applications in the interest of public safety, health and welfare.
  - \_\_\_\_\_ 6. This application does not apply to any event held in or through any municipality in Oconee County. Proof of municipality approval is required.

Submitted By: \_\_\_\_\_  
 \_\_\_\_\_  
 Applicant Signature  
 \_\_\_\_\_  
 Date

Approved By:

_____	_____
Sheriff's Department	Date
_____	_____
Director, Code Enforcement	Date
_____	_____
Board of Commissioners	Date
_____	_____
Chairman, Board of Commissioners	Date