



SPECIAL EVENTS APPLICATION

APPLICANT INFORMATION

Applicant: _____

Address: _____

Phone: _____ Email: _____

EVENT INFORMATION

Description: _____

Location: _____

Date: _____ Time: _____

of People: _____

Are These Involved:

Alcohol Yes No
Vehicles Yes No

Amusement Rides Yes No
Animals Yes No

- My signature certifies that the Sponsor and I of this event agree to all special instructions and accept all liability regarding the event.
- Applicant has the permission of the property owner to hold special event.
- Applicant understands that Rabun County may require permits separate from the City of Clayton.
- Upon review of the application, the City of Clayton reserves the right to require the applicant to provide proof of insurance.

Applicant Signature: _____ Date: _____

OFFICIAL USE ONLY | APPROVAL

Chief of Police: _____ Date: _____

P&Z Administrator: _____ Date: _____

Date Received: _____ Approved Denied Date: _____