



APPLICANT INFORMATION

Company Name: _____ Contact Name: _____
 Address 1: _____ Phone: _____
 Address 2: _____ Fax: _____
 City/State/Zip: _____ Email: _____

EVENT INFORMATION

**If the answer is "YES" to any of the following questions, specific information must be provided for consideration!
 Please attach additional sheets if necessary.**

1. Type of Event: (Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Athletic Walk/Race | <input type="checkbox"/> Festival/Carnival | <input type="checkbox"/> Reunion |
| <input type="checkbox"/> Concert | <input type="checkbox"/> Film/Photo Shoot | <input type="checkbox"/> Vigil/Protest |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Parade | <input type="checkbox"/> Wedding |
| <input type="checkbox"/> Fair/Market | <input type="checkbox"/> Reception | <input type="checkbox"/> Other: _____ |

2. Proposed name of your event: _____

3. Has this event been previously held? YES NO

IF YES, please list date, venue, venue contact and phone.

Venue: _____ Venue Contact: _____

Event Date: _____ Phone: _____

4. Proposed Dates and Times of your Event:

	START DATE	START TIME	END DATE	END TIME
SET UP	_____	_____	_____	_____
EVENT	_____	_____	_____	_____
TAKE DOWN	_____	_____	_____	_____

5. Describe the activities of your event (attach additional sheet if necessary): _____

6. Estimated Event Attendance: _____

7. Area(s) of the Park Desired: (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Entire Park | <input type="checkbox"/> Garden Pavilion East | <input type="checkbox"/> Game Plaza |
| <input type="checkbox"/> North Park | <input type="checkbox"/> Garden Pavilion North | <input type="checkbox"/> Belvedere |
| <input type="checkbox"/> South Park | <input type="checkbox"/> Great Lawn North | <input type="checkbox"/> Any Available |
| <input type="checkbox"/> Southern Co. Amphitheater | <input type="checkbox"/> Great Lawn South | <input type="checkbox"/> Not Sure |

8. How do you plan to publicize this proposed event? Please note that any material using the name "Centennial Olympic Park" must be approved by Park Administration before printing or distribution. _____

9. If you are applying for an Athletic Race or Walk, please attach a proposed route map.

10. Will any public street(s) need to be partially closed or blocked off during your proposed event? YES NO

If YES, any request to close Andrew Young International Blvd. through the Park must be submitted to the Park Office. To receive a street or lane closure from the City of Atlanta, you must obtain a permit from the Atlanta Police Dept. Special Operations Section (404) 209-5260. Please attach a copy of the request to this form.

11. Do you plan on providing musical entertainment for this event? YES NO

If YES, please describe the set-up, equipment to be used (i.e. stage, sound system, lighting) and type of music. _____

12. Do you plan on providing other entertainment for this event? YES NO

If YES, please describe the type of entertainment and set-up requirements. _____

13. Will a tent, stage or any other temporary structure be erected for this event? Please note the YES NO
Park does not permit the staking of tents. **All tents must be secured by alternative means (i.e. water barrels, cinder blocks, sandbags).**

If YES, please describe or attach a layout diagramming the location of all items. _____

If tents are erected, please list the number of tents, their size and capacity. _____

14. Will your event require the use of electricity? YES NO

If YES, please list required equipment and wattage. Please note that all electrical power will be charged at Georgia World Congress Center prevailing rates. The Park does not allow generators! _____

15. Is a registration, membership, ticket or admission fee required to attend/participate in your event? YES NO

If YES, please explain the type of fee, amount and purpose of the fee, collection method and security control. _____

16. Will a caterer be used at this event? YES NO

If YES, please list the company name, address, phone, fax and contact name of the catering company. Please note Levy Restaurants (404) 223-4500 is the official caterer for Centennial Olympic Park. If an outside catering company is used, there will be a 10% surcharge on the final bill.

Catering Company: _____

Contact Name: _____

Address: _____

Phone: _____

City/State/Zip: _____

Fax: _____

17. Do you plan to serve beer, wine or liquor during this event? Please note that Levy Restaurants YES NO
(404) 223-4500 has exclusive rights to serve alcoholic beverages in Centennial Olympic Park.

18. Will you be providing portable toilets on-site for this event? Please note that Centennial Olympic YES NO
Park Administration may require portable toilets depending on projected event attendance. Park Administration must
approve location of portable toilets.

If YES, please indicate the number of units: _____

19. How do you plan to remove event site refuse/garbage during and after the event? _____

20. Have you made provisions for on-site medical services? Depending on projected attendance, YES NO
Park Administration may require medical coverage.

If YES, please list the name, address, phone, fax and contact person of the Medical Services Company.

Medical Company: _____ Contact Name: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

21. Have you made provisions for on-site security? Depending on projected attendance, Park YES NO
Administration may require security to be present.

If YES, please list the name, address, phone, fax and contact person for the Security Company.

Security Company: _____ Contact Name: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

Submitting this application is not a confirmation to conduct your planned event. Confirmation, if granted, will be in
the form of a **LICENSE AGREEMENT** issued to the organization or person responsible for conducting the event.

PLEASE DO NOT SEND OUT NOTICES, PUBLICITY, INVITATIONS, ETC. prior to receiving and executing
a license agreement.

The Authority will provide the policies, procedures and requirements for holding an event.

As the applicant, I understand that failure to complete this form may result in the application being turned down.

PLEASE SIGN AND DATE BEFORE RETURNING THIS APPLICATION.

Signature of Applicant

Date

OFFICIAL USE ONLY

Date Received: _____ Received By: _____

Action Taken: _____ Action Date: _____ Authority: _____

Notes: _____

