



APPROVED BY THE LCPC: _____ DATE: _____
 APPROVED BY THE DIRECTOR OF INSPECTIONS: _____ DATE: _____
 APPROVED BY THE FIRE MARSHAL _____ DATE: _____
 APPROVED BY THE CHIEF OF POLICE _____ DATE: _____

OUTDOOR EVENT PERMIT APPLICATION

**THIS APPLICATION MUST BE COMPLETED AND SUBMITTED 15 DAYS PRIOR TO THE OUTDOOR EVENT
 PLEASE DO NOT BEGIN ADVERTISING YOUR EVENT UNTIL YOUR APPLICATION IS APPROVED.**

APPLICANT INFORMATION

Name: _____
 Business: _____
 Mailing Address: _____ Suite/Apt. #: _____
 City, State: _____ Zip Code: _____
 Primary Phone #: _____ Alternate Phone #: _____
 E-Mail: _____

Address of **Outdoor Event**: _____
 Name of **Outdoor Event**: _____
 Date/Time of **Outdoor Event**: Beginning Date: _____ End Date: _____ Event Time: _____ AM / PM until _____ AM / PM
 Set-Up Time: _____ AM / PM Break-Down Time: _____ AM / PM

Anticipated Number of Participants: _____
 Alcohol will be: Sold Served Food Will Be: Sold Served Onsite Cooking Yes No
 Has a Food Service permit been granted? Yes No By The Department of Public Health N/A
 Will Tents be used? Yes No How many? _____ Will sound amplification equipment be used? Yes No
 Will artificial lighting be used? Yes No Will a sign or other type of display be used? Yes No

Detailed Description of Outdoor Event: *(Include information about activities, structures, vendors, merchandise, etc.)*

PRINTED NAME AND SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

*I acknowledge and affirm that this **Outdoor Event** will occur in accordance with the terms and conditions stipulated therein of the permit.*

PRINTED NAME AND SIGNATURE
 OF PROPERTY OWNER _____ Date: ____/____/____

OFFICIAL USE ONLY BELOW THIS LINE

Permit Type: Assembly Temporary Outdoor Sales Non-Profit **Outdoor Event** Carnival / Fair
 Amusement Building Exhibit / Trade Show Other _____
 Food safety inspections will be performed by: By The City of Hinesville By The Department of Public Health N/A

PERMIT FEE COMPUTATIONS

<input type="checkbox"/> DAILY FEE OF EVENT:.....\$ _____ x _____ DAYS	TOTAL DAILY FEE AMOUNT: \$ _____
<input type="checkbox"/> ADMINISTRATIVE FEE:\$ _____	\$ _____
<input type="checkbox"/> TENT INSPECTION FEE:.....\$25.00 (IN EXCESS OF 120 SF)	\$ _____
<input type="checkbox"/> PORTABLE COOKING APPLIANCE INSPECTION FEE:..\$10.00 (PER COOKING SITE)	\$ _____
	TOTAL PERMIT FEE: \$ _____