Dawson County
Special Event Business License Application

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Dear Special Event License Applicant:

Attached is an application for a Special Event Business License. In accordance with the Dawson County Business License Ordinance, Section 3.06, this application must be completed and submitted to Planning and Development. The County Manager or the Dawson County Board of Commissioners (when applicable) has authority to approve the application.

Events requiring a Special Use Permit:

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<th>Agri-Tourism Event</th>
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Please see application materials. The Dawson County Manager and/or the Board of Commissioners shall make investigations and hold hearings (if applicable) to assess the impact of the event on the health, safety, general welfare and security of Dawson County citizens.

If you have any questions concerning this application or the Dawson County Business License Ordinance, please feel free to contact Dawson County Planning and Development at 706.344.3500 x42256.

Sincerely,

_Dawson County_
_Planning and Development_
_Business License Section_
B. Notice to Applicants

This application contains information required for a Special Event Business License. If you have questions, please contact Planning and Development by phone 706.344.3500 x42256 or visit our office at 25 Justice Way, Suite 2322 (Dawson County Government Center).

To avoid unnecessary delays, please be sure the application is complete. Please be advised that incomplete applications or applications submitted without all required attachments will be REJECTED. To prevent this, included is an applicant checklist. Please use the checklist to ensure that all required information is included.
C. Special Event Business License Requirements

Business License Ordinance Section 3.06 -
Special Requirements for Licensing of Certain Businesses

The power to issue a business license to a tourist camp, cabin camp, tourist house, road house, public dance hall or similar establishment, flea market, outdoor exhibition, outdoor performance, outdoor music festival, or other places of outdoor public assembly shall be reserved specifically for the Board of Commissioners.

The applicant shall be responsible for providing sufficient security personnel, emergency medical facilities, emergency personnel, maintenance personnel, access to public roads, toilet facilities, and drinking water at the applicant’s expense.

Upon the completion of the application, an investigation resulting in a recommendation shall be placed before the Board of Commissioners and/or the County Manager. The application shall be considered at a work session of the Board of Commissioners. If said business conducts any business prior to the approval the result shall be an automatic denial of the business license.

In compliance with the Dawson County Noise Ordinance, businesses granted a license shall adhere to the following restrictions:

Section VI - Special Permits
(c) A permit shall not be granted for any event that includes the hours between 11:00 p.m. and 7:00 a.m. Sunday through Thursday and between the hours of 12:00 midnight and 7:00 a.m. on Saturday and Sunday mornings.

PLEASE BE AWARE THAT THERE WILL BE VISITS TO THE SUBJECT PROPERTY BY PLANNING STAFF, AND POSSIBLY BOARD OF COMMISSION MEMBERS. THIS IS NECESSARY TO MAKE SOUND DECISIONS ON YOUR REQUEST. PROPERTY SHOULD BE ACCESSIBLE TO COUNTY STAFF OR ITS AGENTS AT ALL TIMES.

A LETTER OF INTENT – This letter should state what type of event is planned and should provide the Commissioners and County Manager with any impact this event may have on the community. Please address any anticipated impact on the community with regards to SECURITY, HEALTH, LAW ENFORCEMENT, EMERGENCY SERVICES, UTILITIES and ROADS. Include with the letter any other information that will help the Commissioners or County Manager to make a decision.
SUBMITTAL & WORK SESSION SCHEDULE
If the application requires Board of Commissioner approval, Planning & Development will provide you with submittal dates for your application.

FAILURE TO APPEAR AT MEETINGS CONSTITUTES ABANDONMENT AND DISMISSAL OF THE CASE, UNLESS THE APPLICANT SHOWS JUST CAUSE BY REASON OF ILLNESS OR HEALTH OR OTHER EMERGENCY WITHIN A REASONABLE TIME, IN WRITING.

1. Application is considered at a commission work session.
2. Application is approved or denied at a voting session.

COMMISSION MEETINGS ARE HELD AT THE GOVERNMENT CENTER, 25 JUSTICE WAY, DAWSONVILLE, GEORGIA 30534.
Work sessions begin at 4:00 p.m. Voting sessions begin at 6:00 p.m.

Prior to the submittal date, applicants are encouraged to request and participate in a pre-application conference with Planning and Development staff to discuss the particulars of the request.

E. Application Checklist

[ ] LETTER OF INTENT
Include details of the event and potential impact on the community as to security, health, law enforcement, fire, emergency services, utilities, and roads.

[ ] ALL APPLICABLE BLANKS FILLED OUT ON THE APPLICATION
Attach additional sheets of paper, if needed. If something is not applicable to your event, write "N/A" in that blank.

[ ] SITE PLAN INFORMATION
Provide a detailed site plan showing location of proposed event and corresponding roads affected by the event.

[ ] PAID PROPERTY TAX RECEIPT
Obtain from the Tax Commissioner's Office at 25 Justice Way, Suite 1222 - Phone: 706.344.3520.
Special Event Business License Application

TMP ___________ Acreage of the request ________________________________

ZONING OF THE PROPERTY ________________________________

911 Street address of property: ________________________________

Submittal Date ___________ Time ___________ am pm Rec’d. By ___________ Staff initials

Board of Commissioners Work Session Date: ________________________________ (if applicable)

Board of Commissioners Meeting Date: ________________________________ (if applicable)

Applicant Information
(Authorized Representative)

Printed Name __________________________________________________________________

Address __________________________________________________________________

Phone __________________________________________________________________

Email Address __________________________________________________________________

Status [ ] Owner [ ] Authorized Agent [ ] Lessee [ ] Option to purchase

NOTE: If applicant is other than owner, enclosed Property Owner Authorization form must be completed.

Property Owner Information

Name __________________________________________________________________

Address __________________________________________________________________

Phone __________________________________________________________________
Property Information

911 Street Address of Property

Directions to Property

Tax Map & Parcel # (TMP)

Land Lot(s) District Section

Commission District #

Subdivision Name Lot #

Current Zoning Current Use of Property

(Example: residence, farm, commercial)

SURROUNDING ZONING:

North South

East West

PROPOSED ACCESS:

Access to the development will be provided from:

Road Name

Type of Road Surface

SITE PLAN: Attach detailed site plan.

Site plan notes:
Requested Action & Details of Proposed Use

Special Event Business License for ____________________________________________

__________________________________________________________________________

DATE (S) OF THE EVENT ______________________________________________________

Anticipated Attendance ________________________________________________________

Existing Utilities: [ ] Water [ ] Sewer [ ] Gas [ ] Electric

Number of Parking Spaces _____________________________________________________

Number of Maintenance Personnel: _____________________________________________

Nearest Emergency Medical Clinic: ____________________________________________

Distance to Clinic: __________________________________________________________

Total # of Toilet Fixtures Provided: ____________________________________________

Total # of Public Water Fountains: _____________________________________________

Proposed Hours of Operation: M-F _____________________________________________
(See page 5 for times not permitted to operate.) Sat ______________________________
Sun ____________________________________________

Is there a charge for admission, a ticket, or a tour? □ Yes □ No

Is there a temporary tent structure? □ Yes □ No
If yes, what is the square footage? __________________________

Are food vendors participating in the event? □ Yes □ No
If yes, are they licensed by the Environmental Health Department? Yes No
(Provide copy of licenses)
If yes, how many vendors will participate? __________________________

Will alcohol be served or sold during the event? □ Yes □ No
If yes, what type? □ Beer □ Wine □ Liquor
Requested Action & Details of Proposed Use
(Continued)

Is there any potentially dangerous or hazardous activity?  □ Yes  □ No
If yes, please describe ______________________________________________

____________________________________________________________________

Will any national or local celebrity be participating in the event?  □ Yes  □ No
If yes, provide name and describe type of participation ____________________________

____________________________________________________________________

____________________________________________________________________

Will there be any media coverage?  □ Yes  □ No
If yes, provide name(s) of media and describe type of coverage ____________________________

____________________________________________________________________

____________________________________________________________________

Do you foresee any unusual or excessive burden on the
Sheriff’s Department, Emergency Services, County
Marshal, or other county personnel?  □ Yes  □ No
If yes, describe ______________________________________________________

____________________________________________________________________

____________________________________________________________________

\textbf{Note: that as a condition on the issuance of a temporary special event business license, the license holder shall indemnify and hold Dawson County harmless from claims, demand, or cause of action that may arise from activities associated with the special event.}
NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, DAWSON COUNTY

I, (Print Name)________________________________________, DO SOLEMNLY
SWEAR, SUBJECT TO PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS
AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONAL
STATEMENT ARE TRUE AND CORRECT.

________________________________________
Applicant's Signature

I HEREBY CERTIFY THAT ___________________________ SIGNED HIS/HER NAME
TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND
UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER
OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS
AND ANSWERS ARE TRUE AND CORRECT.

THIS _____ DAY OF _____________________ 20 __.

________________________________________
Notary Public

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FOR OFFICE USE ONLY:                APPROVALS:               DATE:

Chairman,                      Board                      of
Commissioners

Sheriff

Emergency Services

Environmental Health

County Marshal

Planning Director

County Manager
PROPERTY OWNER AUTHORIZATION

I / we ____________________________ hereby swear that I / we own the property located at (fill in address and / or tax map & parcel #):

Address: ____________________________________________________________

TMP: ______________________________________________________________

as shown in the tax maps and/or deed records of Dawson County, Georgia, and which parcel will be affected by this request. I hereby authorize the person named below to act as the applicant or agent in pursuit of a business license for a special event held on this property. I understand that any license granted, and/or conditions or stipulations placed on the property will be binding upon the property regardless of ownership. The under signer below is authorized to make this application.

Printed Name of applicant or agent ______________________________________

Signature of applicant or agent __________________________ Date ____________

Mailing address ______________________________________________________

City, State, Zip ______________________________________________________

Telephone Number ____________________________________________________

Printed Name of Owner(s) _____________________________________________

Signature of Owner(s) __________________________ Date ________________

Notary Public __________________________________________ Date __________

{ }

Notary Seal

(The complete names of all owners must be listed, if the owner is a partnership, the names of all partners must be listed, if a joint venture, the names of all members must be listed. If a separate sheet is needed to list all names, please identify as applicant or owner and have the additional sheet notarized also.)