

CITY OF SMYRNA
EVENT - PERMIT APPLICATION
(Must be submitted 60 days prior to event)

Name of Organization: Vision Rehabilitation Services
Name of Representative: Lily Pabian / Sharon Croyle

Address: 28330 South Lake Drive, Suite 125
City: Smyrna State: GA Zip: 30080

Telephone #: 770432-7280 Fax #: _____

Purpose of Event Permit: Spectacular Chase

Event to be held in Smyrna on: Saturday October 18, 2014

Proposed assembling location: CoBB Park

Time of assembling: 6 AM

Time event begins: 8 AM

Time ending of event: 11 AM

(See
Route
attached)

Description of event:
6th annual 5K/1K Race through Smyrna

This information contained in the permit application will be submitted to the Smyrna Police Department and other related departments. Any changes in the date, time, composition, and/or route of the event must be approved by the Police Department and City management and/or Mayor and Council. Upon approval of this application, a permit will be issued. The permit is to be carried by the lead representative of the event and is to be shown upon request. The City of Smyrna reserves the right to deny permission for activities in the streets and parks of the City.

Applicant: _____ Date: 2-19-2014

Approved by: Sgt. Kellie Date: 2-27-14
Traffic Supervisor/Deputy Police Chief/Chief - Smyrna Police Department

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Other Department/Management Approval: _____