Application Contact: Special Operations, Smyrna PD – (678)-631-5124

Application for Racing Event Permit

CONTACT FOR APPLICATION PROCESS:
Special Operations, Smyrna Police Department
Phone: (678)-631-5124
Fax: 770-431-2870
2646 Atlanta Rd SE
Smyrna, GA 30080

Please print legibly or type.

6/20/18
Date of Application

I. Permit Applicant Information

Applicant's Full Name Lisa Dunn
Address 1115 Vinings Grove Way SE
Phone # 4055146101 FAX #
Email boomer dunn@bellsouth.net

*** Application must include a copy of the applicant's state issued photo ID.**

II. Event Organizer Information.

Organization/Group Name Smyrna Little League
Name of Event 12 year old Little League State Tournament
Address 1270 Hunter Street Brinkley Park
Phone # FAX#
Email Smyrnallbaseball@gmail.com

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III. Event Coordinator/Director.

Please provide the complete information and contact info for the professional race coordinator. Include a 24-hr contact number where they can be reached regarding the event.

Name: Lisa Dunn or Ethan Shapiro
Phone Number: 4055146101 404-840-3451
Email Address: boomerdunn@bellsouth.net ethanshapiro5@gmail.com

***Application must include a copy of the coordinator's state issued photo ID.**

IV. Purpose.

Please describe the reason for your application and the event:
We would like to close Hunter Street during the tournament games to provide safety behind Hambrick field.

V. Event Details. tentative times: Sat 9:00am-5:00pm Sun 11:00am-5pm M-F 4:00-10pm

Date of Activity (mm/dd/yy) 7/14/18 – 7/21/18 possibly until 7/22/18
Starting Time _____ Finishing Time _____
Number of participants _____ Number of Vehicles (if any) _____

VI. Event Route.

Racing Events must select a pre-approved route as designated by the Police Department.

5K: Route # _____ 10K Route # _____

Attach a copy of the proposed route and indicate on the map any planned assembly locations.

Identify specific assembly locations and describe any planned activities or intended uses for those locations: _____

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VII. Applicant Certification

1. Event organizer must include an executed copy of the release and indemnity form signed by a representative authorized to sign such a document.

2. Applicant agrees to secure an approved Emergency Medical Services plan from the Emergency Medical Services Director of the Smyrna Fire Department and submit the approved plan to the Office of the Assistant City Administrator no later than 30 days prior to event.

3. Applicant agrees to secure Comprehensive Liability Insurance up to $500,000 per the terms of Chapter 11 of the City Code and to provide documentation to the Assistant City Administrator no later than 30 days prior to the event. Please refer to the Insurance Guidelines for clarification.

4. Applicant confirms that all information that has been provided is accurate to the best of their knowledge and no misrepresentations have been made. False or inaccurate information may result in the denial or revocation of the event permit.

Proof of all required items need to be attached to the application.

Permit will receive initial approval for the date and time of the event and final approval will only be received after all documents (proof of insurance, approved EMS plan) have been provided to the City of Smyrna at least 30 days prior to event.

I also understand that the permit fees, and fees due the officers are to be paid before the start of the event.

Applicant Signature _____ Date 6/22/18

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(Police Department Use Only)

Approve _____ Deny _____ Modification_____

Police Department Comments _____

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See Attachments _____

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