



Walk/Run Permit

Applicant and Sponsoring Organization Information

NAME:

STREET ADDRESS:

CITY / STATE / ZIP CODE:

DAY PHONE:

FAX NO.:

E-MAIL ADDRESS:

SPONSORING ORGANIZATION:

NON-PROFIT GOVT.

CONTACT PERSON "ON SITE" DAY OF EVENT:

CELL PHONE

DOES THIS EVENT BENEFIT A CITY OF DECATUR NON-PROFIT ORGANIZATION? LIST:

IS THIS A FIRST TIME EVENT? YES NO

IF HELD BEFORE, WHERE AND WHEN?

Walk/Run Information

TITLE:

DATE:

The City of Decatur has two predetermined routes, detailed at the end of this application. Please select the route you wish to use:

DOWNTOWN ROUTE OAKHURST ROUTE

OTHER (Attach for review and final approval by the City Of Decatur)

Please note that double loops are not permitted for safety reasons.

COST FOR PARTICIPANTS:

RACE HOURS: START: END:

SET-UP: DATE: TIME:

BREAK DOWN: DATE: TIME:

ASSEMBLY AREA: DISBANDING AREA:

EXPECTED ATTENDANCE: PARTICIPANTS: SPECTATORS:



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Race Details

ATTACH A SCHEDULE OR BROCHURE OF ALL ACTIVITIES ASSOCIATED WITH THE RACE

WILL RACE HAVE AMPLIFIED SOUND? IF YES, PLEASE DESCRIBE:

Note: Amplified sound must not be used before 8 am or after 10 pm in areas adjacent to residential property.

Cleanup/Sanitation

What is your clean-up plan during and after the event?

A \$250 sanitation deposit is required. Please make check payable to City of Decatur and must be separate check which will be returned upon confirmation that site and route are left clear of litter, trash and recyclables.

ALL EVENTS MUST HAVE A RECYCLING PLAN. WHAT IS YOUR RECYCLING PLAN DURING AND AFTER THE EVENT?

For ideas on recycling plans, please visit one of the websites referenced in the Event Recycling Guide.

Portolets

The event must rent portable chemical toilets to accommodate the participants. The city recommends one chemical toilet and one handicap unit for every 250 attendees, or portion thereof. A handicap unit is required. We recommend Pit Stop, a company that is familiar with Decatur events and portolet placement. Their contact number is 770-439-2888.

NAME OF PORTOLET COMPANY BEING USED: NUMBER OF PORTOLETS:

Insurance

A certificate of insurance must be filed with the Decatur Special Event Office ten working days before the event. The city requires all certificates to be submitted on a standard **ACORD** form. The City of Decatur must be listed as additional insured with respect to general liability. A minimum of \$1,000,000 liability insurance is required.

Insurance form attached.



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Street Closure Information

NAMES OF STREETS TO BE CLOSED:

BETWEEN AND

BETWEEN AND

BETWEEN AND

BETWEEN AND

The event organizer is responsible for notifying affected businesses and residents of street closures.

DESCRIBE YOUR NOTIFICATION PLAN:

Security Needs

PLEASE DESCRIBE YOUR SECURITY NEEDS FOR THE WALK/RUN.

Include information on amount of money involved. Final determination on officer needs will be determined by the City of Decatur.

I WILL HIRE CITY OF DECATUR OFFICERS FOR THIS EVENT.

The special non-profit rate for City of Decatur officers is \$50 per hour per officer, minimum of three hours per officer.

I WILL HIRE DEKALB COUNTY OFFICERS FOR THIS EVENT.

Arrangements for DeKalb County officers must be made through DeKalb County.

Emergency Medical Services

DESCRIBE YOUR PLAN FOR PROVIDING EMERGENCY MEDICAL SERVICES:



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Weather Emergency Procedures

1. Events are held rain or shine. In the instance of extremely dangerous weather such as lightning, the City of Decatur and the Emergency Manager/Fire Chief (or her designee) will make a decision about the appropriate course of action.
2. The Emergency Manager will be in touch with the event contact person before the event.
3. When lightning and/or thunder occurs, advise participants to seek shelter in car or building. Wait 20-30 minutes before proceeding

I HAVE READ AND UNDERSTAND THE CITY OF DECATUR WEATHER EMERGENCY PROCEDURES.

Agreement and Signature

A non-refundable processing fee of \$150 is required at the time the application is submitted to the City of Decatur. Applications may be submitted a maximum of nine months in advance and **must** be made a minimum of 20 business days in advance. Note: Subject to road closings and unexpected circumstances.

I, THE UNDERSIGNED REPRESENTATIVE HAVE READ THE RULES AND REGULATIONS WITH REFERENCE TO THIS APPLICATION AND AM DULY AUTHORIZED BY THE ORGANIZATION TO SUBMIT THIS APPLICATION ON ITS BEHALF. THE INFORMATION HEREIN IS COMPLETE AND ACCURATE.

NAME (PRINTED):

SIGNATURE:

DATE:

\$150 PERMIT FEE IS ENCLOSED.

SEND YOUR COMPLETED APPLICATION TO:

City of Decatur Active Living
Attn: Sara Holmes, Interim Assistant Director
PO Box 220, Decatur, GA 30031
678-553-6541, Fax: 404-371-1593



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Office Use Only
DATE RECEIVED:
<input type="checkbox"/> \$150 APPLICATION FEE RECEIVED
APPROVED BY:
DATE:
<input type="checkbox"/> \$250 SANITATION BOND RECEIVED
<input type="checkbox"/> ACORD FORM RECEIVED