CITY OF LAWRENCEVILLE PUBLIC ASSEMBLY APPLICATION

Parade: Including any march, procession, demonstration, ceremony or motorcade consisting of persons, animals or vehicles, or a combination thereof, upon the streets, parks or other public grounds within the city with an intent of attracting public attention, if thirty (30) or more persons are expected to be involved, or that affects or may reasonably be expected to significantly affect the normal flow or regulation of vehicular or pedestrian traffic upon the streets, sidewalks, parks, or other public grounds.

Public Assembly: Any meeting, demonstration, picket line, rally or gathering that is expected to involve thirty (30) or more persons for a common purpose as a result of prior planning that occupies any public facility or public area in a place open to the general public.

Which permit are you requesting? [ ] Assembly [ ] Parade / March

Application date: _______________________ Requested Location: _____________________________________________

Proposed Name of Event: __________________________

Event Organizer Contact Name: ________________________________________________________________

Requested Date(s) of Event in Prioritized Order (3):

_______________________ (MM/DD/YYYY)

_______________________ (MM/DD/YYYY)

_______________________ (MM/DD/YYYY)

Requested Start time of the Event: _________ A.M or P.M

Requested End time of the Event: ____________ A.M or P.M

- Copy of Driver’s License – must match event organizer name.
- Submit applications to the Office of Community Relations (located on the 4th floor at City Hall)
  PO Box 2200, Lawrenceville GA 30046.
- Questions? Call the City’s Event Staff at 678.407.6653.
- Additional requirements will be distributed with event approval.
- Incomplete applications or applications without application fee will NOT be considered.
- Submission of application does NOT constitute acceptance.
- Additional fees can occur if guidelines are not followed.

See attached copy of City of Lawrenceville Parades and Assemblies Ordinance. This document can also be found at www.lawrencevillega.org/Events
1. **Person/Organization Submitting Application:**

   Event Organizer Name: __________________________________

   Primary Phone: ___________________  Cell Phone: ___________________

   Residence Address: ____________________________________________
   Street / City / State

   Business Address: _____________________________________________
   Street / City / State

   Occupation: ________________________________________________ *

   E-Mail: ____________________

   Name of Organization: ____________________________

   Estimated number of Attendees: ________________________________

   *A valid email address is required for application to be considered.

   Describe the event and state the purpose or objective of the Proposed Event.

   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________

   Please list any additional comments that you deem necessary for your event:

   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________

   I have carefully read and will abide by the City of Lawrenceville’s Parades and Assemblies Ordinance and swear that statements I made herein are true and correct to the best of my knowledge and belief.

   *(Signature is required)*

   Applicant Signature: ____________________________________________

   Applicant Printed Name: _________________________________________  Date: ____________________
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This page is for office use only.

Additional Information to be communicated to event organizer:

Additional Fees: ________________________________________________________________

______________________________________________________________________________

Approved Sound Equipment: ______________________________________________________

Other: _________________________________________________________________________

______________________________________________________________________________