Citysponsored Mayor's Office of S Outdoor Fe 43 Cd Annual Status Fo	estival estival	Processed By:
Event Name: Atlanta 9922	test	
Event Organizer:	Phone:	516,600
Email: Frisins Da Hanlaga.		eld_404.863.1074 iereventslive.com SAB
Event Date: 5 / 23 / 2020 hru	5,24,200	Aug 1&2 2020
Location: Piedmant 1	Park	<u>9/3/21-9/6/2</u> 02 <i>°</i>
6-5-21 90 day deadline Date Receiv	ved: 2 11 20 Date Co	amended 1-12-21 empleted: 2/2/2020
6-30-21 65 day deadline 3 19 20 60 d 7-10-21 3 29 20	Time 6-20-21 75 day deadline -5-21 ay deadline 7-20-21 45 day deadline	18,20
Class: A Total Attendance Figures: \(\frac{1}{2}\) NPU: E \(\frac{1}{2}\) Council District: \(\frac{1}{2}\) Application		ew Event: Y/O
Date Items Needed Sent to Organizer:		2/26/20
Date Items Are Due from Organizer:	Approvals Due	0 11 3030
Date to Update Folder: Date Fo	older Updated:	
Comments:		AMENDED
Private Property Permission Letter □	D NR	
Sound check, Performance Schedule/Timeline	の な に に に に に に に に に に に に に	
EVENT ELEMENTS YES NO N/A	DATE	COMMENTS
Site Plan		
Received		
Elements (Tents/H2O &		
Alcohol stations) visible		
Sanitation Pla	n	
Received		
Approval Received		
		1

GENERAL INFORMATION

B	Today's Date	: 2/11/2020			
DESCRIPTION Event Title:	Atlanta Jazz Festival				
Description:	The Nation's largest FREE Jazz festivla featuring local, national and international Jazz performances, kid zones,				
(To be placed on the MOSE website and calendar.) food and merchandise vendors, artistic showcasing and much more.					
Purpose of Event: (Please describe the purpose of proposed event) To expose and entertain a diverse audience of Jazz aficionados, young jazz enthusiasts and aspirig more to the rich heritage and variety of Jzz as an authentic form of American musical expression.					
					Event Type: (Mark all components Of your event)
	Festival/Celebration Outdoor/Farmer's				
	Parade/Procession/March Athletic/Recreation Museum Special Attraction Private Party	,			
	Museum Special Attraction Private Party Concert/Performance Carnival	Fund Raiser Community			
	Race Other:	Community			
Anticipated Attendance *If your event is more t	Total: 100,000 Event Day 1: 50,000 Event I han two days, list the anticipated attendance for each day on a	Day 2:50,000 a separate piece of paper.			
What Class is your e	vent considered? ✓A B C D E				
If your event is a class prior to your event?	A, B or C event, would you like to schedule a meeting with t	he required festival monitors			
Will your guest arrive a	at once? Yes ✓No If no, what is peak attendance? Ap	x 7:00 p.m to 9:00 p.m			
Will your event have s	pectators that are not also considered participants? Yes	∕No			
DATE/TIME					
Setup	Date & Day of Week:SEE PG. 29Start Time: _	End Time_			
Event Day 1	Date & Day of Week:Start Time:	End Time_			
Event Day 2	Date & Day of Week:Start Time:	End Time_			
Dismantle	Date & Day of Week: _SEE PG. 29 _Start Time:				
*If any element of you each day on a separa	ur event schedule is longer than the space allotted above te piece of paper.	e, list start and end time for			
Rain Date	Day of Week:Start Time:End T	ime			
Rain or Shine Event					
LOCATION					
Piedmont Park,	1342 Worschester Drive NE	Atlanta, GA 30306			
Location Name	Address	City, State & Zip			
If event location is on b letterhead and signed b	usiness property, a letter giving permission to use property is ly owner or manager. All businesses must have required busin	required. Letter must be on less license.			
Location Description:	☐ Park Street Gated Event ☐ Sidewalk Other _				

Additional Date/ Times

Setup Day 1	Monday, May 18, 2020 7:00 am = 10:00 p.m	M on, July 27, 2020 7:00am-10:00pm
Setup Day 2	Tuesday, May 19, 2020 7:00 am - 10:00 p.m	T ues, July 28, 2020 7:00am-10:00pm
Setup Day 3	Wednesday, May 20, 2020 7:00 am - 10:00 p.m	Wed, July 29, 2020 7:00am-10:00pm
Setup Day 4		Thur, July 30, 2020 7:00am-10:00pm
Setup Day 5	Friday, May 22, 2020 7:00 am - 10:00 p.m	Fri, July 31, 2020 7:00am-10:00pm
Event Day 1	Saturday, May 23, 2020 7:00 am - 10:00 p.m	Sat, Aug 1, 2020 7:00am-10:00pm
Event Day 2	Sunday, May 24, 2020 7:00 am - 10:00 p.m	Sun, Aug 2, 2020 7:00am-10:00pm
Dismantle	Sunday, May 24, 2020 7:00 am - 10:00 p.m	Sun, Aug 2, 2020 7:00am-10:00pm
Dismantle	Monday, May 25, 2020 7:00 am - 10:00 p.m	Mon, Aug 3, 2020 7:00am-10:00pm
Dismantle	Tuesday, May 26, 2020 7:00 am = 10:00 p.m	Tue, Aug 4, 2020 7:00am-10:00pm

Sunday, Aug 29, 2021 7:00am-10:00pm Monday, Aug 30, 2021 7:00am-10:00pm Setup Day 1: Setup Day 2: Tuesday, Aug 31, 2021 7:00am-10:00pm Setup Day 3: Wednesday, Sept 1, 2021 7:00am-10:00pm Thursday, Sept 2, 2021 7:00am-10:00pm Setup Day 4: Setup Day 5: Event Day 1: Friday, Sept 3, 2021 7:00am-10:00pm Saturday, Sept 4, 2021 7:00am-10:00pm Event Day 2: Sunday, Sept 5, 2021 7:00am-10:00pm Monday, Sept 6, 2021 7:00am-10:00pm Event Day 3: Event Day 4: Monday, Sept 6, 2021 7:00am-10:00pm Dismantlé: Dismantle: Tuesday, Sept 7, 2021 7:00am-10:00pm Dismantle: Wednesday, Sept 8, 2021 7:00am-10:00pm

GENERAL INFORMATION

Today's Da	ite: <u>11/25/20</u>	<u>)19</u>		
Name of Ho	ost or Produc	cing Organization: City of Atlanta Mayor's Office of Cultural Affairs		
		ayor's Office of Cultural Affairs		
Applicant A	.ddress: <u>233</u>	3 Peachtree Street NE Suite 1700		
City: Atlan	nta	State: <u>GA</u> Zip: <u>30030</u>		
Telephone:	404-546-6	6856 Fax: 404-979-6063 Email: Fhsims@atlantaga.gov		
Public Con	tact:	Name F. Hunter Sims		
(Required) To 1 within the MOS and calendar		Address 233 Peachtree Street NE Suite 1700, Atlanta, GA 30303 Telephone/Fax		
und cascridar		Work: (404-546-5856) Fax: 404-979-6063		
		Email Fhsims@atlantaga.gov		
Non-Public		Name <u>Camille</u> R. Love Address 233 feachtree St. Soite 1760		
(Required for in only)	nternal use	Telephone/Fax(404) 546 - 6999 ()		
		Email		
		**Please supply a number that will be accessible during the proposed event.		
Media Cont		Name		
(If different from Contact) To be		Address Telephone/Fax		
within the MOSI	•	()()		
and calendar.		Email		
Vendor Con	tact: (If	Name		
different from Pu		Address		
Contact) To be p within the MOSE		Telephone/Fax		
and calendar.	- 770000	()()		
Web Addres	ss:	To be placed within the OSE website and calendar. http://:		
YES NO				
	Is this an annual event? How many years have you been holding this event? 42 Years			
⊠′	Has this event been permitted by the City of Atlanta? Last year permitted? 2019			
Ø	Do you want this event publicize on the City of Atlanta website?			
	Is your ever	nt an official part of a current citywide, statewide or nationwide event (i.e. Atlanta Pride		
	Celebration, N	lational Black Arts Festival, etc)? If yes, please list <u>Atlanta Jazz Festival</u> Page 5 of 28		

PROFESSIONAL EVENT ORGANIZER

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Address: Street 233 Peachtree Street NE	Submitteu	with this permit application.	Premier Events LLC Sara E	Brumfield & Laura Valente
City Atlanta. GA State GA Zip code 30303 Felephone: Day (404) 546-6856 Evening (404) 863-1074 (SB) Cellular (770) 241-4566 (LV) SPONSORS Please list your sponsors for this event: SPONSORS ORGANIZATION STATUS/ EVENT INFORMATION Is the Host Organization a commercial entity? Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must ATTACH a copy of your IRS 501 (c) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status. Is this event open to the public? Are patrons' admission, entry or participant fees required? If yes please provide amounts: Will there be onsite registration the day of the event? Are vendor, sponsor or other fees required?	Applicant/C	rganizer Name: <u>Franklin H. Sin</u>		= :
Felephone: Day (404) 546-6856	Address:	Street 233 Peachtree Street NE.	1825 MacArthur Blvd	Suite _1700
SPONSORS Please list your sponsors for this event: TBA ORGANIZATION STATUS / EVENT INFORMATION ES NO Is the Host Organization a commercial entity? Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must ATTACH a copy of your IRS 501 (c) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status. Is this event open to the public? Are patrons' admission, entry or participant fees required? If yes please provide amounts: Will there be onsite registration the day of the event? Are vendor, sponsor or other fees required?		City Atlanta, GA	State	<u>GA</u> Zip code <u>30303</u>
Please list your sponsors for this event: □ CRGANIZATION STATUS / EVENT INFORMATION □ Is the Host Organization a commercial entity? □ Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must ATTACH a copy of your IRS 501 (c) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status. □ Is this event open to the public? □ Are patrons' admission, entry or participant fees required? □ Will there be onsite registration the day of the event? □ Are vendor, sponsor or other fees required?	Telephone:	Day (<u>404) 546-6856</u>	Evening (404)863-1074 (SB)	_Cellular (770) <u>241-4566 (LV)</u>
ORGANIZATION STATUS / EVENT INFORMATION TES NO Is the Host Organization a commercial entity? Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must ATTACH a copy of your IRS 501 (c) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status. Is this event open to the public? Are patrons' admission, entry or participant fees required? If yes please provide amounts: Will there be onsite registration the day of the event? Are vendor, sponsor or other fees required?	-		Sponsors	
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Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must ATTACH a copy of your IRS 501 (c) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status. Is this event open to the public? Are patrons' admission, entry or participant fees required? If yes please provide amounts: Will there be onsite registration the day of the event? Are vendor, sponsor or other fees required?	ES NO			
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Are patrons' admission, entry or participant fees required? If yes please provide amounts: Will there be onsite registration the day of the event? Are vendor, sponsor or other fees required?	\square	copy of your IRS 501 (c) tax e	na fide tax exempt, nonprofit entity exemption letter providing proof and	? If yes, you must ATTACH a decrifying your current tax
If yes please provide amounts: Will there be onsite registration the day of the event? Are vendor, sponsor or other fees required?	extstyle ext	Is this event open to the publi	c?	
Are vendor, sponsor or other fees required?	$\mathbf{\Delta}$	Are patrons' admission, entry If yes please provide amounts	or participant fees required?	-
. To remain openior of other roca required;	\square	Will there be onsite registration	on the day of the event?	
	♂	Are vendor, sponsor or other If yes please provide amounts	fees required? s and cut-off date (if applicable):	

IMPACT MITIGATION

CITY COUNCIL DISTRICT

What Council District(s) is this event being held in?	District 6
---	------------

Who is the Council member(s): Jennifer N. Ide

For clarity on Council Member Districts, please call the City Council Office at 404.330.6030

YES NO

 \square

Have you notified the City Council member that represents the venue area of your event? If yes, please <u>ATTACH</u> a copy of the letter/email. Make sure that the notification includes the dates and times of all street/lane closures associated with your event, if applicable. Please be advised that notification must be sent to the affected Council Member, your permit will not be issued until proof of notification to the Council Member has been sent to MOSE.

NEIGHBORHOOD PLANNING UNIT

Which NPU(s) will be affected by this event? NPU E, F

For clarity on Neighborhood Planning Units, please contact the NPU Coordinator at 404.330.6145

The City of Atlanta NPU Coordinator will schedule you to meet with the appropriate NPU impacted by your event. You will receive information regarding your attendance date at your special events team review meeting. Please avoid scheduling meetings independent of the NPU Coordinator.

You should, however, inform the NPU chair of your event in advance of your scheduled NPU meeting. Make sure that the notification includes the dates and times of all street/lane closures associated with your event as well as the hours of any amplified sound, if applicable. Your correspondence should also inform them of your intent to present at a future NPU meeting as scheduled by the City's NPU Coordinator.

Please <u>ATTACH</u> a copy of correspondence sent to the NPU chair. Be advised that notification must be sent to the affected NPU, your permit will not be issued until proof of notification to the NPU has been sent to MOSE.

COMMUNITY

YES NO



Have you informed the immediate residents, businesses, places of worship, schools and other entitites that may be directly impacted by your event?

Applicants requesting any type of street closure in association with their event application should make sure to contact those residences, business and organizations along the street that you are requesting to be closed in advance. Failure to do so may delay issuance of your event permit.

If yes, please attach compies of the letter/email including a list of names/addresses of the people who received notification and the date that notification was distributed. Make sure that the notification includes the dates and times of all street/lane closures associated with your event as well as the housr of any amplified sound, if applicable. It is suggested that you get written acknowledgement of notification for your records.

ENTERTAINMENT AND RELATED ACTIVITIES

YES NO ☑ If yes, pleas ☑ Children's	Is there entertainment associated with your event? e indicate the types of entertainment (check all that apply): ☑ Live Music ☑ Disc Jockey (DJ) s Activity Animal Acts Theatrical Performance Other: <u>Visual Artist Showcase</u>					
	Please ATTACH a sound check and performance schedule/timeline if applicable.					
Number of S	Stages/Platforms Two Stages					
Number of F	Performers/Bands Min- Twenty Acts					
Local or Nat	ional Acts or Both? Both					
☑ ☑	Will sound checks be conducted prior to the event? If yes, State time 10:00 a.m Finish time 11:00 p.m					
Ľ	Will sound amplification be used? If yes, State time 10:00 a.m Finish time 11:00 p.m					
Ĭ	Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics? If yes, please ATTACH type of firework, map of set-up and fall-out area, and license of Operator. For more information, contact the AFRD Fire Safety at 404-546-7078. *If fireworks will take place in a City of Atlanta Park, you must obtain permission from the Office of Parks (404-817-6744) in advance. Fireworks are not approved until the permit is physically issued.					
☑	Are you sponsoring or allowing outside promoters or agencies to officially sponsor events outside of this event you are currently applying for a permit for? If yes, please ATTACH a list of each event with dates, times and locations.					
	Parking					
Please list a spaces avai	Please list all parking options for patrons and event staff. Please include approximate number of spaces available:					
YES NO	Will you encourage patrons to take public transportation? If yes, how will you inform them: Website, Social Media Platforms, Public Service Announcements, Print Ads					
How will you Traffic will be	handle traffic that arises from your event? managed by Atlanta Police Department Officers.					
	MARKETING AND PUBLIC RELATIONS					
YES NO	Will this event be marketed, promoted, or advertised in any manner?					
Local I ∨ MI	indicate the types of advertising (check all that apply): ☑Local Radio ☑ National Radio National TV ☑Cable TV ☑Local Newspaper ☑ National Newspaper ☑ Direct Mail/Flyers mail ☑Billboards					
	Will there by live media coverage during the event? If yes, please describe:					

Please **ATTACH** an explanation of your **GENERAL MARKETING PLAN/TIMELINE** of all advertisements.

MERCHANTS AND NON-FOOD VENDORS Yes No M Will items or services be sold at your event? If yes, please list general vendor categories. FOOD CONCESSIONS OR PREPARATION YES NO \square Does your event include food concession and/or preparation areas? If yes, please describe how food will be served and/or prepared. rendors YES NO \square Will food items be sold at your event? * Note: You must receive approval from Fulton or Dekalb County to sell food at Assemblies. A copy of your application must be submitted to the Mayor's Office of Special Events before your permit is approved. \square Do you intend to cook food in the event area?

If there is cooking with grease or charcoal, please specify disposal plan:

Indoors ☑Tent ☑Table ☑Food Truck

Electric

If yes, please specify method (Check all that apply):

If there will be more than one food vendor, please ATTACH a list of vendors and method of cooking for each. Make sure to indicate if they will be cooking under a tent or in a vehicle. If you have vendors that are cooking underneath a tent, you will need to ATTACH a Cooking Permit application. There is a fee associated with this permit. The application can be found in the appendix section of this application.

Other (specify)

Other (specify) _

YES NO

 \mathbf{A}

Will any fuel tanks need to be refueled/ re- stocked at anytime during the event?

✓ Will there be any fuel stored overnight?

☑ Gas

*Note: If there will be fuel stored onsite, you may need a fuel tank permit. The application can be found in the appendix section of this application. Please review the event needs checklist from the Fire Department if you are cooking underneath a tent. The checklist can be found under the frequently asked questions section.

TRANSPORTATION PLAN

		.			
of Transporta	tion prior to your pe	nformation must be subrermit being issued. For a	dditional information o	ontact 404-330-6501.	
Name of Asse	mbly Organizer respo	onsible for managing secur	ity plan: Franklin	Sara Sara	a Brumfield
-863-1074 <u>/</u> Telephone:	104.546-685	DEmail FHSINSE	attentaga go	Sara@Premier	eventslive.con
Event Date:	5/23 - 5/24	Event Name: 43rd A	Hanta Jurz	Festival	
7/18 Event Location	/2020-7/19/2020 1/Route:	8/1/2020-8/2/2020	9/3/21-9/6/2021		
		VEHICLES to ride over, Sidewalk clea			
Traffic control	plans for lanes / deto	ur routes for full street clos	ures: (Attach Plans and	briefly describe traffic p	lan)
		TDA			
		157			
					
Parking meters	s blocked or used: #	of meters	# of days	-	
Describe reaso	on for use/blockage:_				
		esses and residents (No age may occur in the sid			
		on will let you know)	otification(s) sent.		
	777				
Signaturi	Juff.	H. 85	SABrumfiela		
	**To b	a completed by the Offic	a of Transportation#		
	100	e completed by the Offic			
		☐ APPRO☐ DISAPPRO			
		Traffic Engineer / Office of Transp			
		Office of Transp	ortation .		

AFFIDAVIT OF APPLICANT

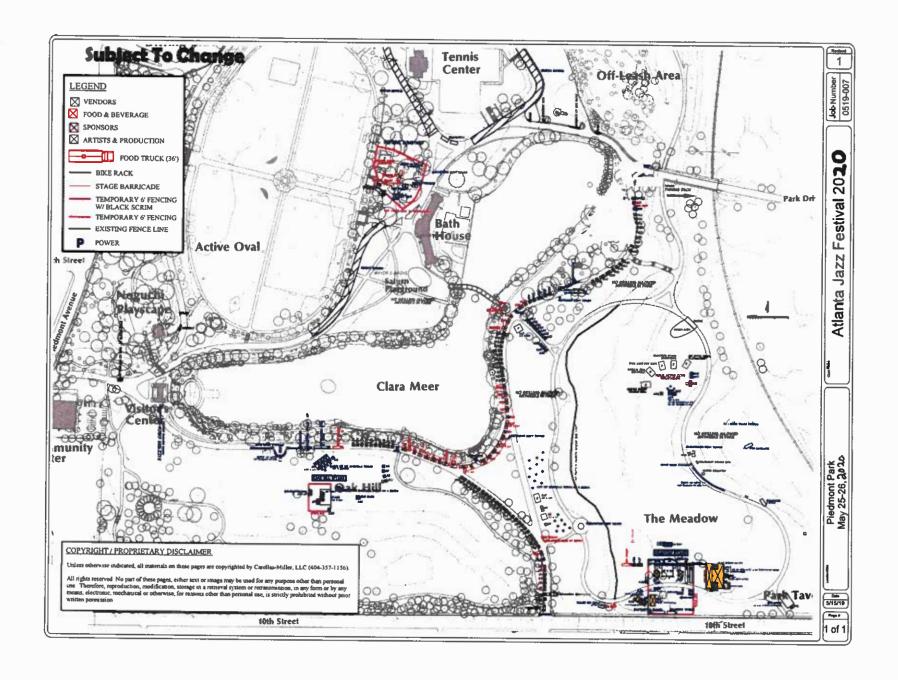
I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Atlanta Code of Ordinance, and I understand that this application is made subject to the rules and regulation established by the City Council and/or the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, Federal Government and any other applicable entity, which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes. I further agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Atlanta.

Host/Producing Organizer Name: Mayor's Office of Cultural Affairs — Frank	lin M. Sims
Title: 43 rd Atlanta Jazz Festival	······································
Host Organization:	
Signature Frakli- H-S-	Date: <u>2/11/20</u>
Professional Event Organizer: <u>TBA</u> Sara Brumfield	
Title: TBA Event Project Manager	
Organization/Agency Name: TBA Premier Events LLC	
Signature: <u>SABrumfield</u> Date: _	4/21/2020

Date received by office:



NOTE: THE APPENDIX SECTION FOLLOWS PLEASE PRINT AND SUBMIT THESE PAGES OF THEY ARE NEEDED.



		SANITA	TION PLAN	
YES NO	Will you be contracti Will you be contracti	ng sanitation serving recycling serv	ices with an outside agency? ces with an outside agency?	
* Please not	e: All outdoor events m	ust provide recyc	ling containers at a ration of one per t	trash container.
Please <u>ATT</u> sanitation/r	ACH an agreement be	etween vour ora	anization and the agency providing er must be submitted on the letterhea	TRA
•	CONTACT INFORMATIO	N: NAME AND NUM	IBER OF PERSON RESPONSIBLE DURING E	EVENT FOR SERVICES
•	DATE TRASH & RECYC TYPES OF RECYCLABLE DESCRIPTION OF THE S FOR ALL FESTIVALS WI GENERATE. FOR CLASS A, B, AN	LING WILL BE REMO ES THAT WILL BE C BIGNAGE USED TO TH FOOD VENDORS D C FESTIVALS IN	EPTACLES PROVIDED BY THE AGENCY EVED FROM EVENT LOCATION DLLECTED (ALUMINUM, #1 OR #2 PLASTIC DENTIFY RECYCLING BINS AND PROMOTE EVENT PLEASE ADDRESS YOUR PLAN TO RECY EVENT PARK WITH PUBLIC RESTROOMS, Y EVENT PARK WITH PUBLIC RESTROOMS	RECYCLING CLE GOODS THEY
What types o	f recycling are you goir	g to collect?		
☑aluminum	☑ #1 plastic ☑	′#2 plastic ☑	cardboard other	
Where do you A. private res ☑ B. public drop	u intend on recycling m idence for curbside pic o-off center	aterials collected k-up Location: <u>TBD</u>	?	
	DESCRIBE THE SIGNAGE	E USED TO IDENTIF	Y RECYCLING BINS AND PROMOTE RECYC	CLING
				•
		-		
	□ APPROVED		☐ DISAPPROVED	
Please Print- D Services Design	Pept. of Public Works, Sinee	Solid Waste	Signature/Date-Dept. of Public Wo Services Designee	rks, Solid

SECURITY PLAN

	**Please note that the Commander of Special Operations of the Atlanta Police Department must approve your plan prior to your permit being issued.
	Today's Date 2/11/20 Zone: Zone 5
5.	Event Date: <u>May 23rd 24th</u> Event Name: <u>43rd Atlanta Jazz Festival</u> AB Aug 2020 Aug 1&2 2020 9/3/21-9/6/2021
	Security Plan Summary: (Attach Plan of Action or briefly describe security plan to include, but not limited to, crowd control, internal security and venue safety)
	Number of POST-certified off-duty law enforcement personnel hired: 44
	List agencies represented by Off-duty Officers: Atlanta Police Department
	List "lead Officer's" name and contact number: SGT W. Clark 404-483-2677
	TRAFFIC: Fixed: 10 Mobile: 8 CROWD CONTROL Fixed: 12 Mobile: 14
	Number of Barricades required:
	The Applicant is responsible for providing barricades, cones, no parking, and warning/detour signs.
	Are you hiring additional security from a private security company? : Yes No *Note: this is not a substitute for Post-certified off-duty law enforcement personnel
	If yes, please list the Name and Contact Number of private security company: FBAC 404-483-677
\mathcal{B}	THIS ABOVE PORTION IS TO BE COMPLETED BY THE ASSEMBLY ORGANIZER OR COORDINATOR ONLY. CITY ORDINANCE
	PROHIBITS ATLANTA POLICE OFFICERS FROM SIGNING THIS FORM AS SECURITY COORDINATORS. Name of Assembly Organizer responsible for managing security plan: Frankling H. Sims Sara Brumfield
04-	863-1074 Telephone: 404.546-6856 Email FHSimS@allunfaga.goV Sara@Premiereventslive.com
	SIGNATURE Julbli H. & SABrumfield
ſ	*To be completed by the ATLANTA POLICE (SOS) DEPARTMENT ONLY**
	☐ APPROVED ☐ APPROVED ☐ DISAPPROVED
	Commander, Special Operations Section Atlanta Police Department Deputy Chief, Field Operations Atlanta Police Department Atlanta Police Department

ASSEMBLY/TEMPORARY STREET CLOSURES

☐ Does your event involve any street/ lane	closures?	Yes	No
* If yes, you will need to complete a temporary street/ is the appendix section of this application.			
☐ Does your event involve sidewalk closure the sidewalk?	s or limit pedestrian access to	o any	of
Does your event consist of or include a for or rally?	ot race, walkathon, parade, r	narch,	
**** If yes, please complete the following information in a street closure that is at a different time than your assifill out a temporary street/ lane closure sub-permit application can be found in the appendix section.	embly or is not part of your asser	mhly ro	ute you need to
Please check the appropriate Box: N/A			
□ Rally/ March	□ Walk-A-Thon		
□ Bicycle Race	□ Parade		
□ Foot Race	 Demonstration 		
Caravan	Other		
*Please note: You must submit information on you structures, security, EMS, and water plan separa Please attach route map and applicable plans release attach contact: N/A *Responsible for event coordination and conduct	ately if they differ from the our ated to the assembly to this a Contact Phone: N/A	tdoor f applica	festival plan. ition.
Date of Event: N/A Start Time: N	I/A End Time:	N/A	
Location: _N/A			
What time will participants start gathering for the	event? N/A		
Assembly Start Time (s): N/A As	sembly End Time: N/A		
List or attach a written route, beginning with the s direction of traffic flow that will be closed to vehice	ular traffic:	s inclu	ding the
Proposed route will occupy: One Lane Two La	neso Half of Streeto Full Stre	eet	
List Approximate Numbers: Persons:Anim	als:Vehicles:	_ Oth	er:
Assembly Contact Signature:		Da	ate:
Please note: It is the responsibility of the Applicant to ensure co			

- The applicant must notify ALL residents and or Businesses affected by this event.
- The applicant may be required to hire police officers to control traffic and ensure that peace and order is preserved.
- The applicant will assume any and all liabilities that may arise by such event.
- The applicant must provide an adequate supply of barricades, cones and warning signs to indicate that such an event is taking place.
- Emergency vehicles must have access, without delay.
- Please list any additional information that the Chief of Police may find reasonably for a fair determination to issue a permit.
- Per Georgia law, throw- a ways are not permitted from floats or vehicles.





ATLANTA POLICE DEPARTMENT

Name:	Application for Temporary Stre	et of Lane Closing	Talankana#
			Telephone #:
Address:	Street		Apt.
	City	State	Zip
Organization Na	ne:		Telephone #:
Event Informati	on		
Date(s) of street of	closing:	Time(s) of closing:	
Specific Purpose:	<u> </u>		
	e street / lane to be closed:		
between _		and	
Alternate street w	hich can be used while event is taking place:		
Have all residents	s and / or businesses on the requested street bee	n notified? Yes 🔲 No	
Note: It is	the responsibility of the applicant to ensure complise and federal laws.	ance with the provisions that	are listed below, along with all City,
[a] The par [b] The app	rticipants will abide by and obey all laws, rules and reg plicant must notify all residents and or businesses affec	ulations, ted by this closure.	
Atlanta	olicant must hire Peace Officer(s) certified by the Georg to control traffic and ensure that peace and order is pro-	eserved.	nave jurisdiction in the City of
[e] The app	olicant will assume any and all liabilities that may arise plicant must provide an adequate supply of barricades, of	by such closures. cones, and warning signs to ind	licate that such street or lane is
[f] Your ap	arily closed. pplication must be received by the Atlanta Police Depar	tment at least ten days prior to	the date of the request closure.
[g] Emergency vehicles must have access, without delay!			Date:
			0
	THIS SPACE IS FO	R OFFICIAL USE	
Can the alternate s Zone(s) the closur	street handle the additional volume of traffic?	_	es 🗌 No 🗍
] Z3] Z5 Z6 Z6
Application Numb			off duty officers
Reason:	Recommended [] No	ot Recommended	
	Approved	Disapproved	
Comments:			
SOS Commander' Form APD 654 8/1			Date:

EMERGENCY MEDICAL SERVICES PLAN

are required to have an emergency service may reduce or require additional service between your organization and the agency (Name/Number), complete listing of contra-	es E events (1,999 persons<); All Class D and above (2k persons>) es plan. Atlanta Fire-Rescue Dept. must approve your plan and es. Please ATTACH an agreement letter, on providers letterhead, contracting EMS services. Include contact information acted services, the manner in which they will be managed/deployed, ation levels (MD, RN, EMT, Paramedic, NPQ), and date(s)/hours of: 404.546.7042, Fax 404.546.8358
Date(s): May 23 rd - 24 th 2020 Aug 1 az, 20	020 Time(s): <u>Sat/ Sun: 11:00 AM- 11:00 PM</u>
Name of Organization: City of Atlanta Mayor's	Office of Cultural Affairs
Sara Brumfield Name of Contact: <u>Franklin (Hunter)</u> Tel	ephone: <u>404-546-6856</u>
	er Dr. E-mail Address: Fhsims@atlantaga.gov Sara@Premiereventslive.co
Estimated Daily Attendance: Sat: 50,000 Sun 50	0,000 Estimated Daily Peak Attendance: 50,000
Race, Parade. March associated with this Fe	estival? Start Time: End Time:
	Finish Location:
	ated Viewing #: Route Length(s)
Will Alcohol Be Served? YESNO	
On Site Contact Person (Name, Cell Number)	
EMS Provider Info: Name: 18A	Phone: TBA
I understand my EMS Provider must have on	identifiable uniforms: YESNO
EMS Vendor and AFRD Monitor must be Locations on	CABLE NUMBERS (NO X'S or CHECK MARKS) provided an event radio. Show First Aid, Water, Restrooms, EMS site plan and route map if applicable. BULANCE SERVICE (# of ALS Units)
	out into Delivino (ii di Aleo dilita)
Please Print-Medical Director of Provider * Required for ALS Units and shall be gotten	Signature/Date-Medical Director from EMS Provider prior to submission.
First Aid Stations Medical Director Registered Nurse Licensed Practical Nurse Emergency Medical Technician Paramedic	Bike Team(s) Foot Patrol(s) Sag Wagon(s) Firefighter/Medic **Other (Please list)
Physicians Asst.	(If Using 911)
Portable Restrooms	n Water and Restroom Plan Numbers Portable ADA Restrooms
Public Water Sources	Fixed Restrooms Fixed ADA Restrooms
PLEASE NOTE: ATLANTA FIRE	-RESCUE DEPARTMENT MUST APPROVE YOUR PLAN.

Signature/Date- EMS Chief of AFRD

Please Print- EMS Chief of AFRD.

RESTROOM PLAN

Name of Event/Festival: 43rd Annual Atlanta Jazz Festival Peak Number of Attendees: 50,000 per day

Events are required to provide restroom facilities that are both American Disability Act (ADA) accessible and nonaccessible in the immediate area of the event site which will be available to the public. The Atlanta Fire Rescue Dept.
may determine if less or more may be necessary based on time of year, location, event type to ensure proper
safety.

- For each sewered restroom (fixed, permanent) available onsite, subtract 1 from the portable number.
- If alcoholic beverages are sold/available, add 25% from the base number required.
- You need to have a minimum of 1 ADA per portable toilet cluster. Race routes #'s may be adjusted.
- Your site plan must indicate the location(s) and number of all restroom facilities
- Parades must have restrooms at both marshalling and disband area based on participant #s.
- For more information please contact AFRD Sp. Events: 404.546.7042.

YES NO ☑ ☐ I ackno	owledge I must provide portable or sewered restrooms facilities at your event?
Restroom Details:	Total number of ADA portable restrooms 20
<u>both standard and AD</u>	Total number of fixed sewered toilets available onsite <u>0</u> Fixed ADA <u>0</u> the facilities letterhead if using fixed toilets shall be provided/included listing number of <u>A compliant stalls</u> . Please detail the location of fixed toilets in relation to event location pants will be informed of fixed restroom locations. Some locations may require signage.
Portable Restroom Ve	ndor:
Vendor Contact #: Day Equipment Setup Date	

Please ATTACH an agreement between your organization and the vendor providing the portable restrooms.

- Agreement letter (NO Proposals/Quotes) <u>must be submitted on the letterhead</u> from vendor and <u>must</u> include the number of portable restrooms/ADA toilets ordered, drop off/pick up information.
- Please note that for events held in parks, portable restrooms must be on a paved, level surface (never placed on turf) and zip-tied or locked for over-night stays.
- All portable restrooms must be removed within 48 hours of event close, unless another agreement with EMS has been established. Failure to remove them by an agreed upon date may result in significant penalties.

Attendance Number	Standard Restrooms	Standard Restrooms Alcohol Sold/Available	ADA Restroom(s)
249 or Less		1	1
250-499	2	3	1
500-999	3	4	1
1,000-1,999	4	5	1
2,000-2,999	5	7	1
3,000-3,999	7	8	1
4,000-4,999	10	13	2
5,000-5,999	12	15	2
6,000-6,999	14	19	2
7,000-7,999	17	21	2
8,000-9,999	20	25	3
10,000-11,999	25	32	3
12,000-14,999	28	35	3
15,000-16,999	30	38	4
17,000-19,999	35	44	4
20,000-24,999	38	48	4
25,000-29,999	42	53	5
30,000-39,999	44	55	5
40,000-49,999	48	60	5
50,000-74,999	50	63	6
75,000-99,999	75	94	8
100,000-Above	100-TBD	125-TBD	11-TBD

WATER PLAN

Name of Event/Festival: 43rd Annual Atlanta	Jazz Festival Peak Number of Attendees: 50,000
Number of Water Stations: 20 (10 Locations with/ 2 Stations Each)	Capacity (i.e. # of ounces, # of gallons) 10 Gallon Coolers 2 water station coolers per location

Drinking Water Supply (DWS): Free drinking water should be made available and accessible for both the general public attending as well as participants of the special event. This supply of free potable water should be conveniently located with identifying signage that says "Water Station" with the exception of along the route. For quantity calculations assume at a minimum ½ gallon of water per person per day. For more information please contact AFRD Sp. Events: 404, 546,7042.

Source of water (bottles, fountains, no less than multiple 5 gallon coolers): 10 Gallon Coolers, 2/ Water Station

Coolers should be a minimum of 5 gallons each, have a secured lid, and in warmer months include ice. A dedicated staff person should be assigned for servicing each station a minimum of every hour replenishing throughout the event. No less than 5oz cups must be provided and maintained. An adequately sized solid waste receptacle must be provided to receive all spent drinking cups. Fixed fountains count as station if reasonably located within event activity area. Directional signage may be needed.

Location of water sources: See Site Map

Parades/Marches must have water at both marshalling area and disband. Depending upon time of year and participant numbers may be required at review stand as well. Please make sure your **Site Pian** shows all water stations locations to include along the route. Half/Full Marathons must provide locations in writing as well. Location(s) should be accessible to main crowd area(s). **First Aid stations** must have water and will serve as a required water station. If your event is hiring an **ALS Unit**, it should be equipped with water.

DRINKING WATER STATION UNIT REQUIREMENTS FESTIVAL AREA

The following matrix determines the minimum number of water stations for this event type.

The Atlanta Fire-Rescue Department may determine that less or more stations may be necessary based upon time of year, location and /or event type to ensure proper safety of the event.

Peak Attendance Numbers Parades/Marches based on Participant #'s	Drinking Water Stations (no less than 10 gallons per station; each cooler/water set up counts as station)
1-2,999	2
3,000-7,999	4
8,000-12,999	6
12,000-16,999	10
17,000-27,999	12
28,000-50,999	20
51,000-99,999	24
100,000+	30+

WATER STATION UNIT REQUIREMENTS RUN/WALK ROUTE

5K thru 10k: Below 5k should have a minimum of 1 station in start/finish area Minimum Locations of Water Stations: Start, Finish and Half-Way Point

ABOVE 10K THRU FULL MARATHONS: BASED ON MODERATE HEAT INDEX AND HUMIDITY FACTORS Minimum Locations of Water Stations: Start, Finish and Every two miles unless deemed otherwise

ATLANTA FIRE RESCUE-FIRE SAFETY PLAN

Office (404) 546.7000-ask for the Inspections Dept.

Name o	of Assembly: 43 rd Annual Atlanta Jazz Festival			
Date &	Times of Assembly: <u>Sat 5/23/20 11AM- 11PM, S</u>	un 5/24/20 11AM- 11P	M	SAB
Sat 8	/1/2020 11am-11pm, Sun 8/2/2020 11am-11pm			m, Sat 9/4/2021 11am-11pm pm Mon 9/6/2021 11am-11pm
1.	What is your estimated attendance at this event:		•	-
2.	Do you intend to erect a fence around the event?	Yes	No 🗹	
	If yes, you will be required to get an occupancy lin	nit from Atlanta Fire Ro	escue.	
3.	Will any tents be erected at this event? If yes, how many and what size:	Yes 🗓	ľ No	
4.	Will there be any streets/lanes closing for this eve	nt? Yes⊠	No	
5.	Will any alcohol be served at this event?	Yes⊋	' No	
6.	Will there be any fireworks/pyrotechnics displayed		=	
7.	in conjunction with this event? Will there be any cooking at the event? If yes, what will be the fuel source	Yes Yes⊠	No ☑ No	
8.	Will there by any LP-Gas, charcoal, flammable or	combustible liquids us	ed at this Yes ⊡ ″	
	If yes, give the name, intended use and how muc Propane Gas for cooking food at vendor sites, Approx	n will be stored on the imately 800 lbs		
	advised that large quantities of fuel stored on site require permits section of the website.	a fuel tank permit. The ap	plication o	can be found in the
9.	Will there be any candles or fire pits used at your	event? Yes	No ☑	

BEFORE A PERMIT CAN BE ISSUED THE SITE PLAN SHALL BE SUBMITTED TO THE FIRE MARSHAL'S OFFICE FOR APPROVAL. *NOTE: ANY DEVIATION OF THE APPROVED SITE PLAN MUST BE RESUBMITTED TO THE FIRE MARSHAL'S OFFICE FOR RE-APPROVAL.

**Pursuant to 78-57 City of Atlanta Fire Prevention Code, ALL outdoor events are subject to review and approval as required by the Atlanta Fire Rescue Department – Fire Marshal's Office.

Has applicant obtained al	AND AND ADDRESS OF THE PROPERTY OF THE PROPERT	Yes	No
Event Site Review comple Number of fire inspectors		Yes	No
APPROVED	DISAPPROVED	Da	ate:
rint, Chief, Atlanta Fire Rescue-l	nspections or Designee Signature	e. Chief. Atlanta Fire	Rescue-Inspections or Design

FIRE RESCUE-FIRE SAFETY PLAN

YE\$	NO	
\square		Will your event include the use of any signs, banners, decorations, or special lighting?
	•	If yes, please describe size of banners, number of banners, how and where they will be secured and when they will be installed and removed (attach additional sheets if necessary
		Signs and banners of various shapes and sizes will be placed around the park. Some signage will be secure
		with ground stakes. There will be banner located at 2 stages, various bike racks, and vendor tents around the park, and will be secured with zip-ties or tie-line. They will be installed during load-in beginning
< 1	0	Wednesday 5/20/20, and removed post event by Tuesday 5/26/20.
SA	0	7/27/2020 8/31/2021 <u>8/4/2020</u> 9/8/2021
	•	If yes, you can receive a banner Sub-Permit either along with the issuance of the Outdoor Event Permit or at the time of set-up of the Outdoor Event. Note: Banners must be flame resistant and made of materials that meet the National Fire Protection Association 701 standards.
	* N is :	ote: Fastening or attaching any rope, sign, banner, flyer or other object to any tree or shrub strictly prohibited.
	Pie	ease check one:
	Wi	th Outdoor Event Permit
	•	Attach Certificate of Flammability from the Banner's fabric manufacturer stating that the material meets the standards.
	•	Or, Banner material can be attached to application for testing by the Atlanta Fire Rescue Department.
	•	Applicant can take a sample of the Banner material to the Fire Rescue Department for testing BEFORE submission of outdoor event permit. Please attach AFR approval letter to this application.
	•	AFRD is located at 226 Peachtree Street, SW, Atlanta, GA 30303. For more information, contact 404-546-7169.
	At 1	time of set-up of event
Set-u	p Con	tact Name:Cell Number:
	be :	te: At any Outdoor Event, the Fire Rescue Department shall have the authority to require that a Banner taken down upon a finding that the Banner does not meet the National Fire Protection Association standards.
YES	\square	Will your event include the use of any decorations or special lighting that could be a fire hazard?
If yes,	pleas	se describe:
YES	NO 	Are you hiring off-duty fire safety personnel?
lf yes, jurisdi	pleas ctiona	se list how many are National Fire Protections Association Certified Fire Inspectors 1 and have all authority in the City of Atlanta
YES		Will any banners be attached to light poles or any other object in any City Street, sidewalk or right-of-way? (If yes, please contact the Department of Public Works at 404-330-6240.)



CITY OF ATLANTA

FIRE DEPARTMENT

226 Peachtree Street Atlanta, GA 30303 (404) 546-7000 ICHIEFS ID – ATLFDHQ

APPLICATION FOR PERMIT TO ERECT A TENT FOR PUBLIC USE

SAB

An unobstructed passageway or fire road not less than 12 ft. wide and free from guy ropes or other obstructions shall be maintained on all sides of all tents or air-supported structures unless otherwise approved by the Fire Official.

Tents or air-supported structures and their appurtenances shall be adequately roped, braced, and anchored to withstand the elements of weather against collapsing.

Tents or air-supported structures shall be suitably treated to render them flameproof (Certificate required).

No shavings, sawdust or other similar combustibles shall be used on the floor.

THERE SHALL BE NO FLAMMABLE LIQUIDS ON THE PREMISES WITHOUT PRIOR APPROVAL FROM ATLANTA FIRE RESCUE

THE RULE AGAINST SMOKING SHALL BE RIGIDLY ENFORCED.

ALL WIRING SHALL BE DONE BY A LICENSED ELECTRICIAN.

EXIT FACILITIES SHALL COMPLY WITH THE FOLLOWING:

MINIMUM WIDTH EACH EXIT(ft)

CAPACITY	MINIMUM NUMBER OF EXITS	TENT	AIR-SUPPORTED STRUCTURES
UP TO 199	2	6	3
200 TO 499	3	6	6
500 TO 999	4	8	6
1000 TO 1999	5	10	8
2000 TO 2999	6	10	8
OVER 3000	7	10	8

PAGE TWO TENT PERMIT

Exits shall be clearly marked. Exits Shall Be Illuminated At All Times.

Exit Signs Shall Be Posted Clearly Indicating The Direction Of Travel.

One 2-A Type Extinguisher Shall Be Provided In Every Tent or Air- Supported Structure.
 One additional -A Type Extinguisher Shall Be Provided For Each Additional 3000 sq.ft.
 Maximum floor area per unit of A shall be 3,000 sq.ft. Maximum travel distance to
 Extinguisher shall be 75 feet.

3. A clearance of 3 feet shall be maintained around fire hydrants.	
Applicant(s) Name:	
Applicant(s) Name:Address:	
City:	
City:State:	
State:	
Telephone Number:	
Property Owner(s) Name:	
Address:	
City	
Otato:	
Zip Code:	_
Zip Code:	
Tent Rental Co. Atlanta Tent Rental	
Address: 3575 Trotter Drive	
City: Alpharetta	•
State: <u>GA</u>	
Zip Code: <u>30004</u>	-
Telephone Number: _770-667-2555	
APPLICATION APPROVED: APPLICATION DISAPPROVED:	
BY: DATE	
ATLANTA FIRE RESCUE FIRE SAFETY DIVISION	
PLEASE CALL (404) 546-7169 FOR FINAL INSPECTION WHEN THE TENT IS ERECTED.	
NSTALLATION APPROVEDDATEDATE	
NAME SIGNATURE	
ATLANTA FIRE RESCUE, FIRE SAFETY DIVISION	
FENT PERMIT FEE \$PAID:DATE:RECEIVED BY:	
Make Check or Money Order Payable to the City of Atlanta	
er location;(Includes site Inspection)	
00 up to 400 sq. ft =	AFO 00
01 - 1,500 sq. ft =	\$50.00 \$100.00
501 - 3,000 sq. ft =	\$100.00 \$150.00
001 - 6,000 sq. ft = 001 - 9.000 sq. ft =	\$200.00
<u>001 - 9,000 sq. ft =</u> ore than 9,001 sq. ft =	\$250.00
INSPECTION IS BASE ON THE TOTAL AGGREGATE AREAS.	\$300.00
TO LOTION DE DATE OF THE TOTAL AGGREGATE AREAS.	

AMUSEMENTS
YES NO Are there amusements (moon walks, dunk tanks, etc) associated with your event? If yes, what type(s) of amusements will be used? Inflafable bance has Se Amusement Provider: TBA
Address: Street Suite City State Zip code * NOTE: The City of Atlanta does not govern the safety of amusements. Organizers assume all risk.
ELECTRICAL NEEDS
YES NO Will a generator(s) be used? If yes, what type of fuel and what size generators will be used? JBA
If an electric generator is used, are you installing a grounding rod? * Grounding rods must be removed from all public property at the end of the permitted event. Will additional electrical wiring or temporary power poles need to be installed? Describe specific electrical needs:
Electrical Contractor: TBA Sunbelt Rentals Bob Morse
Telephone: Day ()Evening ()Cellular (104) 368-2151 Please ATTACH an agreement from the agency providing the electrical service. This letter must be submitted on the letterhead of the agency and must include the license number of the electrician contracted for service. Note: Electricity Sub-Permits are required for the use of all generators, gas or electric. Electrical sub-permits must be received directly from the bureau of Buildings Electrical Division. Fees associated with this permit must be submitted in person for payment by the permit applicant to the Department of Finance pay window located on the 1st floor at 55 Trinity AVE SW. Generators 5,000 watts or larger can only be permitted by a licensed electrician. The application can be found at: http://www.atlantaga.gov/modules/showdocument.aspx?documentid=2531
TEMPORARY STRUCTURES/BUILDING PERMIT
Are you using any platforms? No If yes, please complete the following: No TBA # of platforms Sizes:
Are you building any stages? \[\sqrt{\omega} \text{No} \\ \text{2} \\ \psi \text{of stages} \text{Sizes: } \[\sqrt{\omega} \text{\omega} \]
**If you are using bleachers and / or building a stage, platform 10'x20' or larger than 200 square feet then you must receive a temporary structures permit from the Office of Buildings. The application is separate and can be found at: http://www.atlantaga.gov/modules/showdocument.aspx?documentid=2530

Mobile Stages (provided they have current motor vehicle registration) do not need permits, just submit a contract for the stage or an over-view of the specs for the mobile stage. Permitting needs for platforms, stages, trusses, bleachers, etc will be determined upon review of structural plans which must be signed and sealed by a State of Georgia registered architect or engineer. Structural plans must include stair and handrail details. Fees associated with this permit must be submitted in person for payment by the permit applicant to the Department of Finance pay window located on the 1st floor at 55 Trinity Ave. SW

ALCOHOL PERMIT INFORMATION

The City of Atlanta issues one day special event alcohol permits to licensees who currently hold a State of Georgia Liquor License. Please fill out and submit the Alcohol Location Information Form which can be found on the website under subpermits. Fill this form out and submit this along with this application if you are serving/selling alcohol at the event.

YES	NO	95						
\square			Does your event involve the sale of alcoholic beverages? If yes, check all that apply:					
		[☑ Spirituous Liquor	☑ Beer	☑ Wine			
			Does the alcohol provider presently hold a City license for on premises consumption? If yes, please ATTACH a copy of the current City license and fill out the section below:					
			Are you having alco	hol donated	to your eve	ent?		
	ⅎ		Do you want exclusivity of alcohol sales? If yes, patrons will not be able to bring outside liquor to your event. Have you applied for a license through APD Licenses & Permits/ Liquor Review Board? Will you require a permit to cover delivery?					
	$\mathbf{\nabla}$							
	$\overline{\mathbf{Y}}$							
	_		(Note: A permit must be active on the date of delivery and most companies do not deliver on the weekends.)					
Name	of S	tate o	f Georgia Licensee:	Chastain	Concessi	ons LLC		
Busir	ness M	Name:	Rob Frazer - Chas	stain Conce	ssions			
Address: Street: PO BOX 52997, Atlanta, GA 30355 Suite_							Suite	
		City:	Atlanta			_State: GA	Zip:30355	
	Telep	phone	/Fax: Tel <u>404-262-18</u>	300	Cell		_Fax <u>404-720-0800</u>	
AFTE	R the	City	Seorgia requires an permit has been iss dor.ga.gov/alcohol/i	ued. For a	dditional i	alcohol usage/ nformation, visi	sales. This must be obtained t the State of Georgia website	
Note:	A co	py of	permit will be requir	ed before li	quor is de	ivered		
List th	e exa	ct loca	ation(s) of alcohol serv	vice (tents/ta	ables) and t	imes for alcohol s	service:	
Location(s):					Time(s):			
	Туре	(s):						
Location(s):Time(s):								
	Type	(s):						
	Location(s):Time(s):						ne(s):	



KEISHA LANCE BOTTOMS
MAYOR

233 Peachtree Street Harris Tower, Suite 1700 Atlanta, Georgia 30303 (404) 546-6815 www.ocaatlanta.com

CARMEN CHUBB CHIEF OF STAFF OFFICE OF THE MAYOR

CAMILLE RUSSELL LOVE EXECUTIVE DIRECTOR MAYOR'S OFFICE OF CULTURAL AFFAIRS

February 12, 2020

ATTN: Mayor's Office of Special Events

Greetings,

We are requesting a Special Events Permit Fee waiver for the 43rd Annual Atlanta Jazz Festival and our annual Neighborhood Jazz Series scheduled to be presented in May 2020.

The Neighborhood Jazz Series will take place in five parks around the city of Atlanta throughout the month of may. Washington Park, Grant Park, John A. White Park, Historic 4th Ward Park, and West Manor Park. The Jazz Festival will take place Memorial Day weekend May 23rd – May 24th, 2020 in Piedmont Park.

Your consideration is appreciated. Please feel free to contact me if you have any questions.

Respectfully,

Camille Russell Love

City of Atlanta, Mayor's Office of Cultural Affairs

Camelle Lucuel Sone

233 Peachtree Street; Suite 1700 :: Atlanta, Georgia 30303

Phone: 404-546-6856 :: Receptionist: 404-546-6788

Cc: Keith Brooks, Deputy Chief Procurement Officer

