CITY OF STATESBORO, GEORGIA CITY HALL COUNCIL CHAMBERS



CITY COUNCIL MEETING & PUBLIC HEARING AGENDA

Called Council Meeting September 12, 2013 9:00 A.M.

- 1. Call to Order by Mayor Joe Brannen
- 2. Invocation and Pledge of Allegiance by Councilman Gary Lewis
- Consideration of a Motion to approve an Outdoor Event Permit

 university Plaza Jon Starkey
- 4. Consideration of a Motion to Adjourn

CITY OF STATESBORO P O BOX 348 STATESBORO, GEORGIA 30459 Telephone (912) 764-5468 Fax (912) 764-4691

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APPLICATION FOR AN OUTDOOR EVENT PERMIT 45 DAY NOTICE IS REQUIRED BEFORE THE EVENT

APPLICATION FEE (NONREFUNDABLE) - \$25.00 LICENSE FEE - \$5000.00

DATE OF APPLICATION Sept. 10, 2013
DATE OF EVENT Sept. 14, 2013
TIME OF EVENT <u>Spm</u>
LOCATION OF EVENT UNiversity Plaza
TYPE OF EVENT (DETAILED DESRIPTION) Outside gathering with stage + Band + DJ. Submitted outside Provings of Parking Lot
Stage + Band + DJ. Submitted outside Provings of Parking Lot
PRODUCTS TO BE SERVED: X BEER X WINE X LIQUOR
ARE FLYERS BEING DISTRIBUTED?YES X_NO IF YES ATTACH TO APPLICATION.
number of persons for such area <u>Submitted</u> professional
dravings of site Plan to Scale. 81/2 XII
DESCRIPTION OF THE METHOD AND STRUCTURES THAT WILL BE USED TO SECURE AND SEPARATE SUCH AREA FROM OTHER PUBLIC AREAS

ATTACH AN 8 ½ x 11 INCH MAP IN ACCORDANCE WITH SEC. 6-56 (b)(4) OF THE CITY OF STATESBORO ALCOHOL ORDINANCE.

NAME OF APPLICANT	Jon	Starkey	

PLEASE INITIAL EACH STATEMENT: APPLICANT IS REQUIRED TO ATTEND THE COUNCIL MEETING.	JES
I HAVE RECEIVED A COPY OF THE ALCOHOL ORDINANCE.	JES
I WILL ABIDE BY THE CITY OF STATESBORO ALCOHOL ORDINANCE.	JES

I WILL PROVIDE, AT MY OWN EXPENSE, A SUFFICIENT NUMBER OF SECURITY PERSONNEL AT ANY OUTDOOR EVENT DETERMINED BY THE DIRECTOR OF PUBLIC SAFETY OR HIS DESIGNEE.

I WILL PROVIDE TEMPORARY OUTDOOR TOILET FACILITIES DETERMINED BY THE DIRECTOR OF PUBLIC SAFETY OR HIS DESIGNEE.

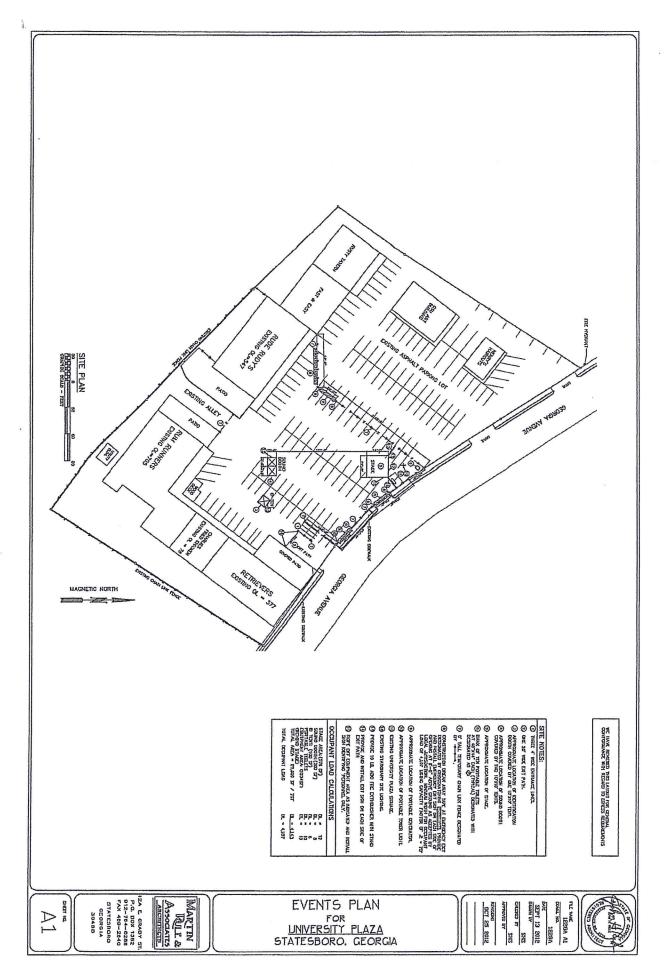
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SIGNATURE OF APPLICANT

Sept. 10, 13

OFFICE USE: DATE OF COUNCIL MEETING______

DATE APPROVED BY MAYOR AND CITY COUNCIL _____



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