

OFFICE USE Staff time				
Permit #				
Terrine #				

Facility Use Application for the Old Liberty County Jail | 302 S. Main Street | Hinesville, GA 31313

CONTACT INFORMATION:

Will you have vendors? Yes _____No ____

Please write a brief description about event:

Organization/Business Name	:			
Contact Name:				
Mailing Address:	(Street)	(City) (State) (Zip Code)	
Telephone:	(Daytime)		Cell)	
Email:				
EVENT INFORMATION	ON:			
Name of event:	(Check one) PublicPrivate			
Type of event: (festival, fundraiser, wedding, con	ncert, etc. and the activities	that will take place – art sho	ow, ghost hunt, speaker, music, etc.)	
Attendance expected:		f previous events, if app		
When you are expecting	ng more than 49 people	, an outdoor permit is r	equired.	
Event date(s):				
Event times: Start(actual event t			Ended, to include set-up/clean-up)	
Will this be indoor?	or both outdoor and	indoor?		
Do you require electricity?	YesNo	-		

Will admission fee be charged? Yes _____No ____ Amount / Ages: _____

Please attach a copy of your alcohol and assembly permits to the application, if applicable.

Is your event pet friendly? Yes ______No _____(According to city ordinance, all dogs must be on leashes.)

If food will be served, who will provide? (Circle) Prof. Caterer - Self/Group Catered - Vendors **Will alcohol be present?** No___Yes___ Served or Sold (Circle) Alcohol permit approval date if selling:

***Typical fees that may include, but are not limited to, are security deposit, staffing fee and/or usage fee.

Are their services/products for sale? Yes ____No ____

^{*}Absolutely no firearms, or illegal drugs allowed on premises. Failure to comply will result in prosecution and ban from utilizing facility.