



City of Jefferson

147 Athens Street
Jefferson, GA 30549
(706) 367-5011
www.cityofjeffersonga.com



Assembly Permit Application

Please return this form (completed in full) to 147 Athens Street, Jefferson, GA 30549 at least three (3) days prior to the proposed assembly date.

Please provide the following contact information of the responsible person upon submittal.

1.	_____	_____
	Name of Responsible Person	Name of Affiliated Organization

	Address of Responsible Person (Street, City, State, Zip Code)	
	Contact Number: _____	Email: _____
2.	_____	_____
	Name of Co-Sponsoring Person	Name of Co-Sponsoring Organization

	Address of Co-Sponsoring Person (Street, City, State, Zip Code)	
	Contact Number: _____	Email: _____

Please provide the following details on the requested assembly.

Purpose of the assembly: _____

Beginning Date: _____ Time: _____ Ending Date: _____ Time: _____

The proposed route of the assembly, including its beginning and terminating points, or the fixed locations:

The number and type of vehicles, animals, marching units, bands, and floats to be utilized in the assembly, including a description of any sound amplification equipment to be used: _____

The estimated number of people to participate in the assembly: _____

The person responsible anticipates no unusual problems concerning either police protection or traffic congestion to be experienced as a consequence of the assembly: ☐ Yes ☐ No

If no, explain why not: _____

Signature of Responsible Person

Date

If there are more than two co-sponsoring persons/organizations, please complete page two of this form.

Please provide the following contact information of the responsible person upon submittal. (If necessary)

3.

Name of Co-Sponsoring Person_____
Name of Co-Sponsoring Organization_____
Address of Co-Sponsoring Person (Street, City, State, Zip Code)

Contact Number: _____

Email: _____

4.

Name of Co-Sponsoring Person_____
Name of Co-Sponsoring Organization_____
Address of Co-Sponsoring Person (Street, City, State, Zip Code)

Contact Number: _____

Email: _____

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