

## Application

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Date \_\_\_\_\_ Name of Activity \_\_\_\_\_

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Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Event Sponsor or Company Name \_\_\_\_\_

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Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

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Mailing Address:

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**CHOOSE THE MOST APPLICABLE TO YOUR ACTIVITY:**

1. Short Term (1-7 days): \_\_\_\_\_ 2. Long Term (up to 5 years\*): \_\_\_\_\_  
3. Service: \_\_\_\_\_ 4. \*Exhibitor's Booth: \_\_\_\_\_ (Skip to section I)

Detailed Description of Activity/Service:

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At: \_\_\_\_\_

(State Park/Historic Site, Facility and Location within site located on map)

Date(s) and Time(s) of Activity:

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Number of Participants: \_\_\_\_\_ Number of Personnel Provided for Event: \_\_\_\_\_

List of Equipment being provided for Activity:

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Intended use of proceeds from Activity (Please be specific and include whether the project has potential for profit or commercial gain.)

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\*Depending on the length of the contract, and the nature of the activity, a bidding process may be required before a contract can be awarded.

Will recognition be given to the Georgia Department of Natural Resources and/or the state park or historic site? No \_\_\_\_\_ Yes \_\_\_\_\_

If "yes" is answered to the above question, explain:

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Will you be preparing/cooking food? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'yes' then:

- a) Are you certified or licensed by a government entity to serve food? Yes \_\_\_\_ No \_\_\_\_
- b) Can you provide evidence of this certification? Yes \_\_\_\_ No \_\_\_\_

**COMMERCIAL GENERAL LIABILITY INSURANCE:**

For most revenue generating activities, a certificate of insurance must be provided with coverage limits of at least \$1,000,000/occurrence and \$2,000,000/aggregate. The policy must name as additional insureds the officers, members and employees of the Department and the State, but only with respect to claims that arise out of the Concessionaire's use of the Premises or its negligence in performing work, including completed operations, under this Agreement.

Can you provide the required insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

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**\* SECTION I- EXHIBITOR BOOTH APPLICATION**

Type of Display: \_\_\_\_\_

Type of Demonstration (if applicable): \_\_\_\_\_

Electricity required? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Requests: \_\_\_\_\_

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Exhibitor shall be solely responsible for operating said facilities in a safe and proper manner. Department shall have no duties or responsibilities for operating, or supervising said facilities. Exhibitor shall and does hereby agree to occupy, use and enjoy the leased premises at its sole risk and shall pay, protect, indemnify, release and save and hold Department and Department's employees and agents harmless from and against all liabilities, damage, cost, expenses, (including all attorney fees and expenses incurred by Department and of the Department's employees or agents), causes of action, suits, demands, judgments and claims of any nature whatsoever (excluding those based upon the negligence of the Department, but including those caused in whole or in part by the negligence of the Exhibitor, its officers, agent, employees, customers, invitees or licensees), arising from, by reason of or in connection with: (i) injury to or death of persons or damage to property (a) on the premises or (b) in any manner arising from use, non-use or occupancy of the premises by Exhibitor or any Exhibitor's officers, agents, employees, customers, invitees, or licensees or (c) resulting from a condition of the premises, excluding any condition of the premises for which Department specifically is responsible under this Agreement, if any; (ii) violation of any agreement representation warranty, provision, terms or condition of the Agreement by Exhibitor or any of the Exhibitors officers, agents or employees; or (iii) violation of any law affecting the premises or the occupancy or use of the premises.

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Signature

Date

# **\*PARK OFFICE USE ONLY**

Does the proposed activity (check if applicable):

- Impact site visitors by restricting access or closing public use areas or facilities?
- Require access to restricted areas or facilities?
- Require special hours?
- Require site staff supervision or oversight?
- Have the potential for profit?
- Require restoration of site resources?
- Involve the use of artifacts or historic structures?
- Involve preparation or sale of food to public?
- Present possible risk of personal injury or property damage?
- Is Concessionaire requesting to use a drone? (If so, attach drone use checklist, along with required information, to application)

**\*For race/athletic events, Site must obtain:**

- **A course map;**
- **A safety plan that includes: medical response plan, aid station locations, and list of first aid equipment provided.**

**Fee Recommendation and method of payment:**

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**Site Manager Signature**

**Date**

**Region Office Signature**

**Date**

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*\*Operations Manager must sign off on any long term (longer than 90 days) operational activities.*

**Operations Manager**

**Date**

*\*If this application is for an exhibitor booth, no further paperwork is needed once this application has been signed, the Park office must retain a final copy in their files.*