

APPLICANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PIN# (FOR SITE LOCATION): **Map#**\_\_\_\_\_ **Parcel#**\_\_\_\_\_

## ASSEMBLAGE PERMIT

Effingham County, Georgia

Permission is hereby granted to \_\_\_\_\_ to hold a public gathering in the County of Effingham on \_\_\_\_\_ at \_\_\_\_\_ **am/pm**. The gathering is to be held at said location known as \_\_\_\_\_.

DESCRIPTION OF EVENT: \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_

WILL ALCOHOL BE SERVED DURING THIS EVENT? [ ] YES [ ] NO

WILL FIREARMS BE UTILIZED DURING THIS EVENT? [ ] YES [ ] NO

The information contained in this permit has been submitted to and approved by the Effingham County Board of Commissioners. Any changes in the date, time or location of said assembly shall be approved by the Effingham County Board of Commissioners. This permit is to be carried by the person in charge of the activity and is to be presented upon request.

\_\_\_\_\_  
**ZONING ADMINISTRATOR**  
**EFFINGHAM COUNTY**

\_\_\_\_\_  
**DATE**

**DATE AUTHORIZED BY**  
**EFFINGHAM COUNTY BOARD OF COMMISSIONERS:**\_\_\_\_\_

\_\_\_\_\_  
County Clerk

CC: Effingham County Sheriff Department  
Effingham County Emergency Medical Services  
Volunteer Fire Department