



COMMERCIAL ACTIVITY PERMIT APPLICATION

For-profit, nonprofit, and political fundraising organizations must complete and submit this permit application and other required forms to the rental facility to request approval to conduct commercial activities/fundraisers.

Conditions

- Renter must reserve the facility and pay all rental fees prior to submitting this application
 - If renter receives a denied application, Community Services will cancel the rental and refund the rental fee minus the processing fee as applicable
- All facility use agreements, insurance requirements (for the renter and any contracted service providers), guidelines, and completed alcohol and food authorization forms (due at least two weeks prior to the rental date) apply
 - Renter and any contracted service providers must provide a copy of their certificate of liability insurance with a minimum \$1,000,000 each occurrence general liability, listing Gwinnett County Board of Commissioners, 75 Langley Drive, Lawrenceville, GA 30046 as an additional insured and the certificate holder;
 - **OR** sole proprietor/small business employee(s) must complete the Community Services waiver of liability
- All federal, state, and local laws, ordinances, policies, regulations apply
 - Businesses with three or more employees must provide a copy of their insurance company's workers' compensation waiver of subrogation
 - **OR** sole proprietor/businesses with less than three employees must complete the workers' compensation waiver
- Renter assumes responsibility for all transactions, including cash handling, sales tax, refunds, service fees, etc.
- Activity must be for the sole purpose of the renter's organization
- Activity must not interfere with or infringe upon facility operations or visitors (activity or solicitation outside the rented area and/or to other facility visitors prohibited)
- Marketing material may not reference Community Services or its divisions
- Community Services reserves the right to disallow activities deemed inappropriate

Application

Organization name: _____

Rental location: _____ Date: _____ Time: _____

Commercial activity/fundraiser type and description: For-profit Nonprofit Political fundraiser
501(c)(3) required

Renter has read and will adhere to the above conditions, and verifies that to the best of their knowledge, the above information is correct.

Renter name: _____ Signature: _____ Date: _____

Internal Use

HHS leader or PRO supervisor: 501(c)(3) certification COI/waiver WC waiver

HHS leader or PRO supervisor: _____ Date: _____

HHS specialist or PRO coordinator: _____ Date: _____

Manager: _____ Date: _____

Deputy department director: _____ Approved Denied Date: _____