



**Events Committee  
Meeting Agenda  
June 5, 2025 3:30 PM  
Ben Robertson Community Center**

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The Committee includes members of every department impacted by a special event, and will meet to discuss event scheduling, staffing, and budgeting. This is so that departments can coordinate their efforts, enhance communication, determine publicity requirements, anticipate issues, and address concerns. The Committee will also make recommendations for event improvement to facilitate maximum benefit to Kennesaw citizens and visitors.

Representatives are from the following departments/organizations: Building Services; Building Maintenance; City Manager; Communications; Economic Development; Kennesaw Downtown Development Authority; Parks & Recreation; Police; Public Works; Smith-Gilbert Gardens; Southern Museum. Each entity has one vote.

If a citizen needs special accommodation to attend or participate in a meeting, please contact the Committee Chair at least 24 hours in advance of the specific meeting.

Chair: Marty Hughes; Vice-Chair: Ricky Stewart; and Secretary: Rachel Mikell

- 1. Call to Order / Roll Call**
- 2. Approval of the Meeting Minutes**
- 3. Announcements/ Public Comment**
- 4. Old Business**
  - A. Main Street Cruise-In Reschedule**

The makeup date for the Main Street Cruise-In is August 9, 2025 from 8 AM to 12 PM at Kennesaw First Baptist.
- 5. New Business**
  - A. September 30, 2025 - 2025 Medal of Honor Convention**

Re-enactment of The Great Locomotive Chase, beginning at the Southern Museum for lunch.
  - B. August 5, 2025 - National Night Out**

An opportunity for the community to meet their public safety officials.

**C. October 25,2025 - Candy Crawl**

The date for Candy Crawl, the Downtown Kennesaw Trick-or-Treating Family Festival, has been updated.

**6. Adjourn**



## Item Report

**TO:**  
**FROM:**  
**DATE:** June 5, 2025  
**TITLE:** **September 30, 2025 - 2025 Medal of Honor Convention**  
Re-enactment of The Great Locomotive Chase, beginning at the Southern Museum for lunch.

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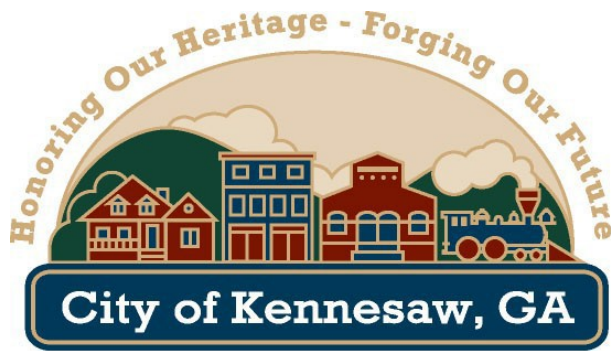
**Summary:**

**Recommendation:**

**Fiscal Impact:**

**Attachments:**

1. Metal of Honor Train Application



## City of Kennesaw Special Event Application

Applications to hold an event must be submitted to the Kennesaw Events Committee at least 90 days before your event. The application will be reviewed by the Kennesaw Events Committee during their monthly meeting held on the first Thursday of each month at 3:30pm at City Hall. Direct your applications to Marty Hughes, Events Committee Chair at [mhughes@kennesaw-ga.gov](mailto:mhughes@kennesaw-ga.gov).

**A NON-REFUNDABLE APPLICATION FEE OF \$50 IS DUE UPON RECEIPT OF THIS APPLICATION. CHECK TO BE MADE TO CITY OF KENNESAW.**

You will be notified of the exact Kennesaw Events Committee meeting date so you can be present to discuss your event with the committee members. **You are required to attend that meeting.**

**Please note that filling out an application does not guarantee approval of requests.** Final approval or denial is determined by the City as well as contingent upon the applicant completing the required actions, submitting the required funds, etc. If you have filed this application without adequate time for processing and coordination, the applicant must re-file the request for a new event date.

Name of Event 2025 Medal of Honor Convention

Type of Event The Great Locomotive Chase Re-enactment

Event Date(s): 1st choice 9/30/25 2nd Choice \_\_\_\_\_

Event Site being requested: The Southern Museum

Beginning Time(s) 11:00am am/pm to Ending Time(s) 1:00pm am/pm

Event Set up Time 8:00am Event Clean up Time 2:00pm

Purpose of Event To celebrate Medal of Honor recipients.

Details of the Event At the Museum from 11-2 for lunch and to view the General before boarding a train at the tracks to follow the chase route.

1. Applicant/Organization CSX/Coolidge National Medal of Honor Heritage Center

Address Application via Southern Museum

Phone Number [REDACTED] Fax Number [REDACTED]

E-mail Address/Website [REDACTED]

2. Name of Organizer/Contact Person [REDACTED]

Phone Number [REDACTED] Email [REDACTED]

Any Other Organizers Name(s) [REDACTED]

Phone Number [REDACTED] Email [REDACTED]

3. General Event Information:

Number of person(s) expected Approx. 175-200 Have you previously held this Event? No

What types of advertising will you use to promote this event? Press release, Newspaper

To whom are you marketing [REDACTED] Event is closed to the public and is by invitation only for Medal of Honor recipients, their families, and dignitaries.

4. **Fees.** Based on your request, you will be invoiced for any fees due that are associated with this event. Fees will be charged for facilities, equipment, and personnel. More explanation of fees will be discussed during your scheduled Event Committee Meeting; see Fee Schedule attached.

Are you requesting **City Personnel**? List required assistance: Yes; KPD, Museum Staff

Are you requesting **City Streets** to be closed for your event, if so which ones? Yes; Cherokee Street

In front of the Museum. CSX will be closing the tracks so that guests can board a train to follow the chase route.

Are you requesting **City Facilities** for this event? Use of Museum (will be closed to the public for the day) and Depot.

Are you requesting **City Equipment** for this event? Parade barricades

Are you requesting Trash and Recycling? No

5. Is your event a fundraiser? No If yes, for whom or what organization(s)? [REDACTED]

6. **We will need the Following Supporting Documents along with your Application:**

1. **Property Owner's Affidavit** (if Private Property is to be used in conjunction with your event).

2. **A Certificate of Insurance**, in the amount of \$1,000,000 or as determined to be appropriate to **City of Kennesaw** 2529 J.O. Stephenson Avenue Kennesaw, Georgia 30144

the size of the event, naming the City of Kennesaw as an Additional Insured. Certificate must be provided at least 30 days in advance of the event.

- 3. Return a signed **Fee Acknowledgement Agreement** within 30 days of event approval.
- 4. Include your **Cleanup/Recycling Plan**.
- 5. Are you a non-profit organization? If so, provide a **Copy of Your 501C-3**.
- 6. Include additional forms stating you are in Compliance with all other agencies requiring Permitting. i.e.: Cobb/Public Health Department, Cobb Fire Marshal Office, Alcohol Permits
- 7. Attached map showing the event site & set-up.  
N/A. Cherokee Street will be closed from Main to Shirley/Big Shanty. Train will load at crossing.

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**For City of Kennesaw Use Only**

**DEPARTMENT CHECKS**

Date Received \_\_\_\_\_ Received by \_\_\_\_\_ Reviewed by Events Committee \_\_\_\_\_

Suggest Approved \_\_\_\_\_ Suggest Denial \_\_\_\_\_

Payments Received: Fees \_\_\_\_\_ Insurance Received: \_\_\_\_\_

\_\_\_\_\_  
Events Committee Chairperson

Date \_\_\_\_\_

Notification \_\_\_\_\_



## Item Report

**TO:**

**FROM:**

**DATE:** June 5, 2025

**TITLE:** **August 5, 2025 - National Night Out**  
An opportunity for the community to meet their public safety officials.

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**Summary:**

**Recommendation:**

**Fiscal Impact:**

**Attachments:**

1. NNO 2025 Event Committee Application



## City of Kennesaw Special Event Application

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**Please note that filling out an application does not guarantee approval of requests.** Final approval or denial is determined by the City as well as contingent upon the applicant completing the required actions, submitting the required funds, etc. If you have filed this application without adequate time for processing and coordination, the applicant must re-file the request for a new event date.

Name of Event \_\_\_\_\_

Type of Event \_\_\_\_\_

Event Date(s): 1st choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

Event Site being requested: \_\_\_\_\_

Beginning Time(s) \_\_\_\_\_ am/pm to Ending Time(s) \_\_\_\_\_ am/pm

Event Set up Time \_\_\_\_\_ Event Clean up Time \_\_\_\_\_

Purpose of Event \_\_\_\_\_

Details of the Event \_\_\_\_\_

1. Applicant/Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address/Website \_\_\_\_\_

2. Name of Organizer/Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Any Other Organizers Name(s) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

3. General Event Information:

Number of person(s) expected \_\_\_\_\_ Have you previously held this Event? \_\_\_\_\_

What types of advertising will you use to promote this event? \_\_\_\_\_

To whom are you marketing \_\_\_\_\_

4. **Fees.** Based on your request, you will be invoiced for any fees due that are associated with this event. Fees will be charged for facilities, equipment, and personnel. More explanation of fees will be discussed during your scheduled Event Committee Meeting; see Fee Schedule attached.

Are you requesting **City Personnel**? List required assistance: \_\_\_\_\_

Are you requesting **City Streets** to be closed for your event, if so which ones? \_\_\_\_\_

Are you requesting **City Facilities** for this event? \_\_\_\_\_

Are you requesting **City Equipment** for this event? \_\_\_\_\_

Are you requesting Trash and Recycling? \_\_\_\_\_

5. Is your event a fundraiser? \_\_\_\_\_ If yes, for whom or what organization(s)? \_\_\_\_\_

6. **We will need the Following Supporting Documents along with your Application:**

1. **Property Owner's Affidavit** (if Private Property is to be used in conjunction with your event).

2. **A Certificate of Insurance**, in the amount of \$1,000,000 or as determined to be appropriate to  
**City of Kennesaw** 2529 J.O. Stephenson Avenue Kennesaw, Georgia 30144

the size of the event, naming the City of Kennesaw as an Additional Insured. Certificate must be provided at least 30 days in advance of the event.

- 3. Return a signed **Fee Acknowledgement Agreement** within 30 days of event approval.
- 4. Include your **Cleanup/Recycling Plan**.
- 5. Are you a non-profit organization? If so, provide a **Copy of Your 501C-3**.
- 6. Include additional forms stating you are in Compliance with all other agencies requiring Permitting. i.e.: Cobb/Public Health Department, Cobb Fire Marshal Office, Alcohol Permits
- 7. Attached map showing the event site & set-up.

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**DEPARTMENT CHECKS**

Date Received \_\_\_\_\_ Received by \_\_\_\_\_ Reviewed by Events Committee \_\_\_\_\_

Suggest Approved \_\_\_\_\_ Suggest Denial \_\_\_\_\_

Payments Received: Fees \_\_\_\_\_ Insurance Received: \_\_\_\_\_

\_\_\_\_\_  
Events Committee Chairperson

Date \_\_\_\_\_

Notification \_\_\_\_\_



## Item Report

**TO:**  
**FROM:**  
**DATE:** June 5, 2025  
**TITLE:** **October 25,2025 - Candy Crawl**  
The date for Candy Crawl, the Downtown Kennesaw Trick-or-Treating Family Festival, has been updated.

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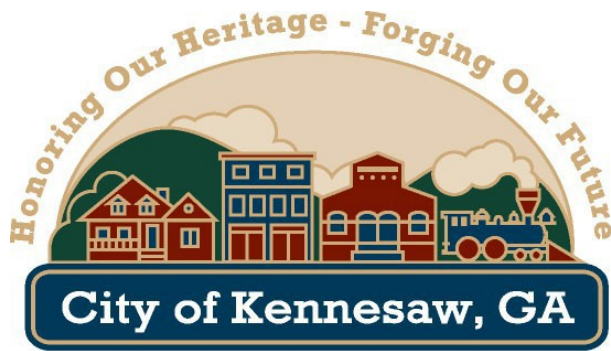
**Summary:**

**Recommendation:**

**Fiscal Impact:**

**Attachments:**

1. 2025-CandyCrawl-UpdatedApp



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Name of Event Candy Crawl - Updated Request

Type of Event Community Engagement

Event Date(s): 1st choice 10/25/25 2nd Choice \_\_\_\_\_

Event Site being requested: Downtown Kennesaw

Beginning Time(s) 10 am am/pm to Ending Time(s) 4 pm am/pm

Event Set up Time \_\_\_\_\_ Event Clean up Time \_\_\_\_\_

Purpose of Event Downtown Trick-or-Treating/Family Festival

Details of the Event Will include business/sponsor booths, games, and candy

Set-up and start time will need to be flexible to account for the 5k race on 10/25. Candy Crawl to follow the race.

1. Applicant/Organization KDDA, partnering with KDMA

Address 2529 J.O. Stephenson Ave

Phone Number 770-424-1919 Fax Number \_\_\_\_\_

E-mail Address/Website \_\_\_\_\_

2. Name of Organizer/Contact Person Miranda Taylor

Phone Number 770-424-1919 Email mtaylor@kennesaw-ga.gov

Any Other Organizers Name(s) Riley Lane, KDMA

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

3. General Event Information:

Number of person(s) expected 600-800 Have you previously held this Event? Yes

What types of advertising will you use to promote this event? Social Media

To whom are you marketing Families with kids

4. **Fees.** Based on your request, you will be invoiced for any fees due that are associated with this event. Fees will be charged for facilities, equipment, and personnel. More explanation of fees will be discussed during your scheduled Event Committee Meeting; see Fee Schedule attached.

Are you requesting **City Personnel**? List required assistance: No, except Miranda

Are you requesting **City Streets** to be closed for your event, if so which ones? Yes

Main St, from J.O. Stephenson to Summers Street

Are you requesting **City Facilities** for this event? Main Street Plaza

Are you requesting **City Equipment** for this event? Barricades, etc for closure

Are you requesting Trash and Recycling? Yes, 4 roll-off cans for plaza

5. Is your event a fundraiser? Yes If yes, for whom or what organization(s)? KDMA

KDMA may charge booth fees to non-members businesses. Any fees will help support KDMA activities (merchant support, events, etc).

6. **We will need the Following Supporting Documents along with your Application:**

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- 7. Attached map showing the event site & set-up.

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**DEPARTMENT CHECKS**

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Suggest Approved \_\_\_\_\_ Suggest Denial \_\_\_\_\_

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\_\_\_\_\_  
Events Committee Chairperson

Date \_\_\_\_\_

Notification \_\_\_\_\_