



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

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. 1885 - Grill Kennesaw Social**
Monthly public social event hosted by 1885 - Grill.
- 5. New Business**
 - A. October 24 - 26, 2025 - Life in the Cemetery Walking Tour**
The Kennesaw Cemetery Preservation Commission will host October tours with actors portraying historic Kennesaw residents.
 - B. September 9, 2025 - Bells Across America**
The Bells Across America event will celebrate the U.S. Constitution with a history presentation, bell ringers, and a 4 PM bell toll by the Baptist Church.

C. October 25, 2025 - Candy Crawl - Updated Request

Downtown Kennesaw Trick-or-Treating & Family Festival will offer kid-friendly activities, treats, and festive fun.

6. Adjourn



Item Report

TO:

FROM:

DATE: July 3, 2025

TITLE: **1885 - Grill Kennesaw Social**
Monthly public social event hosted by 1885 - Grill.

Summary:

Recommendation:

Fiscal Impact:

Attachments:

None



Item Report

TO:
FROM:
DATE: July 3, 2025
TITLE: **October 24 - 26, 2025 - Life in the Cemetery Walking Tour**
The Kennesaw Cemetery Preservation Commission will host October tours with actors portraying historic Kennesaw residents.

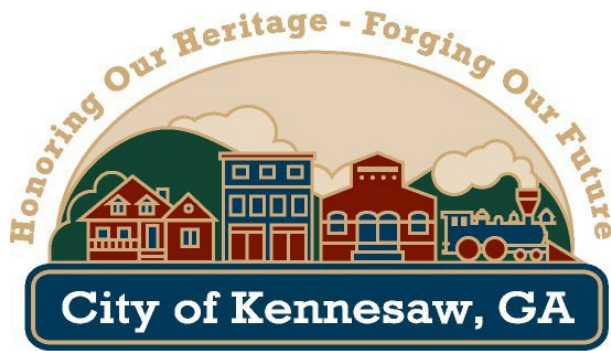
Summary:

Recommendation:

Fiscal Impact:

Attachments:

1. Event-Application - Life in the Cemetery 2025 Redacted
2. 2025 - Proposed Route - Life in the Cemetery



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.

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 Life in the Cemetery Tour

Type of Event Walking Tour

Event Date(s): 1st choice Oct. 24-26, 2025 (Oct. 23 dress rehearsal) 2nd Choice _____

Event Site being requested: Kennesaw City Cemetery

Beginning Time(s) 6:00 PM am/pm to Ending Time(s) 9:00 PM am/pm

Event Set up Time 5:30 PM Event Clean up Time 9:30 PM

Purpose of Event Education and promotion of Kennesaw's history

Details of the Event _____

For the past few Octobers, the Kennesaw Cemetery Preservation Foundation has offered popular walking tours in the Kennesaw City Cemetery, where actor's portray notable residents of the cemetery. This year

1. Applicant/Organization Kennesaw Cemetery Preservation Commission / Kennesaw Cemetery Preservation Foundation

Address [REDACTED]

Phone Number [REDACTED] Fax Number _____

E-mail Address/Website https://kennesawcemetery.org/

2. Name of Organizer/Contact Person Andrew Bramlett

Phone Number [REDACTED] Email [REDACTED]

Any Other Organizers Name(s) _____

Phone Number _____ Email _____

3. General Event Information:

Number of person(s) expected 180 Have you previously held this Event? Yes

What types of advertising will you use to promote this event? Facebook and flyers

To whom are you marketing Local residents and cemetery buffs

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

Are you requesting **City Streets** to be closed for your event, if so which ones? No

Are you requesting **City Facilities** for this event? No

Are you requesting **City Equipment** for this event? No

Are you requesting Trash and Recycling? No

5. Is your event a fundraiser? No 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.

Attached to email

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 _____

on Automotive

Horned Owl Brewing

2. J. G. Lewis

1. Thomas Summers

Kennesaw City Cemetery

4. Sara Skelton Bozema...

9. Dale Burrell

6. Luther Chalker

7. Elmon Wooten

3000





Item Report

TO:

FROM:

DATE: July 3, 2025

TITLE: **September 9, 2025 - Bells Across America**

The Bells Across America event will celebrate the U.S. Constitution with a history presentation, bell ringers, and a 4 PM bell toll by the Baptist Church.

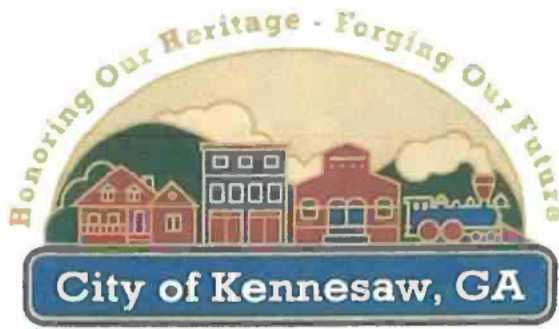
Summary:

Recommendation:

Fiscal Impact:

Attachments:

1. DAR - Bells 2025 - Redacted



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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 Bells Across America

Type of Event DAK - patriotic event

Event Date(s): 1st choice Sat, 9/20/25 2nd Choice Sun, 9/21/25

Event Site being requested: Main St area by tunnel entrance

Beginning Time(s) 3pm am/pm to Ending Time(s) 4:20pm am/pm (ends @ 4 - clean up until 4:20)

Event Set up Time 3pm Event Clean up Time 4-4:20

Purpose of Event To celebrate the signing of the US Constitution

Details of the Event We will present history of the US Constitution and have bell ringers perform. At 4pm, the Baptist church will toll their bells. The Mayor may speak.

City of Kennesaw 2529 J.O. Stephenson Avenue Kennesaw, Georgia 30144

1. Applicant/Organization Kennesaw Mtn - National Society of the Daughters
of the American Revolution
Address _____

Phone Number _____ Fax Number _____

E-mail Address/Website _____

2. Name of Organizer/Contact Person Dawn Easterling

Phone Number _____ Email _____

Any Other Organizers Name(s) Betsy Wampler

Phone Number _____ Email _____

3. General Event Information:

Number of person(s) expected 50 Have you previously held this Event? yes

What types of advertising will you use to promote this event? flyers at local businesses
the Brightside

To whom are you marketing citizens

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: 1

Are you requesting City Streets to be closed for your event, if so which ones? no

Are you requesting City Facilities for this event? no

Are you requesting City Equipment for this event? Sound system w/ speakers

Are you requesting Trash and Recycling? no

**would like
3 parking spaces reserved
for loading/unloading*

5. Is your event a fundraiser? no 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
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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.

- If not on file, we will provide.

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.

We will set up tables and a canopy closer to the road. Patrons will need to be near sound system

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: July 3, 2025
TITLE: **October 25, 2025 - Candy Crawl - Updated Request**
Downtown Kennesaw Trick-or-Treating & Family Festival will offer kid-friendly activities, treats, and festive fun.

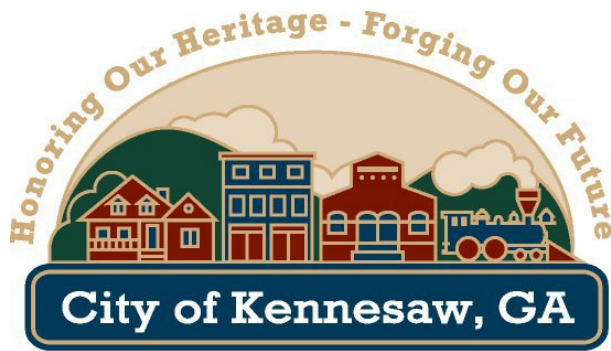
Summary:

Recommendation:

Fiscal Impact:

Attachments:

1. 2025-CandyCrawl-UpdatedApp_Redacted



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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 [REDACTED] 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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Date _____

Notification _____