



**Events Committee
Meeting Agenda
December 4, 2025 3:30 PM
City Hall Training Room
(2529 J.O. Stephenson Avenue, Kennesaw, GA 30144)**

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**
- 5. New Business**
 - A. Select CY2026 chair, vice chair and secretary
 - B. Sip & Social - 2026 Dates
 - C. October 22-25, 2026 - Life in the Cemetery Tour — Attendees will enjoy stories of Kennesaw’s past on a guided walk through the city cemetery.
 - D. March 21, 2026 - Downtown Kennesaw Walking Tour - The Atlanta Preservation Center, in partnership with the Historic Preservation Commission, is proposing a walking tour of Downtown Kennesaw as part of the annual

Phoenix Festival.

- E. March 21, 2026 - Kennesaw City Cemetery Walking Tour - The Atlanta Preservation Center, with the Kennesaw Cemetery Preservation Commission, is proposing a walking tour of Kennesaw City Cemetery.

6. Adjourn



Item Report

TO:
FROM:
DATE: December 4, 2025
TITLE: Select CY2026 chair, vice chair and secretary

Summary:

Recommendation:

Fiscal Impact:

Attachments:
None



Item Report

TO:
FROM:
DATE: December 4, 2025
TITLE: Sip & Social - 2026 Dates

Summary:

Recommendation:

Fiscal Impact:

Attachments:

1. 1885-SipSocial-EventApp-2026_Redacted



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 Sip and Social

Type of Event Social networking event

Event Date(s): 1st choice second Wednesday of every month 2nd Choice _____

Event Site being requested: The front four parking spots of the parking lot attached to 1885 grill kennesaw

Beginning Time(s) 4:30 PM am/pm to Ending Time(s) 7:00 PM am/pm

Event Set up Time 3:30 PM Event Clean up Time 8:00 PM

Purpose of Event Social networking event

Details of the Event This is a social and networking event for members of the Kennesaw community

Dates for 2026:	July 8
January 14	August 12
February 11	September 9
March 11	October 14
April 14	November 11
May 13	December 9
June 10	

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

1. Applicant/Organization 1887 Grill LLC DBA 1885 Grill Kennesaw

Address [REDACTED]

Phone Number [REDACTED] Fax Number _____

E-mail Address/Website [REDACTED]

2. Name of Organizer/Contact Person Veda Stapleton

Phone Number [REDACTED] Email [REDACTED]

Any Other Organizers Name(s) _____

Phone Number _____ Email _____

3. General Event Information:

Number of person(s) expected 60 Have you previously held this Event? Yes

What types of advertising will you use to promote this event? Social media + Emails

To whom are you marketing Members of the kennesaw community and customers of 1885 grill.

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.

***Current Insurance Certificate is provided; 1885 will provide updated insurance certificate up on renewal.**

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.

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 _____

1885

Music
in
garden

Bar

Dumpster

games

games

games

games

Tent

Need First 3
Spaces on
Right + Left
Side.

Clean Up Plan for Monthly Sip + Social

- All trash will be picked up by 1885 staff and disposed of in our dumpster
- All tables and games will be broken down and put away by 1885 staff
- For July's sip and social JRM Event Management will clean up and break down all inflatables



Item Report

TO:

FROM:

DATE: December 4, 2025

TITLE: October 22-25, 2026 - Life in the Cemetery Tour — Attendees will enjoy stories of Kennesaw's past on a guided walk through the city cemetery.

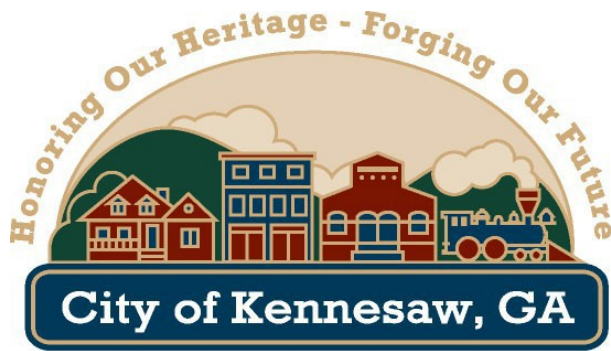
Summary:

Recommendation:

Fiscal Impact:

Attachments:

1. 2025.10.22-25 (Life in the Cemetery)_Redacted



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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. 22-25, 2026 (Oct. 22 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 2529 J. O. Stephenson Avenue, Kennesaw, GA 30144 / P.O.Box 477, Kennesaw, GA 30156

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? 35 chairs, 5 tables, and 2 tents

Are you requesting Trash and Recycling? Yes, one can

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

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 _____



Item Report

TO:

FROM:

DATE: December 4, 2025

TITLE: March 21, 2026 - Downtown Kennesaw Walking Tour - The Atlanta Preservation Center, in partnership with the Historic Preservation Commission, is proposing a walking tour of Downtown Kennesaw as part of the annual Phoenix Festival.

Summary:

Recommendation:

Fiscal Impact:

Attachments:

1. 2026.3.21 - Phoenix Flies (Downtown)_Redacted



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Name of Event Downtown Kennesaw Walking Tour

Type of Event Walking Tour

Event Date(s): 1st choice March 21, 2026 2nd Choice _____

Event Site being requested: Sidewalks, parking spaces at city hall for parking

Beginning Time(s) 10:00 am/pm to Ending Time(s) 11:30 am/pm

Event Set up Time 9:30 Event Clean up Time 11:30

Purpose of Event Education and promotion of Kennesaw's history

Details of the Event _____

For this event, the Atlanta Preservation Center, in partnership with the Historic Preservation Commission, is proposing a walking tour of Downtown Kennesaw. The program would be part of the annual Phoenix F

1. Applicant/Organization Atlanta Preservation Center / Kennesaw Historic Preservation Commission

Address 327 St Paul Ave SE, Atlanta, GA 30312 / 2529 J.O. Stephenson Ave, Kennesaw, GA 30144

Phone Number [REDACTED] Fax Number _____

E-mail Address/Website https://preservationatlanta.com/

2. Name of Organizer/Contact Person Andrew Bramlett

Phone Number [REDACTED] Email [REDACTED]

Any Other Organizers Name(s) Mary Budwick

Phone Number [REDACTED] Email [REDACTED]

3. General Event Information:

Number of person(s) expected 20 max Have you previously held this Event? Yes

What types of advertising will you use to promote this event? Eventbrite, Facebook

To whom are you marketing Atlanta Preservation Center members and lovers of local area history

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).

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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**.
- 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

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: December 4, 2025
TITLE: March 21, 2026 - Kennesaw City Cemetery Walking Tour - The Atlanta Preservation Center, with the Kennesaw Cemetery Preservation Commission, is proposing a walking tour of Kennesaw City Cemetery.

Summary:

Recommendation:

Fiscal Impact:

Attachments:

1. 2026.3.21 - Phoenix Flies (Cemetery)_Redacted



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Name of Event Kennesaw City Cemetery Walking Tour

Type of Event Walking Tour

Event Date(s): 1st choice March 21, 2025 2nd Choice _____

Event Site being requested: Kennesaw City Cemetery

Beginning Time(s) 1:00 PM am/pm to Ending Time(s) 2:30 PM am/pm

Event Set up Time 12:30 PM Event Clean up Time 2:30 PM

Purpose of Event Education and promotion of Kennesaw's history

Details of the Event _____

For this event, the Atlanta Preservation Center, in partnership with the Kennesaw Cemetery Preservation Commission, is proposing a walking tour of the Kennesaw City Cemetery. The event would be similar to

1. Applicant/Organization _____

Address 327 St Paul Ave SE, Atlanta, GA 30312 / P.O.Box 477 Kennesaw GA 30156 / 2529 J. O. Stephenson Avenue, Kennesaw, GA 30144

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) Mary Budwick

Phone Number [Redacted] Email [Redacted]

3. General Event Information:

Number of person(s) expected 20 max Have you previously held this Event? Yes

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

To whom are you marketing Atlanta Preservation Center members and lovers of local area history

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.

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

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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 _____