

BEN HILL COUNTY
SPECIAL EVENT PERMIT APPLICATION
(Complete this form if less than 100 in attendance)

1. APPLICANT'S NAME: Heriberto Avila
2. HOME ADDRESS: [REDACTED]
- MAILING ADDRESS [REDACTED] CITY Fitzgerald ST. GA ZIP 31750
3. APPLICANT'S DOB 12/16/77 SSN [REDACTED] EMAIL [REDACTED]
4. NAME OF ORGANIZATION Rancho Mi Gusto ES
5. ADDRESS OF ORGANIZATION 717 Lower Rebecca rd
6. PHONE NUMBER OF BUSINESS OR ORGANIZATION REPRESENTED 229 425 2582
7. CONTACT PERSON(S) Heriberto Avila
8. NAME OF EVENT Rodeo
9. LOCATION OF SPECIAL EVENT (STREET ADDRESS) 717 Lower Rebecca rd
10. DATES AND TIMES DURING WHICH ACTIVITIES WILL BE CONDUCTED Once 2 month 12-10
11. DESCRIBE NATURE OF ACTIVITIES TO BE CONDUCTED Rodeo and Concert
12. SET UP DATE(S) two days before CLEAN UP DATE(S) next day
- WILL STREET(S) NEED TO BE CLOSED? NO YES LIST OF STREET(S) [REDACTED]
13. ESTIMATED # OF ATTENDEES 800-1000
(LESS THAN 100)
14. WILL ALCOHOLIC BEVERAGES BE SOLED OR DISPENSED? YES YES NO NO
CURRENT LIC.# [REDACTED]
15. WILL THERE BE LOUD OR AMPLIFIED SOUND? YES YES NO NO
16. WILL THERE BE ANY VENDORS OR BOOTHS? YES YES NO NO
17. EXTRA DUTY OFFICERS NEEDED? YES YES NO NO

SPECIAL EVENT APPLICATION FEES: \$100.00 PER DAY PLUS \$25.00 application fee (non-refundable)

Checks payable to Ben Hill County

THE UNDERSIGNED APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS ARE TRUE, CORRECT
AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

Heriberto Avila

APPLICANT SIGNATURE

COUNTY MANAGER

6-17-20

DATE

6/26/20

DATE

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM

FIRST NAME

MIDDLE NAME

AVILA

HERIBERTO

SERRANO

NATURE OF PERSON FINGERPRINTED

Heriberto Avila

ALIASES AKA

O
R
I

GA0090000

SO

FITZGERALD, GA

DATE OF BIRTH DOB

Month Day Year

12/16/1977

PLACE OF BIRTH POB

MM

DESIGN OF PERSON FINGERPRINTED

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

06/22/2020

[Signature]

CITIZENSHIP CTZ

SEX

RACE

HGT

WGT

EYES

HAIR

M

W

510

230

BRO

BRO

YOUR NO. OCA

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

624-40-9295

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS

REF

SON FINGERPRINTED

3-3-2 Alcohol/Liquor Licensee



1. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE



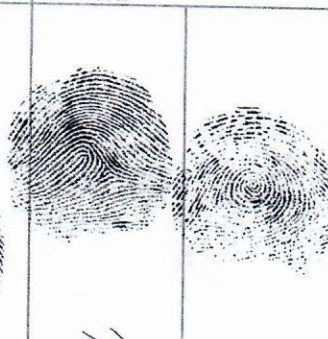
6. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

LSTCN:6430000385 GBITCN:01741034089993 DATE/TIME:2020-06-22 11:28:09 NAME:AVILA,
HERIBERTO SERRANO



Georgia Bureau of Investigation
3121 Panthersville Road
Decatur, Georgia 30034
404-244-2639

LSTCN:6430000385
GBITCN:01741034089993
DATE/TIME:2020-06-22 11:28:09
NAME:AVILA, HERIBERTO SERRANO
PHOTO:PHOTO NOT AVAILABLE

NO GEORGIA OR FBI NATIONAL CRIMINAL HISTORY RECORD FOUND



Ben Hill County Georgia

DEPARTMENT OF BUILDING SAFETY AND REGULATOR SERVICES

O.C.G.A. § 50-36-1 (E)(2) Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Ben Hill County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in **O.C.G.A. § 50-36-1**, from the Department of Building Safety and Regulatory Services, the undersigned application verifies **ONLY** one of the following with respect to my application for public benefit:

- 1) ☒ I am a United States citizen: **or**;
- 2) ☐ I am a legal permanent resident of the United States: **or**;
- 3) ☐ I am qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **My alien number issued by the Department of Homeland Security or other federal immigration agency is** _____

***(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT AND BACK)**

The undersigned applicant also hereby verifies that he or she is 18 years or older and has provided at least one secure and verifiable document as required by **O.C.G.A. 50-36-1(c)(1)**, with this affidavit. **The secure and verifiable document provided with this affidavit can be classified as** drivers license (such as: state issued driver's license, state issued identification, passport, etc).

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of **O.C.G.A. §16-10-20**, and face criminal penalties as allowed by such criminal statute.

Executed in Sitzgerald (City), GA (State).

Heriberto Avila

Signature of Applicant

06-17-20

Date

Heriberto Avila

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS

17th DAY OF June 2020.

Donna Renea Prather
NOTARY PUBLIC

My Commission Expires: 11/5/2020



INDEMNITY AND HOLD HARMLESS AGREEMENT

This INDEMNITY AND HOLD HARMLESS AGREEMENT (this "Agreement"), entered this 17 day of June, 2020, made by Hendel Dub (hereinafter referred to as "Indemnitor"), in favor of BEN HILL COUNTY, Georgia (hereinafter referred to as the "County").

WITNESSTH THAT:

WHEREAS, the Indemnitor desires to have a special event within Ben Hill County; and

WHEREAS, the Indemnitor has applied for a Special Event Permit with Ben Hill County; and

WHEREAS, pursuant to the Ben Hill County Special Events Ordinance, a special events permittee is required to indemnify and hold harmless the County for any damage to person or property which might occur during or as a result of the operation of the special event, as well as any costs necessitated for repairing public roads, cleaning up and removing debris, trash or other waste from, in and around the premises.

NOW THEREFORE, for and in consideration of inducing the County to allow Indemnitor and any Indemnitor Representatives to hold a special event in Ben Hill County, the receipt and sufficiency of which consideration is hereby acknowledged, Indemnitor agrees that Indemnitor shall indemnify, defend and hold the County and its board members, officers, agents, employees and attorneys (collectively, the "County Parties"), harmless from and against and with respect to any and all losses, damages, costs and expenses, including attorney's fees, of any kind or amount incurred or suffered by Indemnitor, any of the Indemnitor Representatives, or any person or property which occur during or as a result of the operation of the special event, as well as any costs necessitated for repairing public roads, cleaning up and removing debris, trash or other waste from, in and around the premises. The County makes no representation or warranty of any kind whatsoever as to the condition of the property or special event, including as to the existence of any latent or patent defects and that any of the Indemnitor Representatives or invitees shall be entering the special event at their sole risk.

IN WITNESS WHEREOF, Indemnitor has caused this Agreement to be executed as of the date first above written.

INDEMNITOR

(Print Name of entity, if applicable)

By: Hendel Dub
Print Name: Hendel Dub
Title: Owner

Witnessed By:

Dana R. Prather
Print Name: Dana R. Prather