



SPECIAL EVENT PERMIT APPLICATION

Deadline for Application _____ (if known or no less than 60 days prior to event)

APPLICANT INFORMATION

Name _____ Email _____

Company/Organization _____

Address/City/State/Zip _____

Telephone Numbers Day _____ Evening _____
 Cell _____ Fax _____

EVENT ORGANIZER (If different than Applicant)

Name _____ Email _____

Company/Organization _____

Address/City/State/Zip _____

Telephone Numbers Day _____ Evening _____
 Cell _____ Fax _____

EVENT INFORMATION

Event Name _____ Event Date(s) _____

Event Summary _____

Event Location/Park _____

Do you plan to charge an admission? Yes ___ No ___ please specify: _____

Expected Attendance (including event crew, participants & spectators): _____

Set-up Date(s) _____ Day(s) _____ Time _____

Event Date(s) _____ Day(s) _____ Time _____

Clean-up Date(s) _____ Day(s) _____ Time _____

Does the registered organization that owns and operates the event hold a current not-for-profit registration? Or are they partnering with a not-for-profit? Yes ___ No ___
 If yes, **please provide a copy of registration and copy of DR-13 and DR-14, as applicable** and please explain relationship and partnership purpose in detail:

Has this event taken place previously? Yes ___ No ___ If yes, when _____
 Where _____ Attendance _____
 How many times has event taken place previously and provide a brief history _____

EVENT LOGISTICS

1. Planned event activities (face painting, bounce houses, etc.)

2. Vendors and/or concessions provided

3. Entertainment (detail type of entertainment; bands, DJ, dancers, magicians etc...)

4. Event equipment to be used (including dimensions, staging/platforms, canopies, tents, booths, scaffolding, trucks, etc...)

5. Sound system and hours of amplified sound. Describe equipment to be used (i.e. PA systems, microphone, speakers, amps)

6. How will you handle emergency vehicle access to your event?

7. Will your event provide portable toilet facilities? Yes ___ No ___
If yes, number to be provided:

8. Will your event provide dumpsters? Yes ___ No ___
If yes, number & size to be provided:

9. Please describe electrical requirements. Note that electricity may not be available and that you may need to provide your own generators for electrical support. (In some parks, generators will not be allowed.)

10. Describe all signage that will be used and their locations.

11. City Support:

Police Department Required?	Yes	No	If yes, there may be a cost
Fire Department Required?	Yes	No	If yes, there may be a cost
Fire Inspection Required?	Yes	No	If yes, there may be a cost
Public Works Required?	Yes	No	If yes, there may be a cost
Liability insurance required?	Yes	No	If yes, there may be a cost
Alcohol served, sold or consumed?	Yes	No	If yes, then City Commission Approval is required.
Food cooked or served on site?	Yes	No	If yes, then Fire Inspection is required.
Please describe _____			
City Commission Approval Required?	Yes	No	
If any costs are to be requested waived or if there is alcohol served, City Commission approval is required.			

CERTIFICATE OF INSURANCE

Name of Carrier _____

Address/City/State/Zip _____

Agent Name _____ Phone _____

Fax _____

Attach Certificate of Insurance. The City of High Springs, A municipal corporation organized and existing under the laws of the State of Florida must be named Additional insured under certificate holder and special provisions.

PROOF OF AGENCY

On agency letterhead, **please attach proof of agency or letter of authorization** showing his/her authority to represent the organization names herein prior to approval of this application.

TERMS OF AGREEMENT

As the applicant, I hereby accept and understand the responsibility to oversee all contractors, vendors or parties affiliated with the event to ensure compliance with all policies, rules, regulations and guidelines of the City of High Springs and the regulations listed below. I understand that falsification of any aspect of this application or any other violation may result in immediate cancellation and/or revocation of the permit. I understand that the permit is non-transferable and non-refundable. Failure to submit for approval in a timely manner will result in automatic denial. Without approval, the special event cannot be held.

- A completed special event application must be submitted a minimum of 21 days prior to the event
- If any section does not apply, mark N/A or cross out that section
- The City Managers office will determine if event requires a Certificate of Insurance
- A Certificate of Insurance for the event must be submitted (10) days prior to the beginning of the event and should also name The City of High Springs, A municipal corporation organized and existing under the laws of the State of Florida, additional insured

- **Alcoholic beverages are not allowed on park property**
- Absolutely no staking allowed when setting up tents on athletic fields - weighted bucket drops are permissible
- The applicant is responsible for the collection and proper disposal of all trash generated during the event
- **The volume level from public address or sound systems must remain at an acceptable level and should not be audible from a distance of more than 50 feet. Please refer to the attached noise ordinance. In the event that the ordinance is violated, the special event may be shut down.**
- All non-essential production and personal vehicles must be parked in public parking areas
- No overnight parking
- Uniformed law enforcement may be required to provide traffic and crowd control at the event organizer's expense.
- A user fee may be charged for each facility /open space used and special support needed
- In addition to the permit and facility fees , one or more of the following charges shall apply, where applicable
- The city may require the presence of a park supervisor during event. This additional cost may be included in the permit fee.
- A damage deposit may be required upon approval of the permit; the deposit will be returned after it has been determined by parks staff that the event area has been left free of debris and in good condition. Please allow time for processing
- Event organizers may be asked to present a copy of their permit to local Law Enforcement during the event. Please have it available. Event organizers must be present during event.

I have read and understand the above stipulations.

Applicant's Name

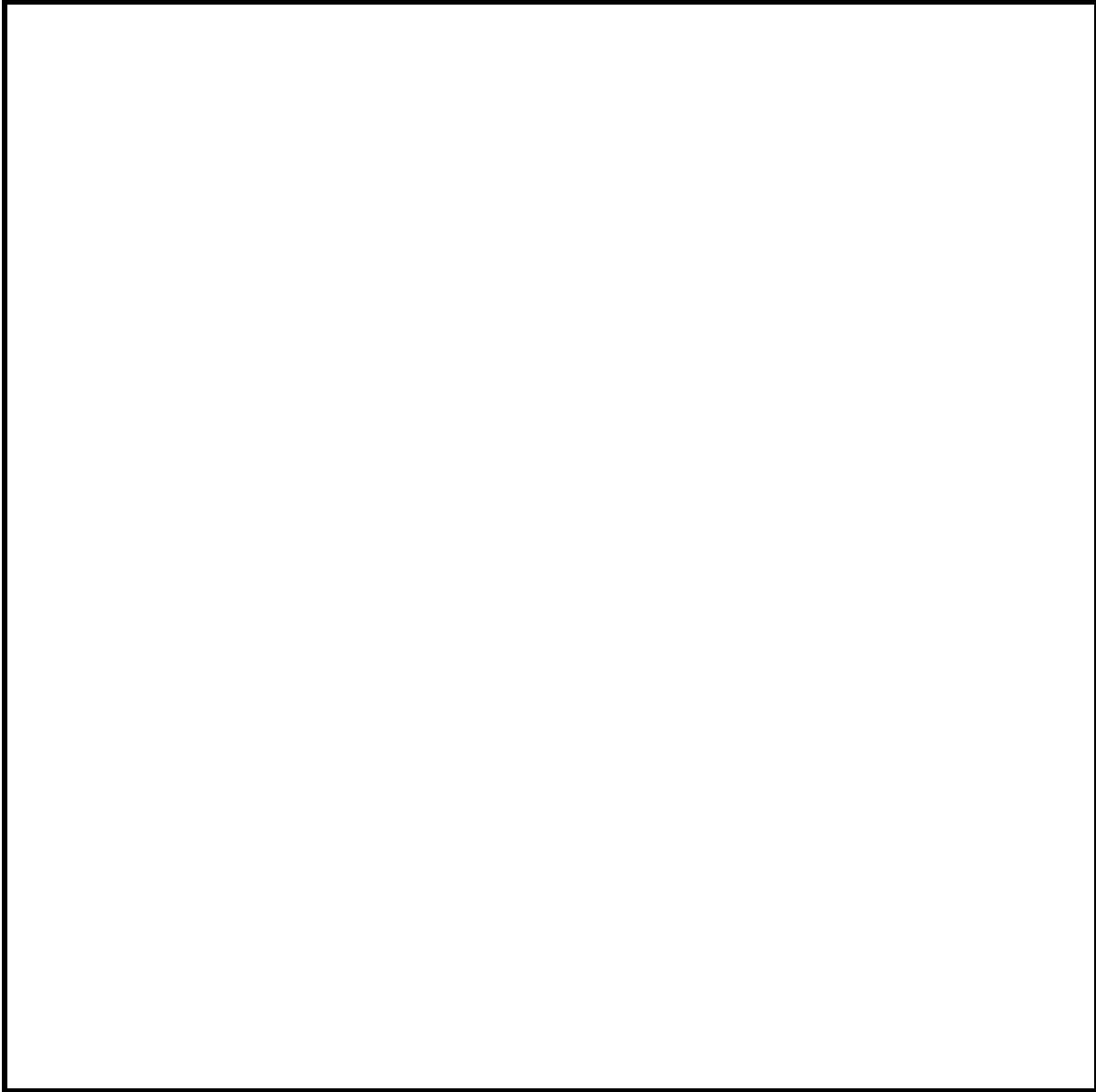
Date

Please mail or submit completed packet to:

The City of High Springs.
110 NW 1st Avenue
High Springs, Florida 32643

SITE PLAN

If event attendance is more than 300 persons or event involves a race, walk, parade etc... Please attach a site map or use the space provided below. Please provide a drawing of the boundaries and details of the proposed Special Event including locations of all intended activities with reference points such as streets, buildings, barricades, emergency access points, race or parade routes, tents, vendors etc. Site map for smaller events, security, traffic or clean-up plans may also be requested.

A large, empty rectangular box with a black border, intended for the user to draw a site plan for their event. The box is currently blank.

OFFICE USE ONLY – DEPOSIT AND APPROVAL INFORMATION

Approved by the City Manager _____ Date _____

Conditions for Approval _____

Comments by the Fire Chief _____ Date _____

Conditions for Approval _____ Assessed Fees \$ _____

Comments by the Police Chief _____ Date _____

Conditions for Approval _____ Assessed Fees \$ _____

Comments by the Building Department _____ Date _____

Conditions for Approval _____ Assessed Fees \$ _____

Comments by the PW/Recreation _____ Date _____

Any additional Assessed Fees: \$ _____ Explanation _____

Staff Point-Of-Contact Assigned to this event (day of event) _____

Copy of Certificate of Insurance Received _____ (attach as applicable)

Amount of Total Fees assessed \$ _____ Received on _____ Received By _____

Form of Payment Cash Check # _____

Other Notes: