



16 Colomba Road
 DeBary, FL 32713
 Phone: (386) 668-2040
 Fax (386) 668 – 3523

SPECIAL EVENT APPLICATION

MUST BE RECEIVED BY CITY STAFF NO LESS THAN 30 DAYS PRIOR TO AN EVENT.

If seeking a waiver of these fees or time constraints the applicant must submit it in writing to the City Manager and receive approval prior to submittal of completed application.

Applicant Information

Organization Name: _____

Street Address _____ City/State _____

Organization's Phone Number: _____

Contact Person: _____ Title: _____

E-Mail: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Event Details

Name of Event: _____

Date(s) of Event: _____ Start Time: _____ End Time: _____

Rain Date(s)? YES NO If Yes, when? _____

Clean-Up Date: _____ Clean-Up Start Time: _____ End Time: _____

Estimated Attendance: _____

Type of Event: _____
 (Example: Parade, Festival, Marathon, Cycling, Walk-A-Thon, etc.)

Event Classification (See Special Event Policies): Minor Major

Requested Event Location (Circle One):

Rob Sullivan Community Park
 Power Park
 Community Park
 Town Hall

River City Nature Park
 Bill Keller Park
 Memorial Park
 City Hall

Gateway Park
 Eagles Nest Park
 Alexandra Park
 Other: _____

Other site located within the City of DeBary. Provide address and name of location. (Please be specific)

Admission Fee: YES \$_____ NO Parking Fee: YES \$_____ NO

Event Description

Please provide a brief description of the event including activities, purpose, etc.

Does your event require or include any of the following:

Non-Contiguous Off-Site Parking? YES NO

If YES, where? _____

On-Site Parking? YES NO

If YES, where? _____

Will shuttles be used to transport? YES NO

If YES, where? _____

Parade? YES NO

If YES, number of participants/floats, etc.; proposed staging area and route: *(Proof of FDOT road closure approval required)

*Fireworks? YES NO

(Contract from fireworks vendor, insurance, FD approval required)

Tents/temporary structures to be used? YES NO

(Permits may be required)

Advertising (i.e. banners) within the City? YES NO

(Permits may be required)

What are your security plans? None Police Private (Firm name: _____)

What are your Fire/EMS plans? None Fire Department

Number of Trash Receptacles? _____

How do you plan to remove trash and litter during and after the event?

Signage: Number of signs requested to be put out _____

Vendor Information

Number of food vendors: _____

Vendors list provided to the City? YES NO
(Provide copies of permits & licenses)

Number of other vendors: _____

Vendors list provided to the City? YES NO
(Provide copies of permits & licenses)

Will there be alcohol at this event? YES NO

If YES, has liquor license been issued? YES NO
(Provide copy of license)

Is this a charitable event? YES NO

Number of portable restrooms required (Based on Special Event Policies)? _____

Name of restroom contractor: _____

Amplified sound to be used? YES NO

Name of sound system owner: _____

(Maximum Permitted Noise Levels are regulated by the City of DeBary Code of Ordinances Chapter 30, Sec 30-136.)

Required Attachments

- ❖ **Parking and Traffic Plan:** Each location has unique traffic patterns and parking necessities in order to accommodate special events regardless of anticipated attendance. Please include the following information for review:
 - Description of traffic circulation plan (be specific)
 - Description of how pedestrian and vehicular traffic will be separated.
 - Parking plan including handicap, vendor, volunteer, patrons and worker parking locations.
 - List of parking attendees including assigned locations.

- ❖ **Site Plan:** Please provide a detailed site plan illustrating the location of amenities related to the event which may include, but not limited to, event parking, light towers, vendor booths, staging, restrooms, safety lanes, activities, etc. Also include an event management plan for security and safety, which may include accommodating security, first aid, and sheltering measures.

- ❖ **Insurance:** If the event is on City property, attach a certificate of insurance showing the City of DeBary as an additional named insured in the amount of at least \$1,000,000.

- ❖ All paperwork is due at the time of submittal of this application to the City of DeBary. Any changes to the original site plan must be approved by the City of DeBary in advance.

- ❖ Any of the following additional documentation may be required as stated in the Special Event Policies:
 1. Budget
 2. Private Security Plan
 3. Alcohol Control Plan
 4. Police Security Plan
 5. Contingency Plan in case of event cancellation. (Refer to Section XII)
 6. Pyrotechnic Permit submittals shall be submitted to the Fire-Rescue Department with applicable jurisdiction at least 30 days prior to the scheduled display.
 7. Alcohol Liability Insurance
 8. Hold Harmless Agreement
 9. Maintenance/Clean-Up Plan
 10. Entertainment Schedule
 11. Set up and Take Down Schedule
 12. Public Health Department Inspection

IT IS THE RESPONSIBILITY OF THE APPLICANT TO SUBMIT THIS APPLICATION WITH ALL REQUIRED PAPERWORK FOR DEPARTMENT SIGNATURES IN A TIMELY FASHION. YOU WILL BE NOTIFIED ONCE THE FINAL SIGNATURE HAS BEEN RECEIVED. A SPECIAL EVENT PERMIT WILL BE ISSUED AT THAT TIME.

I/we have read and have been given a copy of the Special Event Policy and agree to abide by the regulations of the City of DeBary Parks and Recreation Department.

I hereby state the above information is true and accurate to the best of my knowledge. I further understand and agree to any and all conditions of the required permits.

I understand that the City of DeBary assumes no liability for this event. I hereby agree to defend, hold harmless, and indemnify the City, at the City's option, from any and all demands, claims, suits, actions and legal proceedings brought against the City of DeBary in connection with this event, whether threatened or otherwise, to the full extent as permitted by the law of the State of Florida.

This provision shall survive the term of the Agreement and shall remain in full force and effect until the expiration of the time for the institution of any action at law or equity or administrative action against the City of DeBary under either federal law or the laws of Florida.

Signature of Applicant

Date signed

Submission of this application DOES NOT guarantee availability of facilities or event approval. You will be contacted by the appropriate person to confirm the details of your proposed event.

INTAKE ACCEPTANCE (Office Use Only)

Name of Event: _____ Organization/Person: _____

Application # _____ Application Complete: YES NO City Co-Sponsor Request: YES NO

Received By/Title: _____ Date Accepted: _____ Initial: _____

POLICE

VCSO Captain: APPROVED DENIED Additional Cost to Dept: _____

Conditions:

Captain Signature: _____ Date: _____

VCSO Lieutenant: APPROVED DENIED Additional Cost to Dept: _____

Conditions:

Lieutenant Signature: _____ Date: _____

FIRE/EMS:

Fire Chief: APPROVED DENIED Additional Cost to Dept: _____

Conditions:

Chief Signature: _____ Date: _____

Fire Marshall: **APPROVED** **DENIED** Additional Cost to Dept: _____

Conditions:

Fire Marshall Signature: _____ Date: _____

PARKS AND RECREATION

Director: **APPROVED** **DENIED** Additional Cost to Dept: _____

Conditions:

Director Signature: _____ Date: _____

Parks Superintendent: **APPROVED** **DENIED** Additional Cost to Dept: _____

Conditions:

Parks Superintendent Signature: _____ Date: _____

PLANNING AND ZONING

Director: **APPROVED** **DENIED** Additional Cost to Dept: _____

Conditions:

Director Signature: _____ Date: _____

Neighborhood Improvement Officer: **APPROVED** **DENIED**

Additional Cost to Dept: _____

Conditions:

Neighborhood Improvement Officer Signature: _____ Date: _____

PUBLIC WORKS: **APPROVED** **DENIED** Additional Cost to Dept: _____

Conditions:

Director Signature: _____ Date: _____

BUILDING DEPARTMENT: **APPROVED** **DENIED** Additional Cost to Dept: _____

Conditions:

Building Official Signature: _____ Date: _____

APPLICATION APPROVED BY ALL CITY DEPARTMENTS

YES **NO** **Date:** _____ **Initial:** _____

ADMINISTRATION: **APPROVED** **DENIED** Additional Cost to Dept: _____

Conditions:

City Manager Signature: _____ Date: _____