

16 Colomba Road DeBary, FL 32713 Phone: (386) 601-0206

# SPECIAL EVENT APPLICATION

#### MUST BE RECEIVED BY CITY STAFF NO LESS THAN <u>45 DAYS</u> PRIOR TO AN EVENT.

### **Applicant Information**

Organization Name:			
Street Address		City	State
Organization's Phone Number:			
Contact Person:	Titl	le:	
E-Mail:			
Primary Phone Number:	Secondary Phon	e Number:	
Name of Event:	<b>Event Details</b>		
Date(s) of Event:	Start Time:	End Time	:
Rain Date(s)? $\Box$ YES $\Box$ NO	If Yes, when?		
Clean-Up Date:	Clean-Up Start Time:	End Tii	me:
Estimated Attendance:			
Type of Event:(Example	e: Parade, Festival, Marathon, G		A-Thon, etc.)
Event Classification (See Specia	al Event Policies): 🛛 🗆 Minor		Major
Requested City Facility Locatio	n:		
Other site located within the Cit	ty of DeBary. Provide address a	and name of loc	ation. (Please be specific)
Admission Fee:	□ NO Parking Fee:	□ YES \$	

## **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?  VES  NO	
If YES, where?	
Will shuttles be used to transport? $\Box$ YES $\Box$ NO	
If YES, where?	
Parade?  VES  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? $\Box$ YES $\Box$ NO (Permits may be required)	
Advertising (i.e. banners) within the City? $\Box$ YES $\Box$ 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?	

## **Vendor Information**

Number of food vendors:
Vendors list provided to the City? $\Box$ YES $\Box$ NO (Provide copies of permits & licenses)
Number of other vendors:
Vendors list provided to the City? $\Box$ YES $\Box$ NO (Provide copies of permits & licenses)
Will there be alcohol at this event? $\Box$ YES $\Box$ NO
If YES, has liquor license been issued?  VES NO (Provide copy of license)
Is this a charitable event? $\Box$ YES $\Box$ NO
Number of portable restrooms required (Based on Special Event Policies)?
Name of restroom contractor:
Amplified sound to be used? $\Box$ YES $\Box$ NO
Name of sound system owner:

### **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: A certificate of insurance is required 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

\*By typing my name above, I understand and agree to the above in the form of an electronic signature

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