

APPLICATION FOR SPECIAL EVENT PERMIT / SALE, DISTRIBUTION AND CONSUMPTION OF BEER AND/OR WINE ON CITY PROPERTY

**City of Fellsmere, 21 S. Cypress Street, Fellsmere, FL 32948
Phone: 772-571-1900 Fax: 772-571-1901**

All information on this application must be received by the City Clerk at least thirty (30) days prior to the special event. Missing or incomplete information will cause the application to be returned to applicant.

1. Name and address of the not-for-profit organization or nationally recognized not-for-profit service organization: _____

2. Nature of special event that will be open to the general public: _____

3. Date and time of special event: _____

4. The anticipated number and age of event attendees: _____

5. Alcoholic beverages to be sold (please circle one): Beer Wine Beer/Wine

The following shall be submitted to the City Clerk:

1. Documentation that the organization is in good standing with the State of Florida or with a nationally recognized not-for-profit service organization.
2. Documentation that at least one (1) member of the organization has successfully completed a program and holds a valid certification for the handling and sale of alcohol.
3. Certificate of liability insurance with an alcohol endorsement naming the City as an additional insured.
4. A site plan, which may be handwritten, depicting the entire event site, adjacent area uses, and the designated alcoholic beverage possession and consumption area.
5. A damage and cleaning deposit of \$500. This deposit shall be refunded at the conclusion of the event, less any deduction required to effect any repair or replacement of damaged City property or to reimburse the City for the costs to clean up or restore the property to its condition prior to the event.

Applicant will observe and enforce all applicable state and local laws and ordinances relating to the consumption and possession of alcohol, including proof of licensing by the State of Florida, Department of Business and Professional Regulation, Division of Alcoholic Beverages and Tobacco.

Applicant will provide sufficient personnel responsible for inspecting identification of all individuals purchasing alcoholic beverages to ensure the individuals are of lawful drinking age.

Alcoholic beverages sold will be limited to only beer and/or wine.

No glass or metal containers are allowed.

Application is hereby made to obtain a permit for the sale, distribution and consumption of beer and/or wine as indicated. I have read and am familiar with the attached City of Fellsmere regulation (Sec. 6-5) pertaining to alcoholic beverages. I certify that all of the foregoing information is accurate and that the not-for-profit organization will comply with all applicable Federal, State and local laws.

Signature: _____ for _____
(Not-For-Profit Organ. or Nationally Recognized Not-For-Profit Service Organ.)

State of Florida, County of _____

Sworn to and subscribed before me by _____ who is personally known to me or produced _____ as identification, this ____ day of _____, 20____.

Notary's Signature _____

Printed Name of Notary _____

Commission No./Expiration _____

For Official Use Only- Do Not Write Below This Line

Application initially approved by City Clerk: YES / NO _____ (date)

Recommendations: _____

Final action by City Council: APPROVED / APPROVED WITH CONDITIONS / DENIED _____ (date)

Conditions: _____

Reason(s) for denial: _____

SPECIAL EVENT PERMIT

**FOR THE SALE, DISTRIBUTION AND CONSUMPTION
OF BEER AND/OR WINE**

Name/description of event: _____

Location of city property at which the event will be held: _____

Event date(s) and time(s):

Date: _____ Day: _____ Start Time: _____ am/pm End Time: _____ am/pm

Alcoholic beverage sales shall be limited to the following (please circle one): Beer Wine Beer/Wine

Location of alcohol service and consumption at the event: _____

Alcohol service and sale should stop at a time in advance of the closure of a special event sufficient to allow an orderly and temperate consumption of the balance of beverages in possession of attendees prior to closure of the special event.

City of Fellsmere

Approved by City Council on: _____

City Manager

Date permit issued: _____

****THIS SPECIAL EVENT PERMIT SHALL BE POSTED ON-SITE****

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