

CITY OF FELLSMERE
21 Cypress Street, Fellsmere, Florida 32948
(772) 571-1616

Permit Application No. _____

APPLICATION FOR SPECIAL EVENT PERMIT
(authorized pursuant to Ordinance No. 09-18)

Please complete this form and return it to the City Clerk.

All events under this Application are to be held on private property.

1. Name of Applicant: _____

Address: _____

Phone: _____ Email: _____

Alternate Contact Name & Telephone Number: _____

2. Name of organization: _____

Address: _____

Phone: _____ Email: _____

3. Name of person responsible for conducting the event: _____

Address: _____

Phone: _____ Email: _____

(If the person conducting the event is not the property owner, written permission from the owner must accompany this Application).

4. Type of event (Arts & Crafts Show, Concert, Car Show, Racing, etc.): _____

5. Date(s) of the event: _____

6. Hours of the event: _____

7. Location of the event and Zoning District in which the property is located: _____

8. Estimated number of participants: _____

Will the participants be charged? Yes / No

If yes, how much: _____

9. Estimated number of spectators: _____

Will the spectators be charged? Yes / No

If yes, how much: _____

10. Estimated number of vehicles parking at the event: _____

Will there be a parking charge? Yes / No

If yes, how much: _____

11. Will there be vendors? Yes / No

If yes, how many _____

Each vendor is required to obtain a City Business Tax Receipt.

12. Site Plan Required. Twelve (12) copies of the Site Plan shall be attached to this Application. The following details shall be shown on the Site Plan:

- (a) The property, including dimensions, where the event will occur;
- (b) All structures existing or proposed, including tents and setback distances from all property lines;
- (c) Sanitary facilities;
- (d) Parking, including proposed off site areas;
- (e) Ingress and egress;
- (f) Pedestrian traffic access;
- (g) Vehicular traffic access;
- (h) Emergency access;
- (i) Buffering of adjacent residential uses;
- (j) Signage and lighting, all signage and lighting must comply with the City sign and lighting regulations;
- (k) Location of food and non-alcoholic drink sales;
- (l) Location of beer and/or wine sales and consumption area;
- (m) Helicopter landing area;
- (n) Any additional information deemed necessary.

13. The number, type and location of toilet facilities during the event: _____

14. A security, crowd control, fire safety and emergency medical services plan: _____

15. A pedestrian and traffic control plan: _____

16. A life safety plan: _____

17. Provisions for electric power: _____

18. If loudspeakers will be used for announcing or if music will be provided, the hours of duration of the loudspeakers and location of bands, plus the number and type of amplifiers or equivalent devices: _____

19. If beer and/or wine will be sold, the name of the not-for-profit organization and contact person responsible for such sales: _____

Please attach the following:

- 1. A copy of the State of Florida Alcohol Beverage License;*
- 2. A copy of the General Liability Insurance Policy, with Endorsement or separate Alcohol Policy.*

The City Council will review the Application based upon the criteria contained in Ordinance No. 09-18. If a Special Event Permit is granted, it will contain an indemnification requirement.

I, _____, being first duly sworn, depose and say that I am the legal representative of the Applicant proposing to conduct the special event and that all the information, maps, data and site plan provided in this Application are accurate and true to the best of my knowledge and belief.

Signature Date
Print Name: _____

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

Notary Signature _____
Printed Name of Notary _____
Commission No./Expiration _____
Seal:

Date Received ___/___/___ **Fee Paid \$**_____ **Received By:** _____

Reviewed By: _____ Health Department Date: _____

Reviewed By: _____ Building Department Date: _____

Reviewed By: _____ Fire Chief Date: _____

Reviewed By: _____ Public Works Date: _____

Reviewed By: _____ Police Department Date: _____

Reviewed By: _____ Fire Marshal Date: _____

Reviewed By: _____ City Manager Date: _____

Reviewed By: _____ Community Development Department
Date: _____