

City of Flagler Beach
SPECIAL EVENTS APPLICATION



105 South 2nd Street,
Post Office Box 70
Flagler Beach, Florida 32136
Phone (386) 517-2000 Fax (386) 517-2008

INSTRUCTIONS:

Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. If you have a 5013 C exemption certificate please attach a copy to this application for the application fee waiver.

OFFICE USE ONLY

DATE REC'D _____

FEE REC'D \$ _____

INITIALS: _____

APPROVED

DISAPPROVED

REASONS: _____

PX _____

BY: _____

CITY SPONSOR: YES

NO

**Please type or print legibly
Required Information**

Name of Event _____

Producer\Promoter: _____

Type of Organization: _____ non-profit _____ profit _____ charitable _____ government

Will the City be asked to sponsor or co-sponsor? _____ Yes _____ No

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Fax: _____ Mobile Phone: _____

E-Mail Address: _____

Billing Information

Is the party responsible for billing same as above? _____ Yes _____ No

If No, please provide the proper information below:

Attention: _____

Address: _____

City _____ State _____ Zip _____

Work Phone: _____ Fax: _____

EVENT INFORMATION

Event Name: _____

Date(s) Requested: _____

Location: _____

Brief Description of Event: _____

Site Plan Attached? Yes No

If No, explain here:

Will admission fee be charged for event? Yes No

Event Time: Date _____ Start _____ End _____

Date _____ Start _____ End _____

Date _____ Start _____ End _____

Set Up: Date _____ Start _____ End _____

Break Down: Date _____ Start _____ End _____

Rain Date: Date _____ Start _____ End _____

Total Number of Expected attendees\participants: _____

Age Breakdown: 1-10 11-18 19-25 26-40 Over 40

Have you held this event previously? No Yes

If Yes, Previous Date(s): _____

Location: _____

Does this event differ from previous years? No Yes

If Yes, explain how: _____

SIGNS\BANNERS

Will you require signs and banners at your event? No Yes

If Yes, list # and dimensions of each:

Proposed locations: _____

PARADES

Parade permits for SR A1A or SR 100 are provided by FDOT. The City will apply for the permit but can not guarantee approval. A map of the route designating requested street closures must be attached.

Estimated number of parade units in each category:

_____ Bands	_____ Floats	_____ Cars	_____ Marching units	_____ Miscellaneous
Parade time	Date:_____	Start _____ am\pm	End _____ am\pm	
Set-up time	Date:_____	Start _____ am\pm	End _____ am\pm	
Break down	Date:_____	Start _____ am\pm	End _____ am\pm	
Rain date	Date:_____	Start _____ am\pm	End _____ am\pm	

TRAFFIC

Will normal traffic patterns be altered by the event? ___ No

If Yes, explain: _____

Will public parking, streets, sidewalks, etc. be restricted or obstructed?

___ No ___ Yes (If yes, designate on site sketch)

Does your plan include on-site parking? ___ No ___ Yes (If yes, designate on site sketch)

Does your plan include off-site parking? ___ No ___ Yes (If yes, designate on site sketch)

Will shuttles be used to transport? ___ No ___ Yes

FACILITY REQUIREMENTS

Will you utilize temporary structures at event? ___ No ___ Yes

If yes, indicate # of each: ___ Stages ___ Tents ___ Scaffolding ___ Booths ___ Fences

_____ Concession Stands ___ Miscellaneous

Location of these structures on site sketch required.

Note: Special Permits are required for tents exceeding 200 sq.ft. Special Building permits are required for temporary structures 700 or more sq.ft in area and those that are four feet above grade.

How many tents exceeding 200 sq.ft. will be used? _____ List tent location and size: _____

Will you need electric? ___ No ___ Yes

If yes, type of equipment: _____ # of Amps needed: _____

Will you employ an electrician? ___ No ___ Yes

If yes, provide name & phone number: _____

PROPOSED RETAIL SALES

*** Note: All vendors are required to complete an Itinerant Merchants License application**

Estimated total number of vendors: _____ Estimated # of each type of vending: ____ Crafts
____ Clothing ____ Food/Beverage ____ Jewelry ____ Misc (Describe in detail below.)

Prepared Food and Alcoholic Beverages\Liquor Liability

Will food\beverage be prepared\sold at this event? ____ No ____ Yes (If yes, see below.)

Note: Fire extinguishers are required and will be inspected by the Flagler Beach Fire Department, Department of Business & Professional Regulation or Department of Agriculture licenses are required and copies must be provided to the City, additional liability insurance required as set by Special Events Ordinance.

Will alcoholic beverages be dispensed, provided or served? ____ No ____ Yes (If yes, see below.)

Note: Liquor Liability Coverage required.

Name of Organization licensed to serve alcohol at this event: _____

This organization is _____ for profit _____ not for profit

RESTROOM FACILITIES

Toilet Facilities available?* ____ No ____ If Yes, how many: _____

Will you provide Port-o-lets?* ____ No ____ If Yes, how many: _____ (Designate on site plan.)

**Note: ADA requires one handicapped restroom in each group of restrooms*

AMERICANS WITH DISABILITIES ACT

ADA requires with accessibility guidelines as adopted by the State of Florida are now in effect.

SANITATION

Please review the Special Events Ordinance, and Resolution 2008-32 regarding fees for sanitary requirements.

POLICE SERVICES\CROWD CONTROL

Please review the Special Events Ordinance for Police\Security requirements.

LIABILITY INSURANCE WILL BE REQUIRED

See Special Events Ordinance for insurance\indemnity requirements

SIGNATURE(S)

I understand this is an application only and does not obligate the City in any fashion to reserve any facility location or approve an event. I also understand that if application is approved, non-compliance with event ordinances and agreements within these pages, could impact future event terms or approvals.

Signature of Applicant _____ Date _____

Title of Applicant _____

Affiliation _____

CITY OFFICIALS

To be signed after review of application by department heads
or at Special Event Planning Meeting, if required.

Chief of Police _____ Date _____

Fire Chief _____ Date _____

Sanitation _____ Date _____

City Manager _____ Date _____

City Commission Chair _____ Date _____