



Special Event Permit Application Form

Date of Application: _____

A. General Information

- Name of Event: _____ Date of Event: _____
Start Time: _____ End Time: _____ Hours for Setup: _____ Hours for Teardown: _____
Location of Event: _____
- Name of Applicant or Applying Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (H): _____ (W): _____ (Mobile): _____
Fax: _____ Web Site: _____
Non-Profit Status ID# _____
- Name of Event Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (H): _____ (W): _____ (Mobile): _____
Fax: _____ E-mail Address: _____

B. Event Information

- Type of Event: (Please check all that apply)
Festival ___ Block Party ___ Foot Race ___ Benefit Walk ___
Public Assembly ___ Concert ___ Carnival/Circus ___ Parade ___
Performing Arts ___ Reception ___ Party ___ Animal Event ___
Other (Please List) _____
- Estimated attendance: (Please check one)
100 or less ___ 100-500 ___ 500-1,000 ___ 1,000-2,000 ___
2,000-5,000 ___ 5,000-10,000 ___ 10,000-25,000 ___ 25,000-50,000 ___
50,000-100,000 ___ 100,000-150,000 ___ 150,000-more ___
Other (Please List) _____
- Will fireworks be a part of the event? No ___ Yes ___
If yes, who is responsible for displaying them: _____
- What type of entertainment will take place? Please check all that apply:
Musical ___ Dance (No Music) ___ Speakers ___ Other (Please List) _____

Note: A permit from the Tallahassee Fire Department is required prior to any fireworks display.
Note: Sound level and noise disturbances will be monitored and handled by the Tallahassee Police Department.

C. Fees

1. Will there be an admission fee charged to the participants? No _____ Yes _____ Amount \$ _____
2. Will there be an admission fee charged to the spectators? No _____ Yes _____ Amount \$ _____
3. Will fees be charged to exhibitors/concessionaires? No _____ Yes _____ Amount \$ _____
4. Will there be an activity fee charged? No _____ Yes _____ Amount \$ _____

Please list all activities: _____

5. Will there be charge for parking? No _____ Yes _____ Amount \$ _____

Please list parking lots to be used: _____

Please list areas for handicap parking: _____

D. Vending

1. Will vendors and/or concessionaires be a part of this event? No _____ Yes _____
2. What type of vending will be present? Arts/Crafts _____ Food _____ Exhibits _____

Please list any other vendor types: _____

3. Will you be requesting additional electrical services for vendors? No _____ Yes _____
Will you be requesting additional water services for vendors? No _____ Yes _____

4. Are your vendors using generators? No _____ Yes _____ If yes, how many? _____

5. Will the event require trash receptacles with dumping services? No _____ Yes _____

Number of receptacles needed: _____

Note: One (1) recycling container per five (5) trash receptacles will be required. Five (5) trash receptacles will be recommended for an event of about 300 patrons including alcohol or food.

E. Catering Services

1. Will food and/or non-alcoholic beverages be served and/or sold? No _____ Yes _____
2. Will alcoholic beverages be served and/or sold? No _____ Yes _____
3. Who will dispense the food or beverage (i.e.: caterers, staff, etc.)? _____
4. If caterers are being used, please list the names and DBPR license number of each caterer:

i. _____

ii. _____

iii. _____

Note: That all sales tax is to be reported by the Vendor and is not the City of Tallahassee's responsibility to report sales tax.

F. Restroom Facilities:

1. How many port-o-lets will you have? _____ Where will they be located?

i. _____

ii. _____

iii. _____

F. Restroom Facilities (Continued):

2. Who will be the vendor providing the restrooms? _____
3. How many handicap port-o-lets will you have? _____
4. How many wash sinks will you have? _____
5. If port-o-lets are not used, what restroom facilities with your event be utilizing?

G. Medical Arrangement:

1. Will there be ambulatory services on site? No _____ Yes _____
 - i. Service provided by: _____
2. Will there be first aid services on site? No _____ Yes _____
 - i. Service provided by: _____
3. Please describe the placement of any and all first aid stations and/or vehicles:
 - i. _____
 - ii. _____

H. Equipment

1. Will the event include tents? No _____ Yes _____ Please specify quantity of tents per each size.
10 x 10 _____ 10 x 15 _____ 10 x 20 _____ 15 x 15 _____ 20 x 20 _____
Please list any other sizes and their quantity: _____

Note: Any tent (or grouping of tents) larger than a 20 x 10, including vendor tents, must obtain a permit from the City of Tallahassee's Growth Management Department. Please refer to the tent guidelines.

2. Will you be placing banners and/or signs at your event? No _____ Yes _____
 - i. How many? _____ Sizes? _____
Verbiage: _____
3. Please list the number and location of stages: _____
4. Please list the location of staff management command center: _____
5. Please list your plan for public transportation access and service:

I. Sound and Lighting

1. Who will provide your audio and lighting: _____
2. Will additional electrical services be needed? No _____ Yes _____ Please list locations:
 - i. _____
 - ii. _____

J. Street Closures and Security

1. Will the event require security (alcohol, monetary, overnight, etc.)? No _____ Yes _____
2. Will the event require street closures? No _____ Yes _____
 - i. Please indicate what streets will be closed and the times of closure and re-opening:

Street Closed	Time Closed	Time Re-Opened
3. Will the event include a parade? No _____ Yes _____ Number of Entries: _____
4. Will the parade have a reviewing stand? No _____ Yes _____ An announcer? No _____ Yes _____
5. What will be the start time of the parade? _____ End time? _____ Setup time? _____

Note: The sponsor/event planner will be required to provide police barricade service for events that require street closures. Also, in the event a state road is involved, the event planner must secure a permit from the Florida Department of Transportation through the Tallahassee Police Department.

Prohibited Practices:

Games of Chance, Gambling, and Raffles are prohibited.

K. Cancellations

In the event of inclement weather, is a rain date scheduled? No _____ Yes _____ Date: _____

Note: there may be times when city personnel cannot accommodate a date change due to overlapping events. This will be handled on a case-by-case basis. Permit refunds are not available and additional fees may be assessed for rain date changes.

L. Site Plans and Maps

Please attach with your application a detailed site plan to reflect all venues, exhibits, activities, equipment, trash receptacles, restrooms, street closures, staging, beer gardens, etc.

M. Insurance Requirements

General Liability Insurance is required for all public events. The insurance limits are \$1,000,000 per occurrence and listing the City of Tallahassee as additionally insured for the date(s) of the event. The certificate holder must be listed as City of Tallahassee, 300 S. Adams Street, Tallahassee, FL 32301. Additional insurance is required for any event involving the consumption of alcohol. All food vendors and caterers are also required to provide a copy of their current General Liability Insurance Certificate.

N. Additional Terms

The City reserves the right to revoke any permit granted for an activity, which is found to be in violation of any ordinance, law, or condition of approval. Failure of the City to timely invoke this right will act as a waiver to exercise such rights in the future.

Accessible Event Planner

Date of Application: _____

This form is to be used in planning events sponsored by the City of Tallahassee or held on property owned by the City. The purpose of this checklist is to assure that persons with disabilities have access to all functions and event open to the public.

Event Name: _____

Date(s) of Event: _____

Location: _____

Contact Name: _____ Contact Primary Phone: _____

Facility

Yes No N/A

Are routes and site entrances accessible (i.e. curb cuts, ramps, elevators, etc)?

--	--	--

Corrective Action to be taken: _____

Are pathways through the site accessible (i.e. width of paths, surfaces, protrusions)?

--	--	--

Corrective Action to be taken: _____

Are designated parking places nearby?

--	--	--

Corrective Action to be taken: _____

Are the following items accessible:

- | | | |
|------------------------------------|--|--|
| 1. Restrooms? | | |
| 2. Restrooms (portable)? | | |
| 3. Water dispensers (if provided)? | | |
| 4. Public telephone (if provided)? | | |
| 5. Elevators? | | |
| 6. Doorways? | | |

Corrective Action to be taken: _____

Note: At least one (1) restroom per cluster must be accessible. If only one portable is provided, it must be accessible.

Communication

Yes No N/A

Do event announcements include reasonable accommodations notice?

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Corrective Action to be taken: _____

Is signage visible and placed appropriately for:

- | | | |
|---------------------------|--|--|
| 1. Routes? | | |
| 2. Entrances? | | |
| 3. Exits? | | |
| 4. Function of Locations? | | |
| 5. Restrooms? | | |

Corrective Action to be taken: _____

**** Please suggest corrective actions on any items marked NO**



Accessible Event Planner

Reasonable Accommodations Notice

The following statement should appear in all printed material, newspaper advertisements, television and radio announcements.

If a person with a disability requires an accommodation to participate or if special seating arrangements are needed, requests should be made to the event coordinator seventy-two (72) hours prior to the event.

Event Coordinator Signature

Date