



**Town of Ponce Inlet**  
 4300 S. Atlantic Avenue  
 Ponce Inlet, FL 32127  
 386-236-2150  
 386-322-6717 – fax

# SPECIAL EVENT APPLICATION

Town Sponsored Event? Yes \_\_\_ No \_\_\_ Co-Sponsor \_\_\_

**MUST BE RECEIVED BY TOWN STAFF 45 DAYS IN ADVANCE AND NOT MORE THAN 9 MONTHS IN ADVANCE**

- ❖ ATTACH SITE PLAN OF EVENT AREA(S) WITH ALL APPLICABLE INFO BELOW SHOWN
- ❖ IF EVENT IS ON TOWN PROPERTY, ATTACH CERTIFICATE OF INSURANCE SHOWING THE TOWN AS ADDITIONAL INSURED IN THE AMOUNT OF \$ \_\_\_\_\_ (Required)

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

Event Organizer: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Individual Responsible for Bill (if other than above): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Rain Date(s)?  YES  NO If Yes, when? \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_

Clean-Up Date & Times: \_\_\_\_\_ Start Time: \_\_\_AM/PM End Time: \_\_\_AM/PM

**Does Your Event Require/Include:**

Non-contiguous off-site parking?  YES  NO If Yes, where? \_\_\_\_\_

On-site parking?  YES  NO If Yes, where? \_\_\_\_\_

Will shuttles be used to transport?  YES  NO If Yes, where? \_\_\_\_\_

Parade?  YES  NO If YES, provide info on number of participants/floats, etc.; proposed staging area and route: \_\_\_\_\_

Fireworks?  YES  NO If YES, give the date, time & location: \_\_\_\_\_

(Provide copy of contract with fireworks producer, including address, telephone, fax & email info)

Serving Food?  YES  NO Serving Alcohol?  YES  NO If YES, whose liquor license is to be used: \_\_\_\_\_

Tents or other temporary structures to be used?  YES  NO **If YES, Requires Building Permit**

Advertising (posters, banners, signs) within the Town?  YES  NO **If YES, Sign Permits must be obtained.**

What are your security plans?  None  Police  Private (Name of Firm: \_\_\_\_\_)

What are your Fire/EMS plans?  None  Fire Dept.

Amplified sound to be used?  YES  NO If YES, Name of system owner: \_\_\_\_\_

(Provide copy of contract with sound system owner, including address, telephone, fax & email info)

Portable restrooms to be used?  YES  NO If YES, name of contractor: \_\_\_\_\_

Additional Trash Receptacles Needed?  YES  NO If Yes, how many? \_\_\_\_\_

How do you plan to remove trash and litter during & after event? \_\_\_\_\_

I hereby state that the above information is true and accurate to the best of my knowledge. I further understand and agree to any and all conditions and costs of the required permits. I understand that the Town of Ponce Inlet assumes no liability for this event. I hereby agree to defend, hold harmless, and indemnify the Town, at the Town's option, from any and all demands, claims, suits, actions and legal proceedings brought against the Town 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 Town under either federal law or the laws of Florida.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**INTAKE ACCEPTANCE**

Submittal Receipt #: \_\_\_\_\_  
Accepted By: \_\_\_\_\_

Application Complete: YES \_\_\_ NO \_\_\_  
Date Accepted: \_\_\_\_\_

**FIRE/EMS**

Not Applicable

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Cost to Dept.: \$ \_\_\_\_\_  
Signature of Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**POLICE DEPT.**

Not Applicable

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Cost to Dept.: \$ \_\_\_\_\_  
Signature of Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**PUBLIC WORKS**

Not Applicable

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Cost to Dept.: \$ \_\_\_\_\_  
Signature of General Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING DIVISION**

Not Applicable

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Cost to Dept.: \$ \_\_\_\_\_  
Signature of Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

**PLANNING & ZONING DIVISION**

Not Applicable

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Cost to Dept.: \$ \_\_\_\_\_  
Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCE DEPT.**

Not Applicable

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Cost to Dept.: \$ \_\_\_\_\_  
Signature of Finance Manager: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
**APPROVED BY TOWN MANAGER:** \_\_\_\_\_ Date: \_\_\_\_\_