



Town of Ponce Inlet
 Planning & Development Dept.
 4300 S. Atlantic Avenue
 Ponce Inlet, FL 32127
 386-236-2181 (voice)
 386-322-6717 (fax)

SPECIAL EVENT PERMIT APPLICATION
Pursuant to Chapter 51 of the Code of Ordinances

Submittal Receipt # and Date: _____
 Application #: _____
 FEE PAID: _____

APPLICATIONS MAY BE UP TO 9 MONTHS IN ADVANCE OF THE EVENT, BUT NO LATER THAN 45 DAYS PRIOR. Please provide the following information with your application:

- *A site plan of the event area(s) with all applicable info below shown should be attached.
- *If event is on town property, a certificate of insurance showing the town as additional insured in the amount of \$ _____ is required.
- *A completed application for permit for each itinerant merchant must be attached.

SECTION 1: EVENT INFORMATION

Event Location			
Event Name			
Date of Event (Including rain date)		Start Time:	AM/PM
		End Time:	AM/PM
Brief Description of Event			
Reservation fee amount paid (if Town-owned property):	Deposit fee amount paid (if Town-owned property):		

SECTION 2: APPLICANT INFORMATION

Event Organizer			
Mailing Address			
Contact Person		Email Address	
Phone Number		Fax Number	

SECTION 3: ADDITIONAL INFORMATION (Provide on a separate sheet if needed)

Is traffic control required? <input type="checkbox"/> Yes* <input type="checkbox"/> No <small>*If yes, list locations and provide clear map/plan</small>	Is Amplified sound to be used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be holding a parade? <input type="checkbox"/> Yes* <input type="checkbox"/> No <small>*If yes, provide a clear map of the parade, including all streets to be closed.</small>	
Will you be using non-contiguous off-site parking? <input type="checkbox"/> Yes* <input type="checkbox"/> No <small>*If Yes, provide location and agreement with property owner(s)</small>	
Will you be providing shuttles to transport? <input type="checkbox"/> Yes* <input type="checkbox"/> No <small>*If Yes, provide location and route</small>	
Will you be using a private security firm? <input type="checkbox"/> Yes* <input type="checkbox"/> No <small>*If yes, provide name of firm: _____</small>	Will you require additional Police Department assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*If yes, list type of help needed:</small>

Names of Vendors – PLEASE NOTE: Each vendor must submit a completed Application for Itinerant Merchant Vendor Permit

Will fireworks be used? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, a permit must be obtained from the Police Department		Serving alcohol? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, provide liquor license number	
Serving food? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, mark location clearly on site plan	Will food be prepared on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Portable grill being used? <input type="checkbox"/> Yes <input type="checkbox"/> No (Includes all portable cooking devices)	
Will you need additional assistance from the Fire Dept? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, list type of assistance needed:			
Will you require any of the following?			
Public Works Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	Barricades? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional trash receptacle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Portable restrooms? <input type="checkbox"/> Yes <input type="checkbox"/> No
How do you plan to remove trash and litter during and after the event?			
Will you be placing temporary signs or banners within the Town limits? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, a sign permit must be obtained. See Resolution 2011-03 for regulations. To prevent signs from interfering with public utilities, call Sunshine State One call at 1-800-561-6720 prior to digging for sign installation.			
Will you be using tents or other temporary structures? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, a building permit may be required and a site plan clearly showing the number, location(s), and size(s) must be attached to this application.			
Please explain what tent(s) or temporary structure(s) will be used for.			

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

DEPARTMENTAL APPROVALS

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: _____