



# Special Event Permit Application Form

Date of Application: \_\_\_\_\_

## A. General Information

1. Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Hours for Setup: \_\_\_\_\_ Hours for Teardown: \_\_\_\_\_

Location of Event: \_\_\_\_\_

2. Name of Applicant or Applying Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

Non-Profit Status ID# \_\_\_\_\_

3. Name of Event Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## B. Event Information

1. 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) \_\_\_\_\_

2. 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) \_\_\_\_\_

3. Will fireworks be a part of the event? No  Yes

If yes, who is responsible for displaying them: \_\_\_\_\_

4. 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 that 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.**

The City of Tallahassee reserves the right to cancel or relocate an event due to special circumstances including but not limited to the following: weather conditions, misuse or abuse of facilities, non-compliance with City of Tallahassee event guidelines, and unpermitted/prohibited events.

**L. Site Plans, Maps and Accessible Planner**

Please attach with your application a 1) detailed site plan to reflect all venues, exhibits, activities, equipment, trash receptacles, restrooms, street closures, staging, beer gardens, etc. 2) Accessible Planner as attached below.

**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.



# Accessibility Planner

**Date of Application:** \_\_\_\_\_

This form is to be used in planning events or activities 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 events open to the public.

Event / Activity Name: \_\_\_\_\_

Date(s) of Event / Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Primary Phone: \_\_\_\_\_

**Facility**

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Corrective Action to be taken: \_\_\_\_\_

Are designated parking places nearby?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do event announcements include reasonable accommodations notice?

Corrective Action to be taken: \_\_\_\_\_

Is signage visible and placed appropriately for:

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrective Action to be taken: \_\_\_\_\_

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



# Accessibility 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.**

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Applicant's Signature

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Date