



City of Ocala Special Event Permit

Growth Management Dept.
201 SE 3rd Street, 2nd Floor
Ocala, Florida 34471
Office Number: 352-629-8404

EVENT ORGANIZER MUST BE IN POSSESSION OF PERMIT AND MUST PRESENT PERMIT(S) IF SO REQUESTED
APPLICATIONS MUST BE SUBMITTED 30 DAYS BEFORE EVENT FOR PROCESSING

APPLICANT INFORMATION

APPLICANT/ORGANIZATION NAME & ADDRESS	
CONTACT PERSON	
PHONE NUMBER AND EMAIL ADDRESS	
NON-PROFIT/ FOR-PROFIT IF NON-PROFIT, NAME OF CHARITY BENEFITTING	

EVENT INFORMATION

NAME OF EVENT	
TYPE OF EVENT (provide brief description)	
DATE(S) OF EVENT	
EVENT TIME (HOURS)	
ADDRESS/PARCEL # OF EVENT LOCATION	
ESTIMATED ATTENDANCE	
# OF RESTROOM FACILITIES PROVIDED	
HOW IS PARKING ACCOMMODATED? PROVIDE NUMBER OF SPACES. <small>(A sketch showing ingress/egress and parking is required.)</small>	
WILL THERE BE AMPLIFIED SOUND? DESCRIBE. <small>(If yes, a noise permit from the Ocala Police Department is required.)</small>	
WILL THERE BE TENTS OR CANOPIES? DESCRIBE. <small>(Tents with sides in excess of 10'x20' require a building permit.)</small>	
WILL THERE BE RIDES OR AMUSEMENTS? DESCRIBE. <small>(Show location of rides or amusements on site sketch.)</small>	
WILL THERE BE VENDORS? DESCRIBE WHAT WILL BE SOLD. SHOW LOCATION ON SITE SKETCH. <small>(An Occupational License is required from the Building Dept.)</small>	

WILL ALCOHOL BE SERVED? DESCRIBE. (An Alcoholic Beverage Location Permit is required from the City and Florida State Division of Alcoholic Beverages & Tobacco.)	
WILL THERE BE PYROTECHNICS? DESCRIBE. INCLUDE START AND END TIMES. (Show location on site sketch.)	

SERVICES INFORMATION

POLICE DEPARTMENT SERVICES NEEDED?	
FIRE DEPARTMENT SERVICES NEEDED?	
SANITATION SERVICES (dumpsters) NEEDED?	

NOTES

Food vending is subject to inspection by the Dept. of Business & Professional Regulations, Div. of Hotels & Restaurants (DBPR). Applicant is responsible for notifying DBPR of Events* with food vending. (Call DBPR for details 850-487-1395). Events with participating concession trailers and tents are also subject to inspection by the Ocala Fire Department.

If applying for special event with alcohol an application for an alcoholic beverage location permit shall be submitted to the Growth Management Department and a public hearing may be required. A license from the Florida Division of Alcoholic Beverages & Tobacco is also required.

REQUIRED ITEMS

- CERTIFICATE OF LIABILITY NAMING CITY AS ADDITIONAL INSURED IN THE FOLLOWING AMOUNTS: \$500,000 FOR INJURY TO ANY ONE PERSON, \$1,000,000 FOR INJURY TWO OR MORE PERSONS IN ONE ACCIDENT, \$100,000 FOR LOSS OR DAMAGE TO PROPERTY, OR A COMBINED SINGLE LIMIT OF \$1,000,000.
- A SKETCH SHOWING INGRESS/EGRESS, PARKING, RESTROOM FACILITIES AND, IF APPLICABLE, LOCATION OF RIDES, CONCESSION STANDS, BOOTHS ETC.
- IF PRIVATE PROPERTY, A LETTER FROM THE PROPERTY OWNER SHOWING PERMISSION FOR USE OF PROPERTY.
- IF NON-PROFIT, A LETTER FROM THE CHARITY ACKNOWLEDGING BENEFIT OF PROCEEDS.
- AN OCCUPATIONAL LICENSE IS REQUIRED FOR VENDORS. THE EVENT APPLICANT/ORGANIZER MAY PULL ONE LICENSE TO COVER ALL VENDORS.
- A BUILDING PERMIT IS REQUIRED FOR ALL TENTS (WITH SIDES) IN EXCESS OF 10' x 20'. CANOPIES (WITHOUT SIDES) DO NOT REQUIRE A PERMIT BUT SHOULD BE SHOWN ON THE SITE SKETCH.
- A PERMIT IS REQUIRED FOR ANY TEMPORARY SIGNAGE, INCLUDING PENNANTS, BANNERS, BALLOONS, FLAGS OR STREAMERS.
- OBTAIN NOISE PERMIT FROM POLICE DEPARTMENT (IF APPLICABLE).

I UNDERSTAND THAT MY REQUEST WILL NOT BE CONSIDERED UNLESS ALL THE INFORMATION REQUIRED BY THIS APPLICATION IS SUBMITTED. I FURTHER CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND THAT ANY INCORRECT INFORMATION WILL VOID THE LOCATION PERMIT, IF ISSUED.

SIGNATURE: _____
(APPLICANT, BUSINESS OWNER, AGENT)

PRINT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NOTARIZATION FOR SIGNATURE: APPLICANT, BUSINESS OWNER, AGENT

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20__, BY _____ WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED A FLORIDA DRIVER'S LICENSE SERIAL NUMBER: _____ WITH AN EXPIRATION DATE OF _____ AS IDENTIFICATION.

X _____
(NOTARY PUBLIC)

(SEAL)

SIGNATURE INDICATES APPROVAL OF THE EVENT UNLESS OTHERWISE NOTED. REQUESTED EVENT IS PERMITTED ONLY IF ALL APPLICABLE PERMITS ARE SECURED AND ALL RESPONSIBILITIES ARE MET. FAILURE TO MEET RESPONSIBILITIES WILL RESULT IN CANCELLATION OF EVENT.

Growth Management Approval _____

Date _____

Fees

SPECIAL EVENT NON-PROFIT = NO FEE
SPECIAL EVENT FOR-PROFIT = \$300
SPECIAL EVENT NON-PROFIT WITH ALCOHOL = \$150
SPECIAL EVENT FOR-PROFIT WITH ALCOHOL = \$500

CARNIVAL, CIRCUS, EXHIBITION (ITEMIZED)

~ FIRE INSPECTION = \$100
~ ONE DAY CARNIVAL = \$200
~ TWO DAY CARNIVAL = \$500