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SPECIAL EVENT PERMIT APPLICATION

City of Ocala
Recreation & Parks Department

SPECIAL EVENT PERMIT APPLICATION

Quick Guide

We are pleased that you have decided to host an event in the City of Ocala. The information requested in this Special Event Permit Application will help staff help you have a successful event. Our goal is to ensure that all of your event objectives are met.

Each section of the application must be completed in its entirety. A general process overview is provided below.

Up to One Year in Advance

An **Event Summary - Registration Form and an advance deposit of $50** will reserve the site for your event up to one year in advance. We will not reserve a City public venue for your event unless we have received this form and the advanced deposit. The advance deposit is non refundable, but will offset your eventual permit fees by an equivalent amount later in the process. The advance deposit may also be transferred to the same event if moved to a different date.

120 Days in Advance

The **Special Event Permit Application** should be submitted. This should include an updated Event Summary – Registration Form if any information has changed since this form was first submitted. Once staff has made a preliminary review of the application, a permit application invoice will be prepared and returned to the event coordinator (usually within one week). The permit application will not be processed until the invoice is paid in full and the application fees are non-refundable. During the review process, staff will likely meet with the event coordinator and other involved departments to work through the event details. You are encouraged to be timely in submittal of requested items and in providing clarification of information.

30 to 60 days in Advance

It is our goal to have the **Conditional Special Event/Parade Permit** issued 30 to 60 days before the event. This gives all parties involved in planning and supporting the event adequate time to prepare for the final tasks required to move the event to the final permit state. The conditional permit will include a list of fees to be paid by the applicant along with a list of submittals that are required before a final permit can be issued.

15 to 30 days in Advance

It is our goal to have the **Final Special Event/Parade Permit** issued 15 to 30 days before the event. This gives all parties involved in planning and supporting the event adequate time to prepare. Any changes to the event support services needed inside of 30 days is subject to staff availability.

EVENT SUMMARY – REGISTRATION FORM

Fill-in, print and submit this page only along with a deposit of $50 to reserve a City of Ocala Public Event Venue. Submit to Ocala Recreation and Parks 828 NE 8 Ave, Ocala FL 34470. All other pages of the event application can be submitted at a later date in compliance with the planning timelines provided in the application packet.

DESCRIPTION

Event Title _____

Description _____
_____
_____

Event Primary Purpose

☐ Observance/Awareness ☐ Concert/Performance ☐ Recognition
☐ Festival ☐ Farmer/Outdoor Market ☐ Fundraiser
☐ Parade/Procession/March ☐ Walk/Run ☐ Athletic

Estimated Attendance Peak _____ Average Per Day_____ Total _____

DATE/TIME

	Day	Date	Start Time	End Time
Day 1	_____	_____	_____ ☐ AM ☐ PM	_____ ☐ AM ☐ PM
Day 2	_____	_____	_____ ☐ AM ☐ PM	_____ ☐ AM ☐ PM
Day 3	_____	_____	_____ ☐ AM ☐ PM	_____ ☐ AM ☐ PM

	Date	Time
Set Up	_____	_____ ☐ AM ☐ PM
Breakdown	_____	_____ ☐ AM ☐ PM

LOCATION

General description of venue and space to be utilized.

_____
_____
_____
_____
_____

HOST/COORDINATOR

Host Organization _____

Event Public Contact Person Name: _____

Telephone: _____

Event Web Site _____

Provide the following information for the person you want the City to coordinate with when working on the details of this permit.

Name: _____

Telephone: _____

Email Address: _____

APPLICANT AND HOST ORGANIZATION INFORMATION

Host Organization/Applicant _____

ORGANIZATION REPRESENTATIVE

Name _____

Phone Number _____

Email _____

EVENT COORDINATOR

Indicate which applies:

☐ **Host Organization's employee(s) will plan and implement the event**. Provide contact information below.

☐ **An outside event planner/coordinator will plan and implement the event.** If you check this box, please understand that all paperwork will be issued in the name of the host organization/applicant and that you are accepting responsibility (financial, legal, liability, etc.) for the event and by providing the event coordinator information below and signing this application, you are authorizing the event coordinator to act on your behalf.

Name _____

Company (if different from Host Organization) _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Telephone **Day**_____ **Cellular** _____ **Fax** _____

Email Address _____

CONTACTS

Media Contact Name: _____

Telephone: _____

Vendor Contact Name: _____

Telephone: _____

ORGANIZATION STATUS/PROCEEDS/REPORTING

☐ **Yes** ☐ **No** Is the Host Organization a commercial entity?

☐ **Yes** ☐ **No** Is the Host Organization a not for-profit organization?
(If yes, provide a copy of state registration and/or IRS 501(c)3 certificate).

☐ **Yes** ☐ **No** Will admission, entry or participant fees be charged? If yes, please provide description and amounts:_____
_____

☐ **Yes** ☐ **No** Will you solicit donations/or sponsorships to offset costs of the event? (Must be registered with the State of Florida to solicit contributions).

☐ **Yes** ☐ **No** Will the event make a profit? If yes, describe how the profits will ultimately be used.

_____

_____

VENUE SPECIFICS

Name of Park or other Public venue where event is to be held

_____

- **Provide a venue location map indicating the specific location within the venue to be used for the event. These venue location maps are available on our website.**

☐ **Yes** ☐ **No** Do you anticipate the closure of any roads or public parking spaces in conjunction with this event? If Yes, provide details. _____

_____

_____

☐ **Yes** ☐ **No** Do you anticipate the need to fence the venue for purposes of controlling access (such as would be required for a ticketed event.) If Yes, provide details of how you propose to accomplish this. _____

_____

_____

☐ **Yes** ☐ **No** Do you anticipate the need to provide a "green room" for entertainers? If yes, provide specifics of the type of space you need to provide and how you propose this need will be met. _____

_____

_____

SECURITY/LIFE SAFETY PLAN

Please describe your security plan including crowd control, internal security, venue safety, Ocala Police department or Marion County Sherriff special duty officers and/or private security.

_____

_____

_____

_____

_____

If using a private security company please provide the following information.

Name of Company/Individual: _____

Telephone: _____

License Number: _____

NOTE: As part of your event permit review process, all security/life safety plans will be reviewed by and must be approved by the Ocala Police Department and Ocala Fire Department.

PARKING PLAN

Please describe your parking plan including expected use of public parking lots, arrangements you have made for use of private lots/property and use of shuttle service. Indicate locations for any designated parking for vendors, sponsors, VIP's, disabled, etc.

_____

_____

_____

_____

_____

- **Show location of designated parking on site layout. Maps showing downtown Ocala public parking lots are available on our website.**

FIRST AIDE/MEDICAL PLAN

Please describe your first aide/medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and type of resources that will be at your event and the manner in which they will be managed and deployed.

_____

_____

_____

_____

_____

- **Show location of first aide on site layout.**

SANITATION AND RECYCLING

Please describe your plan for cleanup and removal of garbage and recyclable goods, including a plan for during and after your event. This plan must include a description of how both public and vendor garbage will be managed. Include the number of garbage cans and number of dumpsters you expect to provide.

_____

_____

_____

_____

_____

PORTABLE RESTROOMS

Describe your plan to provide restroom facilities at your event; including the number of portable toilets, ADA toilets, hand washing stations and description of on-site restrooms available. You should anticipate providing one toilet for every 250 people expected at the event. You may factor in existing on site restrooms before determining the number of port-a-lets needed to support the event.

_____

_____

_____

Rest Room Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day_____ Evening _____ Fax _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

- **Show location of all restrooms on the site layout including park restrooms, port-a-lets, etc. to be used for the event.**

FOOD & BEVERAGE

Describe your plans for event food and beverage operations including provisions for alcohol.

ALCOHOL

☐ **Yes** ☐ **No** Do you anticipate your event will involve consumption of alcoholic beverages on site? If yes, please check to describe sale/distribution method:

- ☐ Sold on site by non-profit
- ☐ Extension of premise by adjacent business
- ☐ Purchased offsite for on-site consumption
- ☐ Free throughout event zone
- ☐ Included in cost of admission, ticket or meal charge
- ☐ Free but only in designated area

Note: All options are not available to all organizations and the chosen option is subject to additional approvals, permits and insurance requirements.

- **If alcohol consumption will be limited to a specified area, show location of that restricted area on the site layout.**

FOOD AND BEVERAGE

☐ **Yes** ☐ **No** Does your event include food concession and/or preparation areas? If yes, list each concessionaire, method of cooking/preparing food and power needs (if any) on the table below. If more space is needed, attach additional sheets. If you do not yet know the specific concessionaire, generalize to estimate power needs and you can revise this section when you have firmed up the details.

FOOD AND BEVERAGE

Concessionaire	Type of Food	Size of Tent and Cooking Method	Power Needs	Map Location #

Note: Food vending is subject to inspection by the Department of Business and Professional Regulations, Division of Hotels and Restaurants (DBPR). Event coordinators are responsible for notifying DBPR that they intend to conduct an event with food vendors. Call DBPR – (850) 487.1395 for details.

- **Show location of all food and beverage vendors on site layout with corresponding map location number. If you have not made vendor assignments at the time of submittal, then provide your layout and you can revise this later.**

OTHER CONCESSIONAIRES/VENDORS

☐ **Yes** ☐ **No** Will non food/beverage items or services be sold or distributed at the event? If yes, list each vendor/service to be provided. In addition to arts, crafts, merchandise vendors, include services or items to be distributed by sponsors (even if there is no charge for the service or distributed item.) If more space is needed, attach additional sheets. If you do not yet know the specific concessionaire, generalize to estimate power needs and you can revise this section when you have firmed up the details.

Vendor	Service/Item to be sold or distributed	Size of tent	Power Needs	Map Location #

- **Show location of all vendors and sponsors on site layout with corresponding map location number. If you have not made vendor/sponsor location assignments at the time of submittal, then provide your layout and you can revise this later.**

ENTERTAINMENT AND RELATED ACTIVITIES

☐ **Yes** ☐ **No** Will there be music or live entertainment at your event? If yes, complete the following information for each stage or performance location labeled accordingly on your site layout.

Location		**Power Needs**	**Map Location #**
Stage One			
Stage Two			
Stage Three			
Other			

☐ **Yes** ☐ **No** Will sound amplification be used? If yes, please provide:
Start time _____ Finish time _____

☐ **Yes** ☐ **No** Please describe the sound equipment that will be used for your event _____
_____

_____

☐ **Yes** ☐ **No** Do you plan to hire a sound/light technician and/or production company to coordinate same for your event? If yes, please provide contact information.

Company Name: _____

Contact Name: _____

Mobile Phone _____

☐ **Yes** ☐ **No** Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?
If yes, please describe and provide contact information. _____

_____

Company Name: _____

Contact Name: _____

Mobile Phone _____

☐ **Yes** ☐ **No** Will your event include the use of any signs, banners, decorations, or special lighting?
If yes, please describe _____

_____

☐ **Yes** ☐ **No** Are any of the entertainers a nationally recognized act? If yes, you must provide a complete production schedule for sound including set up, sound check, etc.

☐ **Yes** ☐ **No** Do you plan to have any live animals as part of the event? If yes, describe.

_____

_____

Note: Entertainment may require additional permits. Staff will assist you in obtaining these additional permits as part of your special event permit process.

- **Show location of all stages/entertainment on your site layout.**

OTHER EVENT INFRASTRUCTURE

Note: The City of Ocala does <u>not</u> rent tents, tables, chairs or other related equipment to outside organizations hosting events on City property. The City does have stages and bleachers that are available for rent in support of events on City property and as indicated herein.

TENTS/CANOPIES

Provide information related to the number and size of tents/canopies to be used as part of the event. All tents must be properly anchored in accordance with City specifications.

☐ **Yes** ☐ **No** Will you use tents at the event? If yes, please indicate how many of each size.

_____ 10 X 10 _____ 10 X 20 _____ Other (Indicate size) _____

Note: You must provide a fire rating certificate for tents larger than 10 X 10 <u>with sides</u> OR any tent that is larger than 10 X 20 (regardless of whether or not it has sides).

- **Each concessionaire/vendor/sponsor location should indicate the size tent to be used on the vendor listing.**

SEATING

Your site layout must show the location of tables and chairs to be used by participants for food/beverage consumption; preferred seating for entertainment, etc. Your site layout must also show the location of handicap seating especially as relates to viewing/seating related to on-stage entertainment.

☐ **Yes** ☐ **No** Do you require bleachers at your event? If yes, indicate how many sets of bleachers are required. _____ sets of bleachers.

Note: Bleachers are not permitted on Citizens' Circle or the Downtown Square. At these venues it is expected that participants will bring their own chairs or blankets to sit on. We can possibly make arrangements for bleachers in adjacent streets/parking spaces for events that will exceed 3,500 participants at Citizens' Circle or 2,500 for the Downtown Square; but the availability of these bleachers is not guaranteed.

☐ **Yes** ☐ **No** Will you use a contractor/rental company to provide infrastructure/equipment needed for your event? If yes, provide contact information.

Company Name: _____

Contact Name: _____

Mobile Phone _____

- **Show location of all seating, bleachers on the site layout.**

OTHER

☐ **Yes** ☐ **No** Do you anticipate the use of any other infrastructure in support of your event, including stairs, platforms, portable athletic equipment, inflatables, climbing walls, etc. If yes, provide details including company contact information. Provide this information on an attachment if more than one company and/or if information won't fit here.

_____

_____

Company Name: _____

Contact Name: _____

Mobile Phone _____

Note: Please be advised that all infrastructure set-up and break-down must occur during the designated event set-up and break-down times requested and approved on the final permit. It is the event coordinator's responsibility to ensure that their contract providers are aware of these time frames (especially important since infrastructure set up and breakdown days/times often affect prices). No set up and break down is permitted outside of these time frames except as expressly permitted on the final permit. Initial to acknowledge that you have read this _____.

- **Show location of all other infrastructure on the site layout.**

VEHICLES

☐ **Yes** ☐ **No** Will the event involve the use of vehicles within the event zone either as displays or in a procession (as in a moving parade, motorcade, motorcycle rally, etc.) If yes, describe.

_____

_____

_____

_____

Note: Vehicles are NOT permitted on Citizens' Circle or the Downtown Square for set-up or as displays unless permission is specifically provided by the City and is stated as such in the final permit. Set up at these locations must be by hand truck from vehicles parked in nearby parking facilities. It is the event coordinator's responsibility to ensure that all of their contractors involved in set-up, equipment delivery, production, etc. are aware of this in advance. Initial to acknowledge that you have read this _____.

MARKETING AND PUBLIC RELATIONS

☐ **Yes** ☐ **No** Will this event be marketed, promoted, or advertised in any manner?
If yes, please describe your marketing plan: _____

_____

_____

☐ **Yes** ☐ **No** Will there be live media coverage during the event?
If yes, please describe, including whether there will be media vehicles parked within the event venue and power needs (if any) _____

_____

_____

☐ **Yes** ☐ **No** Do you have pole banners that you would need hung for this event in/or near the event venue? If so, banners must meet the City specifications and you must submit a photo of the banner with your application.

- **Show location of media vans/tents on the site layout.**

INSURANCE INFORMATION

Most events held on City property will require a certificate of insurance meeting City specifications. We will provide you with the insurance instructions which give you detailed information needed to get insurance that meets the City's requirements. If it is determined that your event requires insurance, you will be required to provide a Certificate of Insurance before a final permit is issued for the event.

Name of Insurance Agency_____

Address Street _____

City _____ State _____ Zip _____

Telephone Day_____ Cellular _____ Fax _____

E-mail your completed application to:

KViaggio@ocalafl.org
(352) 368-5517

Mail or hand deliver your completed application to:

City of Ocala
Recreation & Parks Department
ATTN: Special Events Permitting
828 NE 8th Avenue
Ocala, Florida 34470

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AFFIDAVIT OF APPLICANT

I certify that I am at least eighteen (18) years old and that I am empowered to execute this application and that the information on this application is true and complete to the best of my knowledge. I agree to hold harmless, indemnify and defend the City of Ocala, its officers and employees from any liability costs and attorney fees, which may arise from the Special Event. I agree to comply with all City ordinances and regulations in connection with this Special Event.

I understand that this Special Event application does not guarantee approval of my event or reservation of the event location. I understand that the City of Ocala has a permit process that involves communication back and forth to clarify regulations and applicant needs in support of the event and I agree to provide timely responses to this communication to facilitate the process and that failure to provide information and/or failure to obtain permits by established deadlines will result in cancellation of such Special Event.

I understand that the violation of any City ordinances and/or regulations during the event will result in immediate termination at the City's discretion and ineligibility for future Special Events.

I agree to pay the City in advance, the estimated cost for any services required in staging this Special Event and as invoiced by the City with my Conditional Permit. I understand that a Final Permit authorizing the conduct of the event will not be issued until all fees are paid and all required and updated information has been provided. I agree that upon completion of this Special Event, the actual cost shall be determined, and any underpayment shall be paid within 30 days of being invoiced by the City – this includes any expenses associated with rain dates or cancellations.

Your signature below also authorizes the City of Ocala Recreation and Parks Department to submit applications for other related permits in relation to your event, the terms of which will be outlined on your permit and which you shall be subject to. This may include noise permit, tent permit, permit for street closure, vendor permit, most of which will involve additional fees which will be invoiced on your conditional permit and which must be paid prior to issuance of your final permit.

Signature _____

Print Name of Signor _____

Title _____

Date _____

Print Name of Professional Event Organizer_____

Title _____

Signature _____

Date _____