



16 Colomba Road  
 DeBary, FL 32713  
 (386) 668-2040  
 (386) 668 – 9743 – fax

# SPECIAL EVENT APPLICATION

**MUST BE RECEIVED BY CITY STAFF NO LESS THAN 45 DAYS AND NO MORE THAN 9 MONTHS IN ADVANCE**

Name of Event: \_\_\_\_\_  
 Event Location: \_\_\_\_\_  
 Date(s) of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Brief Description of Event: \_\_\_\_\_  
 \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_  
 Event Organizer: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
 Individual Responsible for Bill (if other than above): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
 Rain Date(s)?  YES  NO If Yes, when? \_\_\_\_\_  
 Clean-Up Date: \_\_\_\_\_ Clean-Up Start Time: \_\_\_\_\_ AM/PM End Time: \_\_\_\_\_ AM/PM

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**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, number of participants/floats, etc.; proposed staging area and route: \_\_\_\_\_

Fireworks?  YES  NO If Yes, give date, time & location: \_\_\_\_\_  
 (provide copy of contract with fireworks producer, including address, telephone, fax and email info)

Will food be served?  YES  NO Will alcohol be served?  YES  NO

If Yes, whose liquor license is to be used: \_\_\_\_\_ (provide copy of license)

Tents or other temporary structures to be used?  NO  YES (Permits may be required)

Advertising (i.e., banners) within the City?  NO  YES (Permits may be required)

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

What are your Fire/EMS plans?  None  Fire Department  
Amplified sound to be used?  NO  YES (Name of system owner: \_\_\_\_\_)  
(provide copy of contract with sound system owner, including address, telephone, fax, and email info)  
Portable restrooms to be used?  NO  YES (Name of contractor: \_\_\_\_\_)  
Additional Trash Receptacles needed?  NO  YES (How many? \_\_\_\_\_)  
How do you plan to remove trash and litter during and after the event? \_\_\_\_\_

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- ❖ ATTACH A COPY OF THE SITE PLAN FOR EVENT AREA(S) WITH ALL APPLICABLE INFORMATION AND ANY ADDITIONAL PAPERWORK STATED ABOVE
- ❖ IF THE EVENT IS ON CITY PROPERTY, ATTACH CERTIFICATE OF INSURANCE SHOWING THE CITY AS ADDITIONALLY INSURED IN THE AMOUNT OF \$ \_\_\_\_\_ (see Special Event Policy for further information)

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO SUBMIT THIS APPLICATION WITH ALL REQUIRED PAPERWORK FOR DEPARTMENT SIGNATURES IN A TIMELY FASHION. YOU WILL BE NOTIFIED ONCE THE FINAL SIGNATURE HAS BEEN RECEIVED.**

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

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

\_\_\_\_\_  
Date signed

**FIRE/EMS**

NOT APPLICABLE

Approved  Denied  Approved with the following conditions:

Cost to the Dept.: \$ \_\_\_\_\_

Signature of Chief:

Date:

**POLICE**

NOT APPLICABLE

Approved  Denied  Approved with the following conditions:

Cost to the Dept.: \$ \_\_\_\_\_

Signature of Chief:

Date:

**PUBLIC WORKS**

NOT APPLICABLE

Approved  Denied  Approved with the following conditions:

Cost to the Dept.: \$ \_\_\_\_\_

Signature of Director:

Date:

**CODE ENFORCEMENT/ PERMITTING DEPARTMENT**

NOT APPLICABLE

Approved  Denied  Approved with the following conditions:

Cost to the Dept.: \$ \_\_\_\_\_

Signature of Code Enforcement Officer:

Date:

Signature of Building Official:

Date:

**PARKS AND RECREATION DEPARTMENT**

NOT APPLICABLE

Approved  Denied  Approved with the following conditions:

Cost to the Dept.: \$ \_\_\_\_\_

Signature of Parks and Recreation Director:

Date:

**ADMINISTRATIVE SERVICES**

Approved  Denied  Approved with the following conditions:

Cost to the Dept.: \$ \_\_\_\_\_

Signature of City Manager

Date:

**INTAKE ACCEPTANCE (Office Use Only)**

Submittal Receipt #: \_\_\_\_\_

City Sponsored Event?  YES  NO

Application Complete:  YES  NO

Received By/Title:

Date Accepted: