



# Special Event Application

(return to City via mail, e-mail, or hand delivery)

Please type or print application. All sections must be completed. Any questions should be directed to the Clerk of the City of Mascotte, (352) 429-3341. Please return in person or email: [stephanie.abrams@cityofmascotte.com](mailto:stephanie.abrams@cityofmascotte.com)

FEE: \$ \_\_\_\_\_ payable to the City of Mascotte. Fee paid on date: \_\_\_\_\_ receipt # \_\_\_\_\_

<b>Applicant Name(s):</b>
<b>Type of Company:</b> Individual: _____ Corporation: _____ 501c3: _____
<b>Property address and/or physical location requested for event:</b>
<b>Contact Person:</b>  Address:  City/State/Zip:  Phone:  Fax :  E-Mail:

### Proposed Event Information

o Name of Event \_\_\_\_\_

o Date of the proposed event: \_\_\_\_\_

o Alternate Date, if principle date is not available: \_\_\_\_\_

o Limited Power of Attorney Form Attached: Yes \_\_\_\_\_ No \_\_\_\_\_ Not Required \_\_\_\_\_

### Approved Event Information

Event Time      **Date** \_\_\_\_\_ **Start:** \_\_\_\_\_ am/pm **End** \_\_\_\_\_ am/pm

Cleanup Time    **Date** \_\_\_\_\_ **Start:** \_\_\_\_\_ am/pm **End** \_\_\_\_\_ am/pm

Number of Expected Attendees/Participants \_\_\_\_\_

Site Plan attached?      Is the event open to the public?      Have this event been held in previous years?

Yes     No       Yes     No       Yes     No

Does this year's event differ from past events?

Yes     No

If yes, please explain: \_\_\_\_\_



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Is the Company putting the Event on charging a fee? \_\_\_\_\_

**Will there be Entertainment provided?**

Yes  No

If yes, see below.

A complete detailed listing, including names, must be provided of all entertainment:

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*\*The applicant and event shall be subject to the provisions of Sec. 20-46 for temporary permits including any and all portions related to noise abatement and attenuation methods. The City reserves the right to revoke the permit.*

A complete detailed listing of all games, rides, and any contractors used for carnival games and/or rides \_\_\_\_\_

Will you be using a sound system?

Yes  No

If yes, see below:

Type of system and name of contractor, if applicable. \_\_\_\_\_

**Will there be Special Effects?**

Yes  No

If yes, see below:

Type of effects and names of contractor, if applicable. \_\_\_\_\_

Location of special effects \_\_\_\_\_

**Parades or Walk/Run Events?**

Yes  No

If yes, see below:

Who and how many will participate? This includes participants and spectators:

Is a plan of route attached?

Yes  No

Has this been reviewed with the Police Department?

Yes  No

**Are there proposed Retail Sales at the event (Vendors)?**

Yes  No

If yes, please explain the nature of vendors below (including number of each):

Clothing \_\_\_\_\_ Jewelry \_\_\_\_\_ Food & Beverage (Non-Alcoholic) \_\_\_\_\_ Misc. (describe in detail): \_\_\_\_\_



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Is there is any onsite cooking planned? (The Fire department shall be notified)  Yes  No

## Will there be Alcoholic Beverages served or sold?

Yes  No

If yes, please explain below:

Name of organization licensed to serve alcohol at this event: \_\_\_\_\_

Type of organization serving alcohol: \_\_\_\_\_

*(Additional liability insurance may be required)*

Do you require City documentation to receive a license?

Yes  No

## Event Promotion

What level will the event be promoted (i.e. example local, regional)? \_\_\_\_\_

What type of publicity will be used (i.e. newspaper, social media)? \_\_\_\_\_

Telephone number to be released for public information \_\_\_\_\_

## Event Signage

Will there be event signage required?

Yes  No

If Yes, how many signs are required? What are the proposed dimensions? What location(s) will they be posted?

## City Facility Requirements (for use of City property or assets)

Describe in detail, including type and location: \_\_\_\_\_

Is electricity going to be needed (if available)

Yes  No

Are City chairs going to be needed (if available)

Yes  No

Are City tables going to be needed (if available)

Yes  No

Are any City buildings going to be needed (if available)

Yes  No



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\* There will be additional fees for the above services.

### Port-O-Lets & Sanitation Requirements

Will Port-O-Lets be provided?  Yes  No  
If yes, how many port-o-lets will you be providing? \_\_\_\_\_ (Indicate locations on the site plan)  
Name of the private port-o-let company you will be contracting with: \_\_\_\_\_  
(ADA requires one handicapped restroom in each group of restrooms)

Will waste receptacles be provided?  Yes  No  
If yes, how many waste receptacles (roll-a-ways) do you request from the City? \_\_\_\_\_  
If no, how will you be handling garbage collection? \_\_\_\_\_

### Traffic Alterations and Parking Requirements

Will Traffic Alterations be required?  Yes  No  
If yes, please describe in detail, including request for road closures \_\_\_\_\_

*(Requests to close State roads require FDOT permit, which needs to be approved by the City of Mascotte prior to application to FDOT)*

Will public parking areas, streets, sidewalks, etc. be restricted or obstructed (show on site plan)?  
 Yes  No  
Does your plan include on-site parking and how many spaces are required? \_\_\_\_\_  
 Yes  No  
Does your plan include off-site parking and how many spaces are required? \_\_\_\_\_  
 Yes  No  
Will you charge for either off-site or on-site parking and how much? \_\_\_\_\_  
 Yes  No  
Will shuttles be used to transport, how many shuttles, and what route? \_\_\_\_\_  
 Yes  No

### Americans with Disabilities Act

ADA requires with accessibility guidelines as adopted by the State of Florida are now in effect. The following provisions are to be considered ADA accessibility.

ADA restroom facilities? (One handicapped for each group of port-o-lets)  
 Yes  No  
Handicapped parking facilities (show on site plan)?  
 Yes  No



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Handicapped assistance and what types will be available?

- Yes  No

If yes, please describe \_\_\_\_\_

### Police Protection and Security

*Note: public property requires the use of the Mascotte Police Department employees during the event at the promoter's expense.*

What are your plans for providing additional security? \_\_\_\_\_

### Emergency Fire/Medical Services

*Note: Public property requires the use of the Lake County Fire/Rescue Department employees during the event at the promoter's expense.*

What are your plans for providing Fire/EMS? \_\_\_\_\_

**Tents** Are tents to be used for the event?

- Yes  No

If yes, show proposed location(s) on the site plan. Indicate size, type, use and anchoring.

### Comprehensive General Liability Insurance coverage for the City of Mascotte from the sponsor

The applicant will provide an insurance certificate to the City of Mascotte, naming the **City of Mascotte** as additional insured in the amount not less than \$500K for death or injury to any one person, \$1 million aggregate for any one occurrence for death or bodily injury, and \$500K for damage to any property. Or a combined single limit of \$1 million for any claim of injury or property.

### ATTACHMENTS:

**Property owner authorization** (must be attached to this application)

**Site plan for the event:** (must be attached to this application)

**Motion Picture and Filming:** Please attach the standard form for motion photography production permit for Orange, Seminole, Lake, and Osceola Counties to this application.

## City Approval / Denial

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
Chief of Police



City Planner

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City Attorney

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Public Works Director

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Lake County Fire/Rescue  
(Lake County Operations)