



# Special Event Application

100 E Myers Blvd. \* Mascotte, FL 34753 \* [www.cityofmascotte.com](http://www.cityofmascotte.com)

Please type or print the application. All sections must be completed. If a section does not pertain to your event, please put N/A. Any questions should be directed to the Community Development Department at City of Mascotte, (352) 357-8888. Please return in person or email: [Community@cityofmascotte.com](mailto:Community@cityofmascotte.com)

**Special Event Applications shall be filed no less than 30 days before the date on which the event is scheduled to take place. If applying for a parade permit the application shall be filed no less than sixty (60) days before the date on which the event is scheduled to take place.**

**Applicant Name(s):** \_\_\_\_\_

**Exact location of event:** PUBLIC PROPERTY \_\_\_\_\_ OR PRIVATE PROPERTY \_\_\_\_\_

If public property **circle** facility to be used: (Civic Center, Sports Complex, or Other Public Property) If other public property specify property location; \_\_\_\_\_

## ORGANIZATION NAME/REPRESENTATIVE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

## CONTACT NAME (IF DIFFERENT THAN ABOVE)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

## TYPE OF EVENT

Parade \_\_\_\_\_ Sidewalk Sale \_\_\_\_\_ Firework Sales \_\_\_\_\_ Auto Tent Sale \_\_\_\_\_

Craft/Market Sales \_\_\_\_\_ Christmas Tree Sales \_\_\_\_\_ Food Truck \_\_\_\_\_

Street Vendors \_\_\_\_\_ Concerts \_\_\_\_\_ Other \_\_\_\_\_



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DATE(S) OF EVENT: \_\_\_\_\_ Start Time: \_\_\_\_\_ am/pm End Time: \_\_\_\_\_ am/pm

Start and end time includes setup and clean-up of facility rented.

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

Complete description and purpose of the special event planned: \_\_\_\_\_

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

Yes     No       Yes     No       Yes     No

Does this year's event differ from past events?

Yes     No     N/A

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

Is the Company putting the Event on charging a fee?     Yes     No

**Will there be Entertainment provided?**     Yes     No

If yes, see below

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

=====

**\* 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, then the type of system and name of contractor, if applicable. \_\_\_\_\_

**Will there be Special Effects?**     Yes     No

If yes, type of special effects and names of contractor, if applicable. \_\_\_\_\_

\_\_\_\_\_

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



# Special Event Application

## 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) : \_\_\_\_\_

\_\_\_\_\_

Is there 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 licensed organization 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? \_\_\_\_\_

\_\_\_\_\_

- Copy of State permit if State roadway is used: \_\_\_\_\_
- FOR PARADE: SEE PAGE – 5
- FOR FIREWORKS: SEE PAGE – 6
- FOR CITY FACILITY REQUIREMENTS (for use of City property or assets) SEE PAGE - 7

The special events permit, and any other permits associated with the event are required by the city to be posted in a conspicuous location on the special event site.



# Special Event Application

The special event shall begin only after all inspections by affected departments have been conducted, and a determination has been made that all code and ordinances have been satisfied.

APPLICANT SIGNATURE; \_\_\_\_\_ DATE: \_\_\_\_\_

**The application must be completed and signed with all the requirements/documents included before the approval process begins.**

## **ATTACHEMNTS:**

**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.



# Special Event Application

## FOR PARADE

Exact location of marshalling and staging area: \_\_\_\_\_

Time at which units of parade will begin to arrive: \_\_\_\_\_

Time at which units of parade will be dispensed: \_\_\_\_\_

Exact route to be traveled shown on attached map: \_\_\_\_\_

Please attach approximate # of persons, animals, vehicles participating with a description of types of animals and vehicles/floats. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parade will occupy all of the width of the street, roadway, or sidewalk:

Yes: \_\_\_\_\_

No: \_\_\_\_\_



# Special Event Application

## FOR FIREWORKS

The following shall be attached to this application.

- A detailed listing of the type & quantity of fireworks to be used.
- A detailed written statement outlining all appropriate safety procedures, which will be used at fireworks display in order to protect the safety of the public and all surrounding property.
- A detailed written statement describing what facilities and containers will be used to store fireworks.
- If applicable, applicant's federal license # for transporting fireworks across state line and a list of names, addresses, occupations, and backgrounds of all individuals who will be responsible for the actual display, use or explosion of any fireworks. The background statement should include a complete history of the experience of the individuals involved with respect to their use of fireworks, including a detailed list and explanation of each and every accident resulting from the use of fireworks, which the individual has been responsible for, or involved in.
- A map showing the exact launching points and area of fallout if applicable.
- The applicant will need to provide proof of public liability and property damage insurance in an amount approved by the City's finance director and name the City as an additional insured.



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## CITY FACILITY REQUIREMENTS (for use of City property or assets)

Please check the appropriate boxes if you are going to require any of the following: ***Please note, the City may not have certain assets at the location you may be interested in renting or additional fees may apply to cost of rental.***

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

**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) are you requesting 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 \_\_\_\_\_

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***(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)?

Does your plan include on-site parking and how many spaces are required? \_\_\_\_\_

Yes  No



# Special Event Application

Does your plan include off-site parking and how many spaces are required? \_\_\_\_\_

Yes  No  N/A

Will you charge for either on-site or off-site parking?  Yes  No How much if charging? \_\_\_\_\_

Will shuttles be used to transport, how many shuttles, and what route(s)? \_\_\_\_\_

Yes  No  N/A

## Americans with Disabilities Act

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

ADA restroom facilities. (One handicapped for each group of port-o-lets)  Yes  No  N/A

Handicapped parking facilities (show on site plan)  Yes  No  N/A

Handicapped assistance and what types will be available?  Yes  No  N/A

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## Police Protection and Security

*Note: Public property and parades require 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 required the use of the either the Lake County Fire/Rescue Department employees during the event or the Groveland Fire Department's employees at 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  N/A

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.



# Special Event Application

## City Approval/Denial

**City Manager:** \_\_\_\_\_ Approved - \_\_\_\_\_ Denied - \_\_\_\_\_ NA - \_\_\_\_\_

Conditions for Permit - \_\_\_\_\_

**Chief of Police:** \_\_\_\_\_ Approved - \_\_\_\_\_ Denied - \_\_\_\_\_ NA - \_\_\_\_\_

Conditions for Permit - \_\_\_\_\_

**Public Services Director:** \_\_\_\_\_ Approved - \_\_\_\_\_ Denied - \_\_\_\_\_ NA - \_\_\_\_\_

Conditions for Permit - \_\_\_\_\_

**Parks & Recreation Coordinator** \_\_\_\_\_ Approved - \_\_\_\_\_ Denied - \_\_\_\_\_ NA - \_\_\_\_\_

Conditions for Permit - \_\_\_\_\_

**Fire/Rescue** - \_\_\_\_\_ Approved - \_\_\_\_\_ Denied - \_\_\_\_\_ NA - \_\_\_\_\_

Conditions for Permit - \_\_\_\_\_