



Special Event Permit Application

Please retain this sheet for your files.

Dates to Remember

Applications may be submitted no more than 365 days, but not less than 60 days prior to the event date. To ensure approval, event organizers are encouraged to apply as early as possible.

Events with Street Closures and/or Alcohol	Events in Parks
<p>Pre-Event</p> <p>Minimum 90 Days</p> <ul style="list-style-type: none"> • Special Event Application & Fees • Site Plan • Pre-planning Meeting with City of Tampa Staff • 501(c)3 & Certificate of Exemption – if applicable <p>Minimum 60 Days – Staffing Requirements</p> <ul style="list-style-type: none"> • Tampa Police Department • Tampa Fire Prevention • Emergency Medical Service • Transportation Division • Park & Recreation Services <p>Minimum 30 Days</p> <ul style="list-style-type: none"> • Insurance • City Council Permit Approval - if applicable • Special Use for Alcohol Permit • Final Site Plan • Event Timeline & On-site Contacts • Payment of Estimated Costs • Submit Signed Permit <p>Post-Event – Minimum 30 Days</p> <ul style="list-style-type: none"> • Final Payment • After Action Meeting with Special Events Staff • Secure Future Dates 	<p>Pre-Event</p> <p>Minimum 60 Days</p> <ul style="list-style-type: none"> • Special Event Application & Fees • Shelter Rental Fees • Site Plan • Pre-planning Meeting with City of Tampa Staff • 501(c)3 & Certificate of Exemption - if applicable <p>Minimum 45 Days – Staffing Requirements</p> <ul style="list-style-type: none"> • Tampa Police Department • Tampa Fire Prevention • Emergency Medical Service • Transportation Division • Park & Recreation Services <p>Minimum 30 Days</p> <ul style="list-style-type: none"> • Insurance • Final Site Plan • Event Timeline & On-site Contacts • Payment of Estimated Costs • Submit Signed Permit <p>Post-Event – Minimum 30 Days</p> <ul style="list-style-type: none"> • Final Payment • After Action Meeting with Special Events Staff • Secure Future Dates

Event Information

Name of Event: _____

Is this an annual event? No Yes If yes, how many years has it been held? _____

Anticipated Attendance – The estimated number of people who will attend or watch your event.

Total _____ Per Day x _____ Number of event days = _____ Grand Total

Anticipated Participants – The estimated number of participants (staff, volunteers, vendors, etc.) should be based on the number of the total number of people you anticipate will participate in the event or provide support services to the event.

Total _____ Per Day x _____ Number of event days = _____ Grand Total

Event Description – Information you provide in this section of your permit application may be used for promotional purposes by the City of Tampa.

Event Category

Organized Run/Walk Neighborhood Block Party Festival/Celebration
 Street Festival Concert/Performance Cycling Event
 Parade/Procession/March Other, please specify: _____

Event Location

Al Lopez Park Cotanchobee Fort Brooke Park MacFarlane Park
 Curtis Hixon Waterfront Park Lowry Park and/or Band Shell Picnic Island Park
 Lykes Gaslight Square Park and/or Franklin Street Mall Julian B. Lane Riverfront Park
 River Tower Park Rowlett Park Ybor Centennial Park
 Streets or ROW, please specify: _____
 Other, please specify: _____

Date/Time

Setup

Date: _____ Start Time: _____ End Time: _____
Date: _____ Start Time: _____ End Time: _____
Date: _____ Start Time: _____ End Time: _____

Event Dates

Date: _____ Start Time: _____ End Time: _____
Date: _____ Start Time: _____ End Time: _____
Date: _____ Start Time: _____ End Time: _____

Move-out

Date: _____ Start Time: _____ End Time: _____
Date: _____ Start Time: _____ End Time: _____
Date: _____ Start Time: _____ End Time: _____

Site Plan/Route Map Information & Event Components

Site Plan/Route Map

Your site plan/route map must be submitted along with your completed application. Applications without site plans/route maps are incomplete and will be rejected and returned to the applicant. Park maps and approved 5K routes are posted on our website: tampagov.net/specialevents.

Please attach a clear and legible site plan or map with the following indicated:

1. North, indicated by a directional arrow symbol.
2. An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.
3. The location and dimensions of all physical equipment being placed, including, but not limited to, any stage(s), merchandize vendors, food concessions, food trucks, sponsors, tents, signs, barricades, portable restrooms, vehicles, picnic shelters, fireworks shoot site, etc.
4. Location of temporary alcohol sales including where both sales and consumption occur, plus dimensions and type of fencing to be used.
5. Indicate 20' wide fire lane clearances in all areas and the location of all fire hydrants.
6. Generator locations and/or source of electricity.
7. Placement of vehicles and/or trailers.
8. Exit locations for outdoor events that are fenced.
9. Accessible viewing area.
10. Parking and Disabled parking areas.

Is the event open to the public? Yes No

Is there an admission fee? If yes, please provide amount: \$ _____ Yes No

Does your event involve the use of alcoholic beverages? Yes No

If yes, please check all that apply:

Beer Sales

Beer & Wine Sales

Beer, Wine & Distilled Spirits Sales

Host & Alcohol Sales

Please Note: Alcoholic beverages cannot be sold, distributed, nor consumed on City property without appropriate zoning. If you answered yes to any of the above, please also complete and attach an Alcoholic Beverages (Temporary) Sales Form and submit it along with this application.

Are there musical entertainment features related to your event? Yes No

If yes, complete the following information and attach a listing of all stage performance schedules.

Size and Number of Stage(s): _____

How much electric (in amps) does your stage need? _____

Will a sound check be conducted prior to the event? Yes No

If yes, Start time: _____ Finish time: _____

Are there tents or canopies? Yes No

Tent Company: _____

Size: _____ How many: _____

Size: _____ How many: _____

Size: _____ How many: _____

Will there be merchandise vending at your event? Yes No

If yes, please complete the following information and attach a list of all vendors and be sure to indicate vending and electrical requirements on your site plan.

How many vendors? _____

How many will need electric? _____

How much electric (in amps) does your vending area need? _____

Will you hire a private security company? Yes No

If yes, please provide the name of the company and the schedule:

Please Note: The Tampa Police Department will review your special event application to make a final determination as to the number of officers, vehicles and/or equipment you will be required to have in order to make sure your event is conducted safely).

Does your event require overnight security? Yes No

Does your event require the use of picnic shelters (if applicable)? Yes No

Will inflatables (moon bounce) be used at your event? Yes No

If yes, please provide the name of company: _____

Will your event include fireworks or other pyrotechnics? Yes No

If yes, please describe: _____

Name of company: _____

Does your event include food concession and/or preparation areas? Yes No

If yes, please describe how food will be served and/or prepared on site:

Please note: Temporary food service for events must meet all State and local guidelines and requirements.

Do you intend to cook food at your event? Yes No

If yes, please specify method:

Gas

Electric

Fryers – Name of grease removal contractor: _____

Date & time of pickup: _____

Other, please specify: _____

Do you intend to have food trucks at your event? Yes No

If yes, how many? _____

Will your event require potable water?

_____ Yes _____ No

If yes, please describe where and for what:

Do you plan to provide portable rest room facilities at your event?

If yes, Total number of toilets: _____

Number of ADA accessible toilets: _____

Number of hand sinks: _____

Restroom Company: _____

Equipment Setup Date: _____ Time: _____

Equipment Pickup Date: _____ Time: _____

(Please reference the Solid Waste Matrix provided in the Customer's Guide to Special Event. 10% of your restrooms must be accessible).

Will your event involve the use of a parking and/or shuttle plan?

_____ Yes _____ No

If yes, please describe: _____

Will your event be marketed, promoted or advertised?

_____ Yes _____ No

If yes, please describe:

Will there be live media coverage during the event?

_____ Yes _____ No

If yes, please describe where you plan on parking the media: _____

Accessibility Plan

Please describe your plan for people with special needs participation, parking, and viewing:

Sanitation & Recycling

You are responsible for leaving the venue clean and clear of debris. Please describe your plan for cleanup and removal of waste, recyclable goods and garbage during and after your event.

Number of trash cans: _____

Number of recycling containers: _____

Number of dumpsters: _____

Sanitation Company: _____

Equipment Setup Date: _____ Time: _____

Equipment Pickup Date: _____ Time: _____

Recycling Company: _____

Equipment Setup Date: _____ Time: _____

Equipment Pickup Date: _____ Time: _____

Applicant and Host Organization Information

Host Organization Name - The Host Organization is legally and financially responsible for the overall organization, management, and implementation of an event and its related activities.

Host Organization Name: _____

Chief Officer - The Chief Officer of the Host Organization must be identified and sign the permit application. Typically, the Chief Officer is the Chief Executive Officer, President, Executive Director or Board Chair of the Host Organization.

Chief Officer: _____

Host Organization website: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

For Profit: _____

Non-Profit: _____

If yes, you must attach to this application a copy of your Florida Consumer's Certificate of Exemption or your IRS 501(c) 3 Determination Letter.

Applicant/Primary Contact - Please list any person, professional event organizer, event service provider hired by you that is authorized to work on your behalf to plan this event.

First: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email: _____

A written communication from the Chief Officer of the Host Organization authorizing the applicant to apply for this Special Event Permit on their behalf must be submitted with your permit application.

Before proceeding, please make sure the following documents are included in your application packet, if applicable:

____ Letter from Host Organization

____ IRS 501(c)3 Determination Letter

____ Florida Department of Revenue Consumer Certificate of Exemption

Mitigation of Impact

Due to the nature of your event, the City of Tampa may require you, at your expense, to officially notify residents, business; places of worship, schools and other entities that may be directly impact by your event.

Insurance Requirements

You are required to procure and maintain commercial general liability insurance with a minimum of \$1,000,000 per occurrence and a \$2,000,000 general aggregate. Proof of insurance must be submitted on the Acord 25 Certificate of Insurance Form a minimum of 30 days prior to the first day of the rental period through the move-out activities. This insurance must name the City of Tampa as an additional insured in any and all policies. Due to the nature of your event, additional insurance may be required.

Affidavit of Applicant & Hold-Harmless Acknowledgement

By signing this application, you are certifying that you understand the information in this application to be true and correct to the best of your knowledge, and that you agree to comply with City of Tampa Code of Ordinances and all City rules, regulations and policies. Should the City grant approval and a Special Event Permit be issued, you also agree to comply with any other rules and requirements provided by law.

In consideration of the privileges that may be granted by issuance of a Special Event permit, the Host Organization shall, to the fullest extent permitted by law, indemnify, defend and hold harmless the City, and all officials, agents and employees of the City, from and against all claims which may result from allowing Applicant to utilize the public right-of-way or City owned park. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable for bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from.

The Host Organization's obligation to indemnify, defend, and hold harmless includes any claim by Host Organization's agents, employees, representatives or any subcontractor or its employees. The Host Organization acknowledges that the provisions of this paragraph apply to and include any liability resulting for incidents involving the streetcar electrified cables. Said indemnification shall not include claims resulting solely from the act, omission, negligence, or other fault on the part of the City, its official, agents, or employees.

I further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the event to the City of Tampa.

Print Name of Host Organization: _____

Printed Name of Chief Officer: _____

Title: _____

Signature: _____ Date: _____

Print Name of Primary Contact: _____

Title: _____

Signature: _____ Date: _____

Thank you for completing your Special Event Application.
Please submit your completed application along with a detailed site plan to your
Event Manager or by email: SpecialEvents@tampagov.net or Fax: (813) 274-7744.

Incomplete, illegible, and/or unsigned applications will not be accepted.

*Submission of a Special Event Application constitutes a request to use City property
for the purpose of an event and does not guarantee event approval.*

FIRE PREVENTION PERMIT REQUEST

Date: _____

Type of Permit Requested: _____
(Example: Tent, Temporary Assembly, Exhibition, Open Flame, Open Burn, Pyrotechnics)

Will Food Trucks participate in your event: Yes No

Will Alcohol be served at this event? Yes No

NOTE: *Alcoholic beverages require a Temporary Wet Zoning Permit and Fire Watch*

Event Date: _____ Event hours: _____

Type of event: _____ Number of guests: _____
(Picnic, party, sale, parade, etc.)

Event Name: _____

Event Location: _____

City/State/Zip: _____

Total number of Tents: _____

Tent Size(s): _____ Set-up: _____ Take down: _____

Tent Company/Supervisor: _____ Cell: _____

Sponsoring organization or individual: _____

Party responsible for charges: _____

Billing address: _____

City/State/Zip: _____

Daytime Phone: _____ Fax: _____

Email address: _____ Cell: _____

PAYMENT FOR PERMITS:

- Payments for permits should accompany application.
 - Payments can be made in cash, by personal check, or money order.
 - ALL PAYMENTS MUST LIST **"CITY OF TAMPA"** AS THE PAYEE.
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MAIL REQUEST AND PAYMENT TO:

Tampa Fire Rescue
Attn: Permits
808 E. Zack Street
Tampa, FL 33602

FAX: (813) 274-7144

Office location:
3402 W. Columbus Drive
Columbus Municipal Office Building
Tampa, FL 33607

DATE: 3/4/14