



# City of St. Pete Beach Recreation Department Event Application

## Applicant

Name of Applicant: \_\_\_\_\_ Title(If applicable): \_\_\_\_\_

Name of Organization (if applicable): \_\_\_\_\_

Tax Exempt?  Yes  No      Non-Profit?  Yes  NO      *If yes on either, please provide documentation*

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Event Information

Event Title: \_\_\_\_\_ Event/Organization Web Address: \_\_\_\_\_

Event Location(s): \_\_\_\_\_

### Event Date(s) & Time(s)

| Date  | Day of the Week | Start Time | End Time |
|-------|-----------------|------------|----------|
| _____ | _____           | _____      | _____    |
| _____ | _____           | _____      | _____    |
| _____ | _____           | _____      | _____    |
| _____ | _____           | _____      | _____    |

Set Up Date(s): \_\_\_\_\_ Time(s) \_\_\_\_\_ to \_\_\_\_\_

Cleanup Date(s): \_\_\_\_\_ Time(s) \_\_\_\_\_ to \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will this be an Annual Event?  Yes  No      If yes, next year's date(s): \_\_\_\_\_

## Event Logistics

Estimated Attendance \_\_\_\_\_  
*(includes event crew, participants, and spectators)*      This Year      Last Year (if Applicable)

List all event activities: \_\_\_\_\_

List all food and beverage vendors (Event Promoter is responsible for obtaining copies of all licenses and insurance forms from each vendor)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will alcohol be served or sold?     Served     Sold     No Alcohol

List all other vendors (may need to provide copy of certificate of insurance) \_\_\_\_\_  
\_\_\_\_\_

Event Equipment (include dimensions, seating, staging, tents, platforms, booths, scaffolding, truck, etc. on **site map**) \_\_\_\_\_  
\_\_\_\_\_

All the above require a temporary structure permit. Cost for each is \$25.

Entertainment (Detail type, bands, DJs, dancers, clowns, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List times of music and/or amplified sound (list PA systems, microphone, speakers, amps) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Electricity Needed     Yes     No    Source: \_\_\_\_\_

Will portable restrooms be used?     Yes     No    If yes (include on **site plan**): One ADA compliant toilet for every 10 per location

Will Dumpsters be used?     Yes     No    If yes (include on **site plan**)  
How Many? \_\_\_\_\_ Size: \_\_\_\_\_ Installation Date: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Please list any admission charges, donations, parking, registration or other fees and how much? \_\_\_\_\_  
\_\_\_\_\_

Does Event require any Road or Sidewalk Closures?     Yes     No  
If yes, you must include **all the details** in the **site plan** including streets and times

| Road  | Start Intersection | End Intersection | Date  | Times |
|-------|--------------------|------------------|-------|-------|
| _____ | _____              | _____            | _____ | _____ |
| _____ | _____              | _____            | _____ | _____ |
| _____ | _____              | _____            | _____ | _____ |

As the Applicant, I hereby accept and understand the responsibility to oversee all contractors, vendors, or parties affiliated with the event and to insure compliance with the special event guide, the event rules guidelines, requirements for tents and all policies, rules, regulations, and code provisions of the City of St. Pete Beach. I understand that any violations may result in immediate cancellation and revocation of the Event permits. I further certify that all the facts contained in this request are accurate.

For events on Public property, I agree to obtain and furnish the City of St. Pete Beach with a certificate of general liability insurance in the amount of at least one million dollars (\$1,000,000) or greater as deemed satisfactory by the city. The insurance must name the City of St. Pete Beach as an additional insured.

I understand incomplete application or any outstanding financial obligations with any department with in the City of St. Pete Beach may result in a denial of my request.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Corporation Name (if applicable)

\_\_\_\_\_  
Date



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## **Please Include:**

- Site Map
- Traffic & Parking Plan
- Safety Plan
- Certificate of Insurance
- Day of Event Contact Person and Cell Phone Number
- Tax Exempt Documentation (if applicable)
- Non-Profit Documentation (if applicable)

Please send application to:

City of St. Pete Beach  
Jennifer McMahon, Recreation Director  
155 Corey Ave  
St. Pete Beach, FL 33706

Or email to: [Rddirector@stpetebeach.org](mailto:Rddirector@stpetebeach.org)

Phone: 727-363-9274

Fax: 727-363-9246

Upon approval, an Event Permit will be sent to the Applicant. Permit fees are due within 10 days of approval.