



## City of Minneola Special Event Application For Large Events

- Non-refundable application fee: \$100
- Other fees may apply to approved permits, incl. a \$200 Site Clean-up Deposit<sup>(refundable)</sup>
- Please allow 90 days for City review

### Applicant Information

|                         |       |          |      |
|-------------------------|-------|----------|------|
| 1. Applicant Name       |       |          |      |
| 2. Company/Organization |       |          |      |
| 3. Mailing Address      |       |          |      |
|                         | City: | State:   | Zip: |
| 4. Phone                | Day:  | Evening: |      |
| 5. E-mail               |       |          |      |

### Event Information

|  |  |                                |  |
|--|--|--------------------------------|--|
| 6. Name of Event   |  |                                |  |
| 7. Describe general nature of event (i.e. Fundraiser, Concert, Company Picnic, Triathlon, etc.)  |  |                                |  |
| 8. Event Date(s):  |  |                                |  |
| 9. Event Set-up Time:  |  | Actual Event Start & End Time: |  |
| 10. Event take down/clean time and date:   |  |                                |  |
| 11. Proposed Event Location  |  |                                |  |
| 12. Facilities you plan to use (check all that apply):<br><input type="checkbox"/> Park <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Trail |  |                                |  |
| 13. Is this event<br><input type="checkbox"/> Private OR <input type="checkbox"/> Public?<br>(Please select the checkbox after reading the description to the right.)                    | A <b>private</b> event is one in which you have a specific guest list and know who is going to attend. A <b>public</b> event is open to the general public through word-of-mouth, flyers, signs, or media advertising. |                                |  |
| 14. Will participants be charged a fee?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If Yes, please explain how much and purpose for collecting fee?  |                                |  |

### Event Components

|   |  |   |  |
|---|--|---|--|
| 15. Please mark all items that apply to your event and provide details in box 16. |  |   |  |
| <input type="checkbox"/> Alcohol  | <input type="checkbox"/> Dance or Drama                      | <input type="checkbox"/> Fireworks              | <input type="checkbox"/> Run (non-timed) |
| <input type="checkbox"/> Amplified sound  | <input type="checkbox"/> Drawing or Raffle                   | <input type="checkbox"/> Food                   | <input type="checkbox"/> Satellite       |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Dunk tank                           | <input type="checkbox"/> Distribution/sales     | <input type="checkbox"/> Sporting event  |
| <input type="checkbox"/> Bicycling  | <input type="checkbox"/> Electricity/generator               | <input type="checkbox"/> Helium balloons        | <input type="checkbox"/> Stage           |
| <input type="checkbox"/> Bleachers  | <input type="checkbox"/> Entertainers (clowns)               | <input type="checkbox"/> Marching band(s)       | <input type="checkbox"/> Tables/Chairs   |
| <input type="checkbox"/> Boats  | <input type="checkbox"/> Exhibits or displays                | <input type="checkbox"/> Parade float(s)        | <input type="checkbox"/> Tents           |
| <input type="checkbox"/> Carnival rides   | <input type="checkbox"/> Fencing/scaffolding                 | <input type="checkbox"/> P.A. System            | <input type="checkbox"/> Theater         |
| <input type="checkbox"/> Caterer  | <input type="checkbox"/> Festival                            | <input type="checkbox"/> Rally/Protest          | <input type="checkbox"/> Vehicles        |
| <input type="checkbox"/> Company picnic   | <input type="checkbox"/> Filming-video                       | <input type="checkbox"/> Parking/shuttle        | <input type="checkbox"/> Vendors         |
| <input type="checkbox"/> Concert/Live Music                                       | <input type="checkbox"/> Filming-photography                 | <input type="checkbox"/> Race (timed event)     | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Cooking/barbecue   | <input type="checkbox"/> Inflatable toys (i.e. bounce house) | <input type="checkbox"/> Race (non-timed event) |  |

16. Provide details for checked event components and describe any "other" items not on the list:

**Attendance**

|                                |  |                                  |  |
|--------------------------------|--|----------------------------------|--|
| 17. Estimated total attendance |  | 18. Registered # of participants |  |
| 19. # of volunteers            |  | 20. # of staff                   |  |

**Event Site Plan – see the Special Event Application Packet for guidelines and further information**

21. Transportation and Parking Plans – please provide the following information:

- Detailed event layout/route with directional arrows and street names.
- Placement and collection of signage, traffic control devices, barricades.
- Location of event staff, volunteers, traffic certified flaggers/monitor, and where you believe police officers are needed for traffic route/intersection control.
- Attach event map and site plan.
- Summarize your parking and transportation plans here:

22. Plans for security/crowd control, first aid/medical assistance and water/beach safety:

23. Plans for portable toilets, garbage, sanitation, and clean up:

24. Plans for notifying all agencies impacted by your event (i.e. residents, businesses, Lake County, and DOT):

25. Will food be distributed at your event? No Yes.  
If yes, explain plans (What type of food will be served? How will it be prepared? What food distribution/handling permits do you have?)

If applicable, please provide: Health Permit # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**WARNING: SUBMISSION OF THIS FORM DOES NOT GUARANTEE APPROVAL OF YOUR EVENT. Failure to complete all sections of this form or failure to meet all required submittals may result in delay, limitations, or cancellation of your event.**

I acknowledge that the information submitted in this application is true to the best of my knowledge.

|                         |       |
|-------------------------|-------|
| Signature of Applicant: | Date: |
|-------------------------|-------|

**Event Approvals (For City Use Only)**

26. Each department needs to review and submit all information pertaining to denial or approval to Event Planning Dept.

***Departmental Recommendations***

| Req'd                    | Department Approvals               | Approved As Submitted    | Needs Modification       | Approval Denied          | Comments: |
|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|-----------|
| <input type="checkbox"/> | <i>Finance Department:</i>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| <input type="checkbox"/> | <i>Police:</i>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| <input type="checkbox"/> | <i>Fire/Rescue:</i>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| <input type="checkbox"/> | <i>Public Works:</i>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| <input type="checkbox"/> | <i>Parks Supervisor:</i>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| <input type="checkbox"/> | <i>Planning/Zoning Department:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| <input type="checkbox"/> | <i>Building Department:</i>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| <input type="checkbox"/> | <i>Event Planning Department:</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |

**Final Review** (Remainder of application to be completed by Event Planning Department)

|   |  |                                     |
|---|--|-------------------------------------|
| Event Denied <input type="checkbox"/>   | Customer notified of denial <input type="checkbox"/>                               | Date of denial notification:        |
| Comments:                               | Comments   | Comments:                           |
| Event Approved <input type="checkbox"/> | Customer notified of approval (with conditions explained) <input type="checkbox"/> | Date customer notified of approval: |
|   | Comments:  | Comments:                           |

| Check-off List/Document Verification  | Comments: |
|---|-----------|
| <input type="checkbox"/> General coverage insurance received                            |           |
| <input type="checkbox"/> Site Clean-Up Deposit received                                 |           |
| <input type="checkbox"/> Event Application Fee received                                 |           |
| <input type="checkbox"/> Transportation and parking plan submitted                      |           |
| <input type="checkbox"/> Security/crowd control plans submitted                         |           |
| <input type="checkbox"/> Sanitation plan submitted                                      |           |
| <input type="checkbox"/> Plan for notification of affected agencies/neighbors submitted |           |

| Check-off List/Document Verification  | Comments: |
|---|-----------|
| <input type="checkbox"/> Water safety plan submitted                                    |           |
| <input type="checkbox"/> Concert CD for screening submitted                             |           |
| <input type="checkbox"/> Concert CD for screening approved                              |           |
| <input type="checkbox"/> All additional requirements listed by Special Events Committee |           |
| <input type="checkbox"/> Final payment made   |           |
| <input type="checkbox"/> Final permit sent to customer for signature                    |           |
| <input type="checkbox"/> Final permit returned to Event Planning Dept.                  |           |
| <input type="checkbox"/> Final permit sent to Event Planning Dept for signature         |           |
| <input type="checkbox"/> Final permit with signatures sent to customer                  |           |
| <input type="checkbox"/> Final summary status sent to Special Event Committee           |           |
| <input type="checkbox"/> Event post-evaluation sent to committee                        |           |
| <input type="checkbox"/> Event post-evaluation completed                                |           |
| <input type="checkbox"/> Deposit Returned - Yes                      No                 |           |
| <input type="checkbox"/> Event closed and filed away                                    |           |