



# SPECIAL EVENT PERMIT APPLICATION

## APPLICANT INFORMATION

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

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

Telephone Numbers Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

## EVENT ORGANIZER

(If different than Applicant)

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

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

Telephone Numbers Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

## EVENT INFORMATION

Title of Event: \_\_\_\_\_

Purpose of the Event: \_\_\_\_\_

Event Location/Park: \_\_\_\_\_

Site within park (including shelter #'s): \_\_\_\_\_

If applicable, is shelter(s) already reserved? \_\_\_\_\_ Yes \_\_\_\_\_ No

Expected Attendance (including event crew, participants and spectators): \_\_\_\_\_

Set-up Date(s) \_\_\_\_\_ Day(s) \_\_\_\_\_ Time: \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Day(s) \_\_\_\_\_ Time: \_\_\_\_\_

Clean-up Date(s) \_\_\_\_\_ Day(s) \_\_\_\_\_ Time: \_\_\_\_\_

Does the registered organization that owns and operates the event hold a current 501(c)3 not-for-profit registration?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide copy.

Has this event taken place previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes: When: \_\_\_\_\_ Where: \_\_\_\_\_ Attendance: \_\_\_\_\_

How many times has event taken place previously and provide brief event history? \_\_\_\_\_

## EVENT LOGISTICS

1. Planned event activities:
  
2. Vendors (vendors must be approved by Pinellas County):
  
3. Entertainment (detail type of entertainment; example: bands, DJ, dancers, clowns, etc):
  
4. Event equipment to be used (include dimensions, staging/platforms, canopies, booths, scaffolding, trucks, etc.):
  
5. Sound system and hours of amplified sound. Describe equipment to be used (i.e. PA systems, microphone, speakers, amps):
  
6. If event attendance is more than 300 persons or event involves a race, walk, parade, etc., please attach a site map. Include locations of barricades, vendors, tents, race/parade routes, and park roads requested for closure. Site map for smaller events, security, traffic, or clean up plans may also be requested.

## TERMS OF AGREEMENT

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 all policies, rules and regulations, and guidelines of Pinellas County Parks and Recreation Department and the regulations listed below. I understand that any violations may result in immediate cancellation of the reservation and/or revocation of the permit. I understand that the permit is non-transferable and non-refundable.

- o A completed special event application must be submitted a minimum of sixty (60) days prior to the event.
- o A certificate of insurance for the event and all vendors must be submitted fourteen (14) days prior to the beginning of the event and should also name the Pinellas County Board of County Commissioners as additional insured.
- o Alcoholic beverages are not allowed on park property.
- o Commercial banners, displays, etc. are prohibited on park property.
- o Cash-valued merchandise may not be awarded or sold to participants on park grounds.
- o The applicant is responsible for the collection and proper disposal of all trash generated during the event.
- o The volume level from public address or sound systems must remain at an acceptable level and should not be audible from a distance of more than 50 feet.
- o No permanent paint or material may be used to mark the road or any park property including directional signs.
- o All non-essential production and personal vehicles must be parked in the public parking areas.
- o Uniformed law enforcement may be required to provide traffic and crowd control.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have questions, please call the Pinellas County Parks and Recreation Department at (727) 464-3347.

**Send completed application to:**

**Pinellas County Parks and Recreation Dept.  
Special Event Application  
631 Chestnut Street  
Clearwater, FL 33756**

**Or Fax to: 727-464-3379**

<b>FOR OFFICE USE ONLY</b>		
Your signature indicates your approval of the event unless otherwise noted.		
_____ Program Coordinator	_____ Park Supervisor	_____ Operations Manager
Comments: _____ _____ _____		