



## City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809

Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)

# APPLICATION FOR SPECIAL EVENTS

**FORM #SPEVT018**

**Permit #**

**Fee \$1,000.00 CHK# \_\_\_\_\_ DATE \_\_\_\_\_**

Name of Event: \_\_\_\_\_

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

Specific Location of Event: \_\_\_\_\_

Person in Charge of Event (Applicant): \_\_\_\_\_

Phone (Work): (\_\_\_\_) \_\_\_\_\_ (Cell): (\_\_\_\_) \_\_\_\_\_

Organization Represented: \_\_\_\_\_

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

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

Is your organization a charity or non-profit organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what is the name of the charitable or non-profit organization? \_\_\_\_\_

Do you anticipate serving or selling alcohol during the event? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you be using amplified sound? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what will it be used for? \_\_\_\_\_

Does your event carry liability insurance listing the City of Belle Isle as co-insured? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who is the carrier? \_\_\_\_\_

Expected Number of Participants: \_\_\_\_\_ Expected Number of Spectators: \_\_\_\_\_

This is a \_\_\_\_\_ event to be held on \_\_\_\_\_ property:  
(private/public) (private/public)

### **Event Information:**

Rain Policy for Event: \_\_\_\_\_

List locations (cities) and dates of prior events held over the past five years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

For coordination purposes, police officials can best contact the chairperson during the event at:

\_\_\_\_\_  
(Location)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Cell phone or pager #)

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**Event Description:**

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Describe the type and size of event (location, how much area to be used, stages, entertainment, etc.) Please provide a simple sketch showing streets to be closed, placement of tents, etc.

The event will begin: \_\_\_\_\_

The event will end: \_\_\_\_\_

Set up will begin: \_\_\_\_\_

Clean-up/Take-down will end: \_\_\_\_\_

Road closure will begin at: \_\_\_\_\_

Roads opened at: \_\_\_\_\_

Event Setup: \_\_\_\_\_

Will tents be used for this event? \_\_\_\_Yes \_\_\_\_No

How many: \_\_\_\_\_

If so, location(s): \_\_\_\_\_

If so, please describe the size and type of tents: \_\_\_\_\_

Will any signs or banners be erected? \_\_\_\_Yes \_\_\_\_No

If so, please list size and locations: \_\_\_\_\_

Describe any power needs and location of power source:

Will generators be used? \_\_\_\_Yes \_\_\_\_No

Have arrangements been made for restroom facilities?

\_\_\_\_Yes \_\_\_\_No

If so, where is the location(s): \_\_\_\_\_

Describe any revenue to be generated from admission fees, solicitation from spectators, concessions or any other source: \_\_\_\_\_

Describe food items that will be distributed or sold at event: \_\_\_\_\_

Will there be any cooking grease or other potential fire hazards? \_\_\_\_Yes \_\_\_\_No

Describe Sanitation Provisions (restroom facilities, trash cans, event clean-up): \_\_\_\_\_

Who is providing the above provisions? \_\_\_\_\_

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**City Services:**

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Do you need the City of Belle Isle to provide the following? (*NOTE: Reimbursement to the City of Belle Isle will be required for these services*)

**Roll Carts:** \_\_\_\_Yes \_\_\_\_No

How Many: \_\_\_\_\_

Location: \_\_\_\_\_

Date and time for Roll Carts to be emptied: \_\_\_\_\_

Date and time for Roll Carts to be picked up: \_\_\_\_\_

**Barricades:** \_\_\_\_Yes \_\_\_\_No

How Many: \_\_\_\_\_ Location(s): \_\_\_\_\_

Who will be responsible for placing barricades? \_\_\_\_\_

Will the City personnel be responsible for Street and Public Property Clean-up? \_\_\_\_Yes \_\_\_\_No

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**Safety and Security:**

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What type of arrangements has been made for medical assistance if needed? \_\_\_\_\_

If so, what are the dates and times? \_\_\_\_\_

Number of police officers needed for crowd and traffic control: \_\_\_\_\_

With what company? \_\_\_\_\_

Paid, per officer, at a rate of \$\_\_\_\_\_ per hour.  
(4-hour minimum per officer).

List details if any: \_\_\_\_\_

Will there be mechanical rides, space walk or other attractions? \_\_\_\_Yes \_\_\_\_No

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**HOLD HARMLESS CLAUSE**

Permittee/organization hereby shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly, arising out of or in connection with the permitted activity or the conduct of permittee(s) operation. Permittee hereby expressly agrees to defend and save the City harmless from any penalties for violation of law, ordinance or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the permitted activity or conduct of its operation or resulting from the negligence or intentional acts or omissions of permittee or its officers, agents and employees.

Applicant's signature \_\_\_\_\_

Date: \_\_\_\_\_

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

Return application to: Keith Severns, City Manager  
City of Belle Isle  
1600 Nela Avenue, Belle Isle, FL 32809  
TEL 407-851-7730 / FAX 407-240-2222  
[kseverns@cobifl.com](mailto:kseverns@cobifl.com)

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**Event Checklist:**

The following items must be submitted in order for your permit to be processed:

- Completed Permit Application
- Check made out to the City of Belle Isle
- If applicable, sketch or diagram of the event and/or roads to be closed

The following items must be submitted before your permit will be issued:

- Proof of liability insurance listing the City of Belle Isle as co-insured.
- Notification letter to residents and business if there will be roads closed.
- If applicable, Event Diagram

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**FOR OFFICE USE ONLY**

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Adjustments or changes:

Approval:

City Manager \_\_\_\_\_

Police Department Initial \_\_\_\_\_

Planning & Zoning Initial \_\_\_\_\_