



CITY OF MARY ESTHER
Special Event Permit Application

Event Application-Permit #: _____	Date Application Received: _____
Date Application Fee Received: _____	Date Permit Fee Received: _____
Conditional Approval Date: _____	\$ Amount of Permit Fee Received: \$ _____
Date Special Event Permit Issued: _____	DEPARTMENT Signature: _____

Event Details:

Event Name/Title: _____

Event Date(s) list all: _____

Rain Date(s) list all: _____

Event Permit Type: Athletic Event Block Party Event Parade Event Private Event
 Public Event – Minor Public Event – Intermediate Public Event – Major

Event Location: _____

Venue Name: _____

Location Type: Public Property Public Right-of-Way Private Property Unknown

Event Permit Applicant:

Contact Name: _____ Title: _____

Organization: _____

FEI/EIN Number(required): _____

Type of Organization: Charitable Non-Profit Not-for-Profit For Profit Government School

Address: _____

Daytime Telephone Number: _____ Cell Number: _____

E -mail Address: _____

Event Producer (if not the same as Event Permit Applicant):

Organization: _____

FEI/EIN Number(required): _____

Type of Organization: Charitable Non-Profit Not-for-Profit For Profit Government School

Address: _____

Daytime Telephone Number: _____ Cell Number: _____

E-mail Address: _____

Event Day Contact(s): _____ Phone: _____

EVENT INFORMATION:

Is this an Annual Event? Yes No If yes, # of Years Held _____ If yes, # of Years Held in Mary Esther _____

Is there a prior year Event After Action Report? Yes (attach copy) No

Is there a prior year Event Attendee Satisfaction Survey? Yes (attach copy) No

Is there a prior year Event Economic Impact Survey? Yes (attach copy) No

Is the event open to the public? Yes No

Is there an Admission Fee? Yes No If yes, provide fee range: \$_____ to \$_____

Is fencing proposed to be used (i.e. gated event)? Yes No

Attendance Estimates:

Total Event Attendance: _____ Daily attendance: _____ Peak Hourly attendance: _____

Previous Year's Attendance (if applicable):

Total Event Attendance: _____ Daily attendance: _____ Peak Hourly attendance: _____

General Event Components (please select all that apply and add others as needed)

- Live Music Other Performances Amplified Music / Sounds Stages
- Amusement Rides Amusement Games Fireworks/Pyrotechnics Animals
- Inflatable's Adventure-Climbing Walls Vehicle Displays Road Closure
- Cooking on Site Food Trucks Merchandise Vendors Signs & Banners
- Alcohol Portable Tents Portable Toilets Offsite Parking
- Radio-TV Remotes Satellite Dishes
- Other _____

Event Description – Please provide a description of the event and details about each of the above event components selected including numbers, sizes, timing and location of activities relative to the proposed site plan (add separate pages if needed).

Event Set-up, Break-down and Operating Hours (if multiple days, list operating hours for each day).

Setup:

Date: _____ Start Time: _____ End Time: _____

Breakdown:

Date: _____ Start Time: _____ End Time: _____

Operating Hours:

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

EVENT INFORMATION:

General Event Budget: Total Revenues: \$ _____ Total Expenses: \$ _____ (Please be advised an event's detailed event budget may be requested during the permit application process along with the prior year's information if it is an annual event.)

Event Purpose and Community Benefits: Describe the purpose of the event, how the event may meet local community needs and/or provides community benefits such as the number of local hotel stays, dollar increase of business for local restaurants and merchants, fundraising amounts for local charities / organizations and other benefits.

Target Audience: Describe the target audience for the event (i.e. families, young adults, athletes, boomers, seniors etc.) and what primary markets you expect to attract attendees (Mary Esther only, Okaloosa County, State-wide, National, International).

Marketing & Publicity: Describe your overall Marketing/Publicity Strategy to attract attendees, participants, sponsors and vendors (i.e. TV, radio, posters, flyers, web sites, social media other) and general media exposure you expect (local, regional national or international). If an annual event, please include media impressions or media values from prior year.

Mary Esther Local Business / Merchant / Restaurant Engagement Plan? Yes No If yes, please explain how the event will have local businesses engage with the event.

Additional Events or Activities: Are you aware of any other events or activities planned to support or enhance your primary event? Yes No If yes, please explain:

Detailed Event Operations, Infrastructure & Site Requirements

Please attach a clear and detailed map depicting your event's site, set-up and impact on surrounding areas including routes, start/finish lines, stages, portable toilets, tables, tents, vendors, activities, first aid stations, emergency access points and other relevant data to ensure DEPARTMENT properly classifies your event and can determine appropriate levels of service from the City of Mary Esther and its partners.

Tents: Yes No If yes, how many total tents? _____ If yes, what sizes and amounts of each will be used onsite (i.e. 10 x 10, 10 x 20, 20 x 20)? Please provide a full list. *(Additional tent permits and fire inspections may be needed.)*

Onsite Cooking: Please specify method: *(Fire Marshal inspections are required and will be scheduled)*

_____ Gas/Compressed Gas

_____ Electric

_____ Fryers

Name of grease removal contractor: _____

Date & time of pickup: _____

_____ Other, please specify: _____

Food and Beverage Vendors: If yes, number of vendors anticipated at event: _____
(Health Department approval required along with City Business Tax Receipt or Vendor License. Full list will be required prior to event.)

Food Trucks: If yes, number of food trucks _____
(Location of trucks should be included on events clear and detailed site map and food trucks should be in vendor count and listing.)

Merchandise Vendors: If yes, number of vendors anticipated at the event: _____
(City Business Tax Receipt or Vendor License required. Full list required prior to event.)

Consumption/Sale of Alcoholic Beverages: Yes No If yes, what entity is obtaining the Alcohol License permit? List below. *(Copy of License and Alcohol Liability Insurance required 30 days prior to event)*

Stages: If yes, number of stages: _____ (An additional stage permit may be required.)

Size of Stages: _____

Live Performances and DJ Music: Yes No

If yes, applicant agrees all entertainment will be family-friendly and contain no obscenities. List of all performers and DJs required before event permit is issued.

Fireworks / Pyrotechnics: Yes No

(If yes, an additional permit will be required from the Fire Marshal.)

Portable Toilets: Yes No If yes, how many? _____ Who is providing? _____

Use of Onsite Restrooms during event: Yes No

Facility Maintenance Company: _____

Security and Safety Plan for Attendees: Yes No If yes, please provide copy of plan.

Trash Removal Plan: Yes No If yes, please provide copy of plan and list vendor(s) to be used.

Parking Plan Provided: Yes No Please indicate locations with addresses to be used for Attendees, Vendors, Sponsors, and Organizers.

Are Valet Parking Services being Used? Yes No If yes, please indicate the name of the service provider:

Road Closures Requested: Yes No Partial Road Closure Full Road Closure (If yes, please complete the "Temporary Closing/Special Use of City Road" permit application.)

Site Plan Provided: Yes No Please indicate locations of all equipment, vendors, stages, booths, etc.

Types of Event Signage: Advertising Flags A-Frames Banners Directional
 Inflatable's Informational Pole Banners Parking Temporary Traffic
 Regulatory Directional

Event Waivers Requested:

- Yes Noise (Section 10-22)
- Yes Open Containers of Alcohol in Public Spaces (Section 3-4)
- Yes Animals (Section 4-5; 4-10)
- Yes Sale of Merchandise without a Business Tax Receipt (Section 13-2)
- Yes Special Event Signs (Article 16)
- Yes Parking (LDC 8.05.03)
- Yes Other: _____

Event References and ADA Compliance:

Have you produced an event previously in Mary Esther? Yes No

If no, please provide references from 3 prior events that you have produced to the event permit application with the name of event, date of event, key contact name, phone number and email address.

I am prepared and willing to grant all reasonable requests for accommodations for this event.

_____ (Please initial here)

ADA Contact Name: _____ Cell Phone: _____

Event Permit Application Signature

I certify that I have read the City of Mary Esther Special Events Policy and Guidebook and the answers provided above are true to the best of my knowledge and intentions. I also understand I may be asked for additional information relating to this application. Additionally, I agree to conform to all City, State, Federal laws and regulations. I also accept responsibility for the general cleaning and removal of trash, recycling and all other items from the premises and agree to be accountable for any damage to the event site. Finally, I understand that all necessary fees, insurance, outside permits and other requirements must be submitted before the issuance of the final event permit.

Print Name - Applicant

Signature

Date

Please remember to:

- 1) Complete all Application sections (include N/A or not applicable if appropriate), sign and date your application.
- 2) Provide a preliminary event site plan.
- 3) Provide three (3) references from a prior event (only if applicant is a new producer in Mary Esther)
- 4) Submit your Application and the \$150 non-refundable Application Fee by Checks made payable to the City of Mary Esther or by major Credit Cards (MasterCard, Visa, Discover or American Express).

Submit completed application to:

City of Mary Esther

195 N. Christobal Rd.

Mary Esther, FL 32569

Attn: Planning and Zoning Dept.

Questions? Call (850) 243-3566 Ext.16 or Email code@cityofmaryesther.com

Comments: _____

Event Permit Checklist

Documents - Fees - Payments Required	Days Due Before Event Day	Submittal Date	Notes
501(c)3 Non-Profit Organization Documentation	With application		
Alcohol Liability Insurance	60		
Alcohol Liquor Extension Permit	60		
Alcohol Permit	30		
Amusement Rides State License & Inspection	Day of		
Authorization Letter from Private Property Owners	30		
Banner Permit	90		
City Services Deposit	30		
Entertainment List (Performers, DJs)	30		
Event Permit Fee	Upon issuance		\$150, \$300, \$500
Event Permit Application Fee - \$150	With application		
Event References	With application		
Event Timeline	60		
General Liability Insurance Certificate	60		
Health Department Approval	Day of		
Hold Harmless Agreements	60		
Insurance Certificate	60		
Noise Permit	With application		
Other permits	30		
Parking Plan	With application		
Producer/Vendor/Exhibitor Business Licenses	Day of		Due with application
Rental Agreement for Event Site	90		
Safety & Security Plan	90		
Site Plan	With application		Revisions due 30 days prior
State Road Permit	90		
Traffic Modification	90		
Traffic Plan	90		
Vendor List	30		
Waiver Requests	With application		

----- City Use Only Below This Line -----

Special Event Permit Application #	
Name of Event	
Type of Event	<input type="checkbox"/> Athletic <input type="checkbox"/> Block Party <input type="checkbox"/> Parade <input type="checkbox"/> Private <input type="checkbox"/> Public
Date(s) of Event	
Location of Event:	
Number of Total Event Days:	
Estimated Total Attendance:	
In Good Standing With The City	
3 Event References (if needed)	

Event Applicant - Producer

Criteria	Yes or No	Positive	Neutral	Negative	Unclear
Prior Year After Action Report					
Prior Year Event Satisfaction Survey					
Prior Year Event Economic Impact Report					
City Sponsorship Requested					

Event

Criteria	Yes or No	Positive	Neutral	Negative	Unclear
Location Of The Event					
Activity Noise Levels					
Fundraiser For Charitable Cause					
Local 501(c)(3)					
Conflict/Interference With Another Event					
Pre-Established Annual Event of 5 or More Years					
Family-Community Oriented					
Arts, Culture, Education, History, Health, Sports, etc					

Security, Safety, Quality of Life Impact

Criteria	High	Low	Neutral	Comments
Level Of Public Risks (If Any)				
Policing Impact				
Security Impact				
Emergency Services Impact				
Prior Public Safety Record				
Residential Access to Area Impact				
Business Access to Area Impact				
Density of Event Impact				
Intensity of Event Impact				
Crowd Control Impact				
Parking Impact				
Traffic Impact				

Local Economic and Benefits Impact & Promotional Value

Criteria	High	Low	Neutral	Comments
Hotels				
Restaurants				
Merchants				
Attracts Out of City Attendees				
Local Business Engagement				
Positive Publicity				
Regional/National Exposure				