



CITY OF OAKLAND PARK SPECIAL EVENT APPLICATION

Fee must accompany completed application

More than 60 days before event
\$250.00

Between 45 and 59 days before event
\$350.00

Between 44 and 30 days before event
\$450.00

Submit a **COMPLETED APPLICATION**, with SITE PLAN and SITE PLAN NARRATIVE **30 days** before your planned event. Please make sure all sections are completed and all pages are initialed by the applicant. Incomplete applications will be returned to the applicant.

After you submit the application with your fee, you will be contacted for a meeting with the Special Events team to review:

1. Facility/Location requested
2. Compliance with City ordinances
3. Special permits required
4. Other Charges for City Services
5. Security requirements

PART I: EVENT REQUEST

Event Name: _____

Purpose of event (check one): Fundraiser Recreation
 Awareness Other

Expected maximum attendance _____ Expected sustained attendance _____

Has this event been held in the past? Yes No

If yes, please list past dates, locations and attendance _____

Detailed Description: (Activities, Vendors, Entertainment, etc.) _____

Location: _____

Is the event open to the public? Yes No

Date and Time:	DATE	DAY	BEGIN	END	ATTENDANCE
SETUP:	_____	_____	_____ AM/PM	_____ AM/PM	_____
EVENT DAY 1:	_____	_____	_____ AM/PM	_____ AM/PM	_____
EVENT DAY 2:	_____	_____	_____ AM/PM	_____ AM/PM	_____
EVENT DAY 3:	_____	_____	_____ AM/PM	_____ AM/PM	_____
BREAKDOWN:	_____	_____	_____ AM/PM	_____ AM/PM	_____

PART II: APPLICANT

Organization Name: _____

For-Profit Non-profit Private (as registered in Sunbiz)

Address: _____

City, State, Zip: _____

Date of registration: _____ State registered in: _____ Federal ID #: _____

Email Address: _____

Applicant Initials _____ Staff Initials _____

Two Authorizing Officials for the Organization:

President: _____ Phone: _____

Secretary: _____ Phone: _____

Event Coordinator Name: _____ Title: _____

Primary Contact Tel #: _____ Primary Contact Cell #: _____

Email Address: _____

Secondary Contact Person: _____

Tel #: _____ Alternate Contact Cell #: _____

Event Production Company: (if other than applicant): _____

Address: _____ City, State, Zip: _____

Contact Name: _____ Title: _____

Phone: Day#: _____ Night#: _____ Cell#: _____

E-mail address: _____ Fax#: _____

PART III: EVENT INFORMATION

All City permits must be obtained through the City's Engineering and Building Services (EBS) Building & Permitting Services Division using the Building Permit Form - Apply and pay for the permits at least 30 days before the event. Contact the EBS Building & Permitting Services Division (954) 630-4350 with any questions.

Admission: Will there be a charge for admission? _____ Yes _____ No If yes, how much? \$_____

Alcohol For Sale: _____ Yes _____ No **Alcohol For Free:** _____ Yes _____ No
If yes, how will the beverages be controlled and served? (Draft truck, bartender, beer tub, etc.)

*Provide State of Florida alcohol licenses and \$500,000 of Liquor Liability Insurance 30 days before event.

Amusement Rides: _____ Yes _____ No

If yes, name and contact of company: _____

What type of rides are you planning? _____

*Florida Bureau of Fair Rides (850) 921-1530 must be contacted 30 days before the event to schedule inspections and final approval of all vendors and rides prior to use.

Electricity: _____ Yes _____ No
*Events requiring electricity must be permitted.

Company: _____ License #: _____

Name of electrician: _____ Phone: _____

Entertainment: _____ Yes _____ No

If yes, what type of entertainment will be there? Any notable performers and/or bands?

Fencing or Barricades: _____ Yes _____ No

* Include proposed fences in your Site Plan & Narrative

Fireworks & Flame Effects: _____ Yes _____ No

Name & Contact of Company conducting the show: _____

Food Vendors: _____ Yes _____ No

Food Trucks: _____ Yes _____ No

*All food trucks must be inspected by Fire Marshal prior to operating within the city.

Name of Company: _____ County License #: _____

Dates participating: _____

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Dates participating: _____

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Name of Company: _____ County License #: _____

Dates participating: _____

* State Health Dept. (954) 397-9366 must be notified 10 days prior to event.

*All Food Vendors cooking or warming food on-site must be inspected by the City of OP Fire Marshal or designee, to ensure compliance prior to serving food. A fire extinguisher is required for each food booth. If a propane tank is used for a fuel source, it must be secured on the outside of the booth. Inspections during non-working hours will cost additional fees

Music: _____ Yes _____ No

If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, MC, DJ, etc.):

List the type of equipment you will use (speakers, amplifier, drums, etc):

Days and times music will be played: _____

How close is the event to the nearest residence? _____

Soundproofing equipment? _____ Yes _____ No

Security/Police:

Will security be on site overnight? _____ Yes _____ No

Detail Deputy: _____ Yes _____ No

How many deputies: _____ Date Confirmed: _____

Person contacted: _____ Phone: _____

Applicant Initials _____ Staff Initials _____

*Security companies and their plans must be approved and you may still be required to hire city law enforcement. See below.

Security Company: _____ Contact: _____ Phone: _____

Duration Security will be present: _____

* Applicant will be responsible for submitting a traffic and crowd control plan and may be required to hire off-duty Special Detail Broward Sheriff's deputies for traffic and crowd control. Special details application must be submitted to Broward Sheriff's Office - Special Details permit office located at 2601 W. Broward Blvd, Fort Lauderdale, FL 33312. Additional contact information office phone 954-831-8199 and fax 954-797-0926.

Parking Impact Please provide the number of parking spaces available on site being provided by the event organizers, the number of spaces available from other properties (letter stating the property owners granted permission) also show available public parking.

Location(s)? _____

Date(s) of Closure: _____ Time(s) of Closure: _____

Road Closings: _____ Yes _____ No

If yes, define closure(s) _____

Date(s) of Closure: _____ Time(s) of Closure: _____

* Closing roads requires submitting an approved Maintenance of Traffic plan

Sanitation & Waste:

Will the event encourage Recycling and Sustainability? _____ Yes _____ No

How many recycle receptacles _____ How many trash receptacles _____

All grounds must be cleaned up **immediately** after completion of event.

Tents or Canopies: _____ Yes _____ No

Quantity and size of each? _____

Company Name: _____ Contact: _____ Phone: _____

*A detailed Site Plan showing the locations and size of each canopy or tent is required. A permit and final inspection is required if there are tents/canopies that exceed 10x10, or if they are going to be used for cooking or if there are Tents (with walls).

Toilets: _____ Yes _____ No

*All toilets must be removed within 24 hours. Portable Toilets are regulated by Broward County.

PART IV: SECURITY AND EMERGENCY SERVICES

Your Event may require Security and Emergency Services which will be determined using this application, your Site Plan and Narrative, MOT, transportation plan and any additional information requested during your Special Events meeting. The hourly rate and costs for services will be quoted on the "Cost Estimate" worksheet developed at the meeting and provided to the organizer. The cost may change after the meeting.

Fire Prevention and Emergency Medical Services

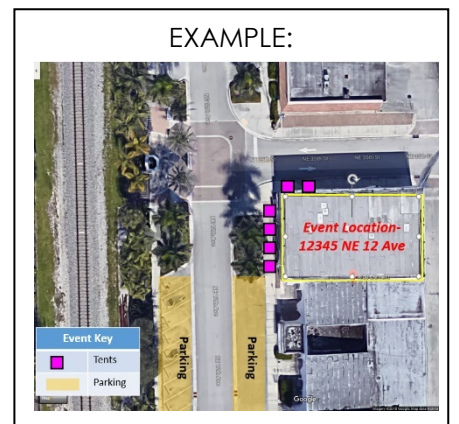
Fire Rescue may need to inspect your event or provide services based on your Building Permit, expected attendance and other risk factors such as alcohol, time, day, location, event type or weather.

On-site Contact: Name _____ Phone _____

Applicant Initials _____ Staff Initials _____

PART V: EVENT SITE PLAN & NARRATIVE

1. ALL events - **Event Site Plan & Narrative** – show stages, restrooms, fencing, tents etc.
2. Closed Roads - **Maintenance of Traffic Plan** – show barricades, directions, cones, etc.
3. Security needs – **Security Plan** – detail how event coordinator will manage security.



Notes:

PART VI: APPLICANT'S ACCEPTANCE

The information I have provided on this application is true and complete to the best of my knowledge. I understand that approval of this event is contingent upon review and approval of all City Disciplines and the City Manager's Office.

To the fullest extent of the law, I agree to defend, pay on behalf of, indemnify, and hold harmless, the City of Oakland Park, its elected officials, employees, volunteers, and others working on behalf of the City of Oakland Park against any and all claims, demands, suits, or loss including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from the City of Oakland Park, its elected officials, employees, volunteers, or others working on behalf of the City of Oakland Park, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this Special Event Permit. Furthermore, I agree to be responsible for any fees relating to damage of public property incurred by the Special Event which are detailed in a written report provided to the Special Event Applicant no later than seven (7) days after the event.

(Please initial)

_____ **No advertising for this event of any kind shall be permitted** until an approved Special Event Permit has been issued by the City of Oakland Park. Failure to adhere to this will result in the denial of the permit.

_____ **Off-site signage** such as banners, snipe signs or postings are not permitted. Failure to adhere to this will result in the denial of the permit.

Signature of Special Event Permit Applicant

Date

Notary as to Special Event Permit Applicant

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

By _____, who is personally known to me, or, if not, produced the following

form of identification: _____.

NOTARY PUBLIC

Sign: _____

My Commission Expires: _____

Print: _____

My Commission Number: _____

PART VI: SUBMISSION

Email application and plans at least 30 days before your planned event to: brian.collier@oaklandparkfl.gov

Include these plans with application for:

1. ALL events - **Event Site Plan & Narrative** – show stages, restrooms, fencing, tents, etc.
2. Closed Roads - **Maintenance of Traffic Plan** – show barricades, directions, cones, etc.
3. Security needs – **Security Plan** – detail how event coordinator will manage security.

In-person application and fee drop off:

payable to (**City of Oakland Park**)

to: Parks and Leisure Services

3650 NE 12 Avenue, Oakland Park, FL 33334

Questions? (954) 630-4507

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

APPLICATION DATE SHALL BE DEEMED TO BE ON THE DATE ON WHICH
ALL REQUIRED DOCUMENTS HAVE BEEN SUBMITTED.

APPLICATION SUBMITTAL DATE: _____

APPLICATION ACCEPTED BY: _____

NON-REFUNDABLE APPLICATION FEE: _____

SPECIAL EVENT PRE-MEETING DATE/TIME/ZOOM: _____

MEETING NOTES: _____

