



Special Event Application

For Events on City Property

Application Fee: No Fee

Pursuant to the Unified Land Development Code, Section 53-265

Fill in the information below, and submit, along with the necessary attachments, to the City of North Port Parks & Recreation Department, 6207 W. Price Blvd, North Port, Florida, 34291, at least thirty (30) days prior to the event date. Please note, this application does not supersede any current contract agreements. For questions or additional information please visit <https://www.northportfl.gov/government/city-services/planning-zoning/special-events-temporary-uses>.

Completed applications can be delivered to the Morgan Family Community Center (6201 W. Price Blvd.) or emailed to specialevents@northportfl.gov

Date Application Received: _____ Accepted by: _____ Event No: SPE _____ = _____

Was Application Complete? Yes No If No, Date complete application was received _____

Application is: Approved Denied Reason for Denial: _____

CITY OF NORTH PORT STAFF ONLY

Event Information

Name of Event: _____ Event Type: _____

Date(s) of Event: _____

Set Up Time: _____ Event Time: _____ Departure Time: _____

Location: _____ Address: _____

Expected Total Attendance: _____ Peak Attendance: _____ Anticipated Peak Hours: _____

Applicant

Applicant Name/Organizer: _____ Non-Profit: Yes No (If yes, Attach 501c3 Certificate)

Phone: _____ Email: _____

Event Point of Contact (POC): _____ POC Phone #: _____ POC Email: _____

Accessibility Coordinator (AC): _____ AC Phone# _____ AC Email: _____

Did you know, you may be eligible for financial assistance for your event through the Special Event Assistance Program. Awards are applied directly to the actual costs of city resources/fees. For further information concerning the program guidelines and how to apply visit the City of North Port website at www.northportfl.gov or call the Parks & Recreation Department at (941)429-PARK (7275) for more information.

Event Items

Numbers Correspond to the Standards in the Special Event Manual

Check all that apply and include these items in your event narrative and on the site plan

NO YES

Is your event taking place on city property? If yes, include copy of rental agreement

Were you granted assistance through the Special Event Assistance Program? If yes, attach the award letter with the funding amount.

Is this an annual event?

Any means whereby alcohol is sold whether for cash or using tokens having identifiable cash value and or raffle tickets and redeeming them in exchange for alcohol constitutes a sale.

Is alcohol being sold? ***3***
 If yes, an approved Temporary Permit or Special Sales Licenses from Division of Alcohol, Beverages, and Tobacco, must be submitted with this application.
 If yes, a Certificate of Liquor Liability Insurance for \$1,000,000 naming the City of North Port as additional Insured and Certificate Holder, must be submitted with this application.

Is alcohol being consumed not sold? ***3***
 If yes, a Certificate of Liquor Liability Insurance for \$1,000,000 naming the City of North Port as additional Insured and Certificate Holder, must be submitted with this application.

Will there be live Animals at the event? ***10***
 If yes, Certificate of Liability Insurance covering all live animals with City of North Port listed as additional insured and Certificate Holder, must be submitted with this application

Will there be Food/Cooking ***11,13***
 If yes, all food vendors must comply with the Department of Business and Professional Regulations (DBPR) requirements.
 If yes, Fire Inspection may be required. Applicant must contact Fire Prevention Division of North Port Fire Rescue at (941) 240-8150 at least 15days prior to the event date. A fee of \$75.00 is charged for each fire & life safety inspection.

Will there be fireworks at the event? ***9***
 If yes, an approved Fireworks Permit is required with submission of application

Will there be bounce houses?
 If yes, a Certificate of Liability Insurance from the owner/operator naming the City of North Port as additional Insured and Certificate Holder, must be submitted with this application.

Will there be carnival rides?
 If yes, a Certificate of Liability Insurance from the owner/operator naming the City of North Port as additional Insured and Certificate Holder, must be submitted with this application.

Are EMS (Emergency Medical Services) being requested?

Will there be any offsite parking? ***6***

Event Items

(Continued)

Numbers Correspond to the Standards in the Special Event Manual

Check all that apply and include these items in your event narrative and on the site plan

NO YES

Will there be any shuttle service provided? ***6***

Will there be any charge for parking? ***6***

Will there be any road/sidewalk closures or traffic control ***14***

If yes, an approved Temporary Traffic Control Plan (TTCP) must be submitted with this application. Contact Public Works Engineering Division for Temporary Traffic Control Plan (TTCP) approval at (941) 240 8050.

Will the event require the rerouting of SCAT buses, especially on City property? ***14***

If yes, applicant must notify SCAT of any changes in routes needed. Proof of notification must be submitted with this application.

Will tents be erected? (If yes, quantity _____ and show placement on site plan) Size _____X_____

If yes, an All-Clear Ticket from Sunshine State One call for digging holes to check for utilities is required. (Standard 10 x 10 do not need this) Please call 1-800-432-4770 or 811 and submit all clear ticket with this application. Any damage sustained to underground equipment is at sole risk and responsibility of the applicant.

Will generators be used? (If yes, quantity _____ and show placement on site plan)

Will loudspeakers be used? ***4***

All sound amplification or potential noise must be directed away from any surrounding residential areas.

Will the event include outdoor music? ***4***

All sound amplification or potential noise must be directed away from any surrounding residential areas.

Will restroom facilities be available? ***8***

Quantity of permanent restroom facilities available within rented space: _____

Quantity of portable toilets being provided by organizer: _____

Quantity of hand washing stations being provided by organizer:

(_____ Hot/Cold _____ Cold only _____ Hot Only)

As determined by the Sarasota County Health Department (941-861-861-6133)

Please Note:

Portalet accommodations will need to be made for City Center Front Green reservations as access to the George Mullen Activity Center may not be available.

Will trash and recycling containers that will be onsite. ***12***

Quantity of trash containers _____

Quantity of recycling containers _____

Please coordinate rental of waste containers and recycling bins along with drop off and pick-up with the Solid Waste Division of the Department of Public Works (941-240-8050).

Application Checklist

Before Submitting application, please verify that application checklist is complete, and all supporting documents are attached.

Please attach the following with the special event application

1. Narrative:

Describe in detail the nature of event

2. Insurance Requirements:

Recipients are required to obtain and maintain commercial general liability insurance in the amount of \$300,000 each occurrence, \$600,000 general aggregate, naming the City of North Port as an additional insured on the COMPREHENSIVE GENERAL LIABILITY POLICY. If additional insurance limits are required, the City of North Port Risk Management Division will determine the limits based on the risk potential.

3. Site Plan:

Detail dimensions, location of all structures, seating, tents, cooking areas, stages, generators, booth, vendors, games, toilet facilities, fire hydrants, ingress & egress patterns, emergency vehicle access, parking areas, waste containers, recycling bins, day of signage, first aid area, alcoholic beverage distribution locations, etc. Include designated handicap accessible parking and accommodations. All site plans must also include an accessible route to comply with ADA for the event.

Additional Information

This event may require public safety personnel. The need for, and the number of, Fire-Rescue and Law Enforcement personnel shall be at the sole discretion of those agencies. Public safety personnel shall be hired from the City of North Port Fire Rescue District and/or the City of North Port Police Department staff. The costs associated with this service shall be borne by the event applicant/organizer. This does not preclude the event applicant/organizer from hiring additional on-site security. For other helpful information, please refer to the Special Events Handbook and frequently Asked Questions (FAQ).

1. If the special event takes place on city property, it is the responsibility of the applicant/event organizer to leave the grounds and or property in the same condition it was found. This includes any cleanup after the event.
2. Applicant/Event Organizer understands that additional costs may incur, which include but are not limited, to the additional use of city personnel, services and or equipment not otherwise specified on the special event permit. This would include any damages to city owned property and or equipment if event takes place on city property. _____
3. If additional costs are incurred, the event applicant/organizer shall be billed for such costs and **shall be responsible for payment.**

I have read the above and understand that I am responsible for any additional charges which include but are not limited to the use of city personnel, services or equipment that may be necessary for the special event and such charges shall be billed to me. In addition, all the information provided on this application is true and correct to the best of my knowledge.

Signed by Applicant/Event Organizer

Date

Print Name



Permit Applicant Release, Waiver, and Indemnification Acknowledgment

In consideration of the City of North Port, Florida ("City") issuing Special Event or Temporary Use Permit Number _____ ("Permit") to Applicant for the below-described permitted activity, Applicant hereby agrees as follows:

I, _____ ("Applicant"), for myself, my heirs, and personal representatives, and as authorized representative of and/or as the Event Sponsor, hereby assume all liability, risks, injuries and hazards to myself, and all directors, officers, members, employees, partners, subcontractors, volunteers, and participants, invitees, and guests (collectively the "Participants") resulting from participation in the permitted activity, and agree to be fully liable for the actions of all Participants and agents of each of them, incidental to, or as a result of, participation in and/or performance of the following permitted activity: _____, taking place on the following date(s): _____.

This Release, Waiver, and Indemnification is given as consideration for the City issuing the above-identified Permit and in further consideration of the City not requiring self-funded liability insurance coverage from Applicant as a condition precedent to issuance of the Permit. The City, in its sole discretion, reserves the right to require that Applicant obtain additional insurance. Applicant freely and voluntarily assumes all risk of loss or injury arising from the permitted activity, whether due to Applicant's negligence or the negligence or intentional acts of Participants or others. Applicant acknowledges that, absent this Release, Waiver, and Indemnification, the City would not issue the Permit because of unacceptable exposure to civil liability claims or the expense of providing an experience that is risk-free. Applicant has read and understands this document and signs it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which Applicant and/or Participants might otherwise be entitled if Applicant and/or a Participant is hurt or suffers loss during participation in the permitted activity. Applicant understands that this Release, Waiver, and Indemnification is continuing in nature and applies to all incidents that may occur during the permitted activity.

Applicant acknowledges the fact that the permitted activity may have or involve distinct or inherent risks of physical injury or possibly even death, and physical contact or other conditions or factual circumstances where physical or other injuries may occur, due to its nature.

I HEREBY WAIVE, RELEASE, AND AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS, THE CITY, ITS COMMISSIONERS, OFFICERS, AGENTS, AND EMPLOYEES FROM ANY CLAIM, DEMAND, LIABILITY, COST, SUIT, JUDGMENTS, DAMAGES, CHARGES OR COMPENSATION FOR LOSS OR INJURY OF ANY KIND (INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEYS' FEES AND COURT COSTS, WHETHER SUCH FEES AND COSTS ARE INCURRED IN NEGOTIATIONS, AT THE TRIAL LEVEL OR ON APPEAL, OR IN THE COLLECTION OF ATTORNEYS' FEES), ARISING OUT OF A LOSS OR

AN INJURY, INCLUDING LOSSES OR INJURIES ARISING FROM ANY ACTS, ACTIONS, INACTIONS, OR NEGLIGENCE OF THE CITY, ITS COMMISSIONERS, OFFICERS, AGENTS, OR EMPLOYEES FROM MY AND/OR A PARTICIPANT'S PARTICIPATION IN THE PERMITTED ACTIVITY. I ACKNOWLEDGE THAT THE CITY WILL NOT ASSUME ANY COSTS RELATING TO ANY INJURY THAT OCCURS TO MYSELF OR A PARTICIPANT OF THE PERMITTED ACTIVITY. NOTHING HEREIN SHALL CONSTITUTE A WAIVER OF SOVEREIGN IMMUNITY OR CONSENT BY THE CITY OR ITS SUBDIVISIONS TO A SUIT BY THIRD PARTIES.

Applicant agrees to obey without hesitation, and will instruct all Participants to obey without hesitation, all directives and instructions of the City's Risk Management Coordinator while participating in the permitted activity.

**** YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT. BY SIGNING THIS DOCUMENT, YOU ARE AGREEING TO ITS TERMS AND STATING THAT YOU HAVE CAREFULLY READ AND FULLY UNDERSTAND THE ABOVE, AND ARE SIGNING BY YOUR OWN FREE ACT. ****

Applicant/Event Sponsor Signature

Applicant/Event Sponsor Name

Date Signed

Applicant/Event Sponsor Title

Phone Number

Email

Date Accepted by City