



CITY OF PLANT CITY
SPECIAL EVENT PERMIT APPLICATION

SPONSORING ORGANIZATION: _____

ORGANIZATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT NAME: _____ PHONE: (____) _____

APPLICANT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

TITLE / PURPOSE OF EVENT: _____

TYPE OF ACTIVITIES: _____

(Please attach an outline, summary or flyer for the event, detailing the activities to be offered.)

EVENT LOCATION(S): _____

(Fees may apply for some facilities and services. See Policies page.)

EVENT DATES: _____ START TIME: _____ END TIME: _____

(Please allow for set-up time and clean-up time.)

EVENT SPECIAL REQUESTS: _____

ANTICIPATED TOTAL ATTENDANCE: ___ LESS THAN 100 ___ BETWEEN 100 AND 249 ___ 250 OR MORE

SALE OF GOODS, PRODUCTS, SERVICES, FOOD, BEVERAGES? ___ YES ___ NO

USE OF AUXILIARY POWER (EXCEPT ONE INFLATABLE PLAY APPARATUS) OR AVIATION EQUIPMENT? ___ YES ___ NO

IS THE SPONSORING ORGANIZATION A NON-PROFIT / CHURCH? (DOCUMENTATION REQUIRED) ___ YES ___ NO

IF NON-PROFIT / CHURCH, PROVIDE I.R.S. ISSUED F.E.I. NUMBER: _____

I, as applicant for the above named event, agree to the provisions of the Ordinances, specifications and regulations of the City of Plant City, including but not limited to Plant City Code, Section 10-2 and Chapter 50 (see Policies page) and to any special conditions, restrictions and regulations of the City of Plant City.

I agree to indemnify, hold harmless and defend the City of Plant City from any and all actions, causes of action, claims, suits or judgments whatsoever, in connection with any loss, costs or expenses, including attorney's fees, resulting from injury or death of any person or persons and loss of, or damage to, property caused by or resulting from, or in any way associated with, the proposed event.

I certify that I am the duly authorized agent for the purpose of this application and that the above statements are true and correct to the best of my knowledge.

SIGNED: _____ DATE: _____



STAFF USE ONLY

Table with columns: APPROVE, DENY, N/A, SIGNATURE, DATE. Rows include: RECOMMENDATION FOR CIRCULATION, RECREATION & PARKS, POLICE, FIRE RESCUE, TRAFFIC, SANITATION, ASSISTANT CITY MANAGER, CITY MANAGER.

STAFF SPECIAL CONDITIONS: _____