



## APPLICATION CHECKLIST:

**Please provide the following completed items to the special events department with a minimum of 90 days in advance. Any application that is received without the required documents will be considered incomplete and returned to sponsor until all items can be provided.**

Special events application filled out in its entirety

Map of the footprint of the event, with vendors and set up clearly demonstrated

\$50 application fee

**In order to qualify for non-profit rates and tax exemption- the following must be provided:**

- *Proof of registration as a non-profit corporation with the Florida department of State, Division of Corporation*
- *Proof of registration as a charity with the Florida Department of Agriculture and Consumer Affairs*
- *Florida Department of Revenue- Consumer's Certification of Exemption*

**If we do not receive the documentation, events will be charged tax and the for-profit rate.**

## PLEASE NOTE:

- ▶ *All application fees must be in the form of cash (exact change only), money order or check payable to the City of Sarasota.*
- ▶ *All changes are subject to approval- **no changes to be made less than 14 days prior to the event.***
- ▶ *Special Event applications that are received **less than 90 days prior to the event date** will be subject to the following late fees:*
  - ▶ *\$250 - Special Event application received 89 to 60 days prior to the event*
  - ▶ *\$500 - Special Event application received 59 to 30 days prior to the event\**



# SPECIAL EVENTS APPLICATION

## EVENT OVERVIEW

Name of Event: \_\_\_\_\_ Estimated Total Attendance: \_\_\_\_\_

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

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

Set-up Date (If different from event): \_\_\_\_\_ Set-up Hours: \_\_\_\_\_

Tear-down Date (If different from event): \_\_\_\_\_ Tear-down Hours: \_\_\_\_\_

Type of Event:    Art/Food Festival    Block Party    Celebration    Concert    Fireworks    Parade

Private Event    Walk/Run    Other: \_\_\_\_\_

Event Description: \_\_\_\_\_

\_\_\_\_\_

Will streets need to be closed?    Yes    No    If yes, hours of closure: \_\_\_\_\_

Streets to be closed (include cross streets): \_\_\_\_\_

\_\_\_\_\_

## CONTACT INFORMATION

Sponsor Name: \_\_\_\_\_

Sponsor Phone Number: \_\_\_\_\_

Sponsor Email: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

On-Site Contact Name: \_\_\_\_\_ On-Site Cell #: \_\_\_\_\_

**IF FAIR OR CARNIVAL RIDES WILL BE PRESENT AT THE EVENT, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Carnival Operator: \_\_\_\_\_ On-Site Contact Name: \_\_\_\_\_

On-Site Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License of Operation Information: \_\_\_\_\_

**IF A PROMOTER, EVENT ORGANIZER, OR SUBCONTRACTOR IS RESPONSIBLE FOR MANAGING THE EVENT,  
PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Promoter Name: \_\_\_\_\_ On-Site Contact Name: \_\_\_\_\_

On-Site Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



# SPECIAL EVENTS APPLICATION

## EVENT DETAILS

Are you serving/selling food at your event?    Yes    No    If yes, how many expected vendors? \_\_\_\_\_

Are you serving/selling alcohol at your event?    Yes    No    If yes, how many expected serving locations? \_\_\_\_\_

Are you selling merchandise at your event?    Yes    No    If yes, how many expected vendors? \_\_\_\_\_

Will there be tents?    Yes    No    If yes, what size? \_\_\_\_\_

Will there be a stage?    Yes    No    If yes, what size? \_\_\_\_\_

Will animals be featured as part of the event?    Yes    No

If yes, what type of animal(s)? \_\_\_\_\_

Will your event have a rock wall, bounce house, or similar recreational amenity?    Yes    No

Will there be a fee to enter the event?    Yes    No

Will there be private security for the event?    Yes    No

Will there be a pyrotechnic display?    Yes    No

*(If yes, notification to SRQ /Manatee Airport is required)*

Will amplified sound, music, or a public-address system be used?    Yes    No

*(If yes, please complete a sound permit.)*

## EVENT SERVICES:

*Will the following be dispensed/activities take place?*

Street Closure    Yes    No    City Electricity    Yes    No    EMS (Paramedics)\*\*    Yes    No

*\*with M.O.T.*

Traffic Restrictions (Walks/Runs)    Yes    No    Generators\*\*    Yes    No    Fire Department\*\*    Yes    No

Sidewalk / Other ROW Usage:    Yes    No    Cooking Equipment\*\*    Yes    No    On-site Restrooms\*\*    Yes    No

*Number of Restrooms: \_\_\_\_\_*

Barricades\*\*    Yes    No    Traffic Control    Yes    No    Portable Restrooms\*\*    Yes    No

*Number of Portable Restrooms: \_\_\_\_\_*

City Trash Containers    Yes    No    City Recycle Bins    Yes    No    Water / Sewer    Yes    No

*If yes, how many? \_\_\_\_\_*

*If yes, how many? \_\_\_\_\_*

Signs, Posters, Banners    Yes    No    Public Parking Lot    Yes    No    Valet Services    Yes    No

**\*\*NOT provided by the City**



## AGREEMENT

The undersigned, in consideration of being granted this Special Event Request, hereby covenants and agrees to indemnify and hold harmless the City of Sarasota and all of its Officers and Agents from any and all liabilities, claims, actions, suits or demands by any person, firm, or corporation for injuries, death, or property damage arising out of or in connection with this special event. Exhibit A is attached hereto, if applicable, and incorporated herein by reference. Map/diagram is attached hereto and incorporated herein by reference. The undersigned shall satisfy all governmental requirements for this event; shall be responsible for obtaining any and all necessary permits for this event from City, County, State, or Federal departments and shall make all arrangements directly with such departments; shall pay any fees or charges in connection with this special event; shall remove all structures, trash, or other evidence of the event when this permit expires; must provide name(s) of contractor(s) and telephone number(s) in writing for all contracted services prior to approval; and further agrees that such event and actions (s) of the event sponsor, including not limited to promoters, agents, subcontractors, and organizers engaged by and in partnership with the event sponsor, shall be in accordance with all City or County ordinances and State or Federal statutes including but not limited to, Title VII of the Civil Rights Act of 1964; the Florida Civil Rights Act; The American with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008.

**Sponsor:** \_\_\_\_\_

**By:** \_\_\_\_\_  

Applicant Signature	Title (if applicable)	Date
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**Insurance Policy Holder (if other than sponsor):** \_\_\_\_\_

**By:** \_\_\_\_\_  

Applicant Signature	Title (if applicable)	Date
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**Event Promoter (if other than sponsor):** \_\_\_\_\_

**By:** \_\_\_\_\_  

Applicant Signature	Title (if applicable)	Date
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*\*NOTE: The following must be provided at least 60 days prior to the event: Certificate of Insurance and Insurance Policy Declaration page (or equivalent documentation) listing the "City of Sarasota", 1565 1st Street, Sarasota, FL 34236, as "Certificate Holder" and "Additional Insured", including the name and date(s) of the event and its location. The minimum insurance coverage required is as follows:*

Public Liability	\$1,000,000 each occurrence / \$2,000,000 general aggregate (required)
Property Damage	\$ 100,000 per occurrence (required)
Liquor Liability	\$1,000,000 per occurrence (if applicable)
Pyrotechnic Liability	\$1,000,000 per occurrence (if applicable)

**Please return this form to:** City of Sarasota  
 Office of Special Events  
 801 N. Tamiami Trail  
 Sarasota, Florida 34236

**(OFFICE USE ONLY)**

<p><b>Approved:</b></p> <p>_____</p> <p style="text-align: center;">Department Manager</p> <p>_____</p> <p style="text-align: center;">Department Head</p>	<p><b>Denied:</b></p> <p>_____</p> <p style="text-align: center;">Date</p> <p>_____</p> <p style="text-align: center;">Date</p>
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