CITY OF DELRAY BEACH Parks and Recreation Department



APPLICATION FOR SPECIAL EVENT

Submittal of this application does not guarantee approval for the event.

Please make sure that you fill out this application completely. Do not forget to include a check for \$150.00 (nonrefundable application fee) payable to the City of Delray Beach.

Applicant Information						
Applicant:	Support For Childrenin Website					
Address:	Organization/Corporation					
	Street Address Apartment/Unit # DERAY BEACH FC 33483					
	City State Zip 561-2165-3269 Email: Stc/oud 334458 14400.					
Phone:	Email: 270/0000 Cert Com					
Event Producer:	First Last Cell Cell Phone: 561-634-1748					
Type of Eve	ent (check event type and circle organization type):					
	rcial (For-Profit/Non-Profit) 🛛 Community (For-Profit/Non-Profit) 🛛 Athletic (For-Profit/Non-Profit)					
SUNBIZ #	Please submit IRS non-profit letter with application.					
	Event Information					
Event Name						
Request Ev	vent Location: O/d SCHOOL SQUARC					
	ription: BACK PACIES ONE AWAN / SCHOOLSUPPLIES					
A CONTRACT	EVENT DATE DAY OF WEEK START TIME END TIME					
DAY 1	8/10/2024 SATURDAN 10:AM 110M					
DAY 2						
DAY 3						
DATS						
Set-up will b	begin on: 8/10/24 at SATURAMIB: AMIPM					
Breakdown	will be completed by: 8/10/24 (at) 10.30 AM PM					
	Date Time					

	Event Details	
Attendance Estimates: 500 Total Event Attendance: 500	Daily Attendance:	
Is this an Annual Event?	Yes 🗆 No	
If yes, # of Years Held: _/OIf yes	, # of Years Held in Delray Beach:_	Last Held:
Is this event produced in other cities:	🗌 Yes 🗌 No	
If yes, please list what cities:		
Is the event open to the public?	🛱 Yes 🗆 No	
Is there an Admission Fee/Ticket Fee? If yes, provide fees/ticket prices: Adult	Yes Yes Yo Yo General Admission:	_Senior: \$Child: \$
Is fencing to be used (i.e. gated event)?	🗆 Yes 🔽 No	
ROAD CLOSURES		
Will your event require road closures?	Yes A No	
If YES, please describe the streets and i	ntersection you are requesting to be	e closed
STREET/INTERSECTION	CLOSURE	RE-OPEN OF ROAD
	Date / Time	Date / Time
Example: SW 9 th Ave from SW 1 st St to Atlantic Ave.	Nov 21, 2021 / 7:00am	Nov 21, 2021 / 4:00pm
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GENERAL EVENT COMPONENTS WHICH MAY REQUIRE A TEMP USE PERMIT/WAIVER

General Event Components which may require a Temporary Permit or Code/LDR waiver (please select all that may apply and add others as needed)

Alcohol (113.02)

- Live Music /Amplified Music / Sounds (99.03(a)/99.05)
- □ Animals (101.27/LDR 2.4.6(f)(8))
- Merchandise Vendors (118.04/110.15)

Cooking on Site/Open Flame (96.04)

- □ Offsite Parking (4.6.9(5)(b)) & (2.4.6. (F)(7) (2.4.6.(3)(e))
- Fireworks (99.05/101.20/96.25)
- Food Trucks (120.01(c))
- Signs & Banners (LDR 4.6.7(F)

Road Closure (F.S. Chapter 316 & 318)

Amusement Games/Rides/Carnival (including inflatables/climbing walls, etc.) (LDR2.4.6(f)(1))

Please note that if approved, Amusement Rides must be inspected on-site after installation by the Florida Department of Agriculture and Consumer Services (FDACS) and a copy of the temporary amusement ride inspection letter must be provided to the City.

□ Other _____

Tents: Yes I No If yes, how many total tents? Size of tents:
Please note that a tent permit is required for any tent that is over 10'x10'. Tent Permits are available through the City of Delray Beach Building Department and may take up to 30 days to process.
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. License holder must provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insured.)
Onsite Cooking: Please specify method: (Fire Marshal inspections are required) Gas/Compressed Gas Electric Fryers
Name of grease removal contractor:Date & time of pickup at end of event:
Fireworks / Pyrotechnics: If yes, specify exact location on the site map of the pyrotechnics will be set-up and fall zone. (<i>City Commission approval is required.</i>)
Food and Beverage Vendors: (Health Department approval required along with City Business Tax Receipt or Vendor License. Full list will be required prior to event. Each vendor must provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insure
Food Trucks: If yes, number of food trucks (Food trucks must have current Florida and Health Department permits and inspections and provide Certificate of Insurance listicity of Delray Beach as Certificate Holder and Additional Insured.)
Live Performances & Music: Yes INO 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.
Merchandise Vendors: (City Business Tax Receipt or Vendor License required. Each vendor must provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insured.)
Performance Platform (30" high or less): If yes, number of platforms:(An additional stage permit may be required for anything over 30")
Portable Toilets: If yes, how many? Vendor providing service? (Note locations on submitted site map)
Use of Onsite City Restrooms during event: If yes, location of requested restrooms & times being used: (Please note that an additional cost may be incurred for use of City Restrooms which require an attendant.)
Roadway Signage/Pole Banners:
Trash Boxes & Bags: Yes I No If yes, the City will determine number needed / staffing.
Access to City Power: Yes 🗆 No If yes, where:

EVENT PURPOSE & COMMUNITY BENEFITS

Event Purpose and Community/Public Benefits: Describe the purpose of the event, how the event may meet local community needs, provide community benefits/promote community welfare, stimulate broad economic or cultural activities within a neighborhood or the Central Business District, and/or help build a sense of community. IS to bongte BACK PACKS & SCH chideen that Ale 10 SITE MAP, PARKING PLAN, & SUSTAINABLE PRACTICES Please attach a clear and detailed map depicting your event site set-up and include start/finish lines, a. stages, performance platforms, portable toilets, tents, vendors, food trucks, activities, first aid stations, emergency access points, etc. Also include: X Yes □ No (If yes, please indicate locations on site map) Parking Plan for Attendees, Vendors, etc.: **V**Yes **Use of City Owned-Metered Parking Spaces:** If yes, indicated how many and locations. (City fees and charges will be incurred with this request.) Are Valet Parking Services being Used? indicate the name of the service provider.) Trash Removal Plan to be determined by the City based on each event. (Please initial here) Per City of Delray Beach Ordinance 10-19, plastic straws are banned. Single-use plastics, including Styrofoam, are discouraged. This includes plastic cups, plates, and utensils. Please address locations for recycling and composting.

APPLICATION CHECK LIST & DEADLINES

To ensure timely processing of your event application, the following must be submitted at time of application. Please ensure that you have included	Event Permit Type	Deadline to Submit Application (doys prior to event date)	SEQ/SETAC Processing Time (days prior to event date)	Approvel Authority
all the following items with your application:	Commercial Event (For- Profit/Non-Profit)	90	60	Oty Commission with SEO and SETAC
Completed Application	Community Event (For- Profit/Non-Profit)	90	60	recommendation SEO with SETAC recommendation
D Site Map	Athletic Event (For- Profit/Non-Profit)	45	30	SEO with SETAC recommendation

Non-Refundable \$150.00 Applicable Fee

Signature

I certify that I have read the City of Delray Beach Special Events Policy and Guide 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.

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

Signature:

Date

