CITY OF DELRAY BEACH
Parks and Recreation Department

50 NW 1st AVENUE, DELRAY BEACH, FLORIDA 33444

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 (non-refundable application fee) payable to the City of Delray Beach.**

Applicant Information

Applicant: _____   Website: _____
Organization/Corporation

Address: _____
Street Address   *Apartment/Unit #*

_____
City   *State*   *Zip*

Phone: _____   Email: _____

Event
Producer: _____   Cell Phone: _____
First   *Last*

Type of Event (**check** event type and **circle** organization type):

☐ Commercial (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/Title: _____

Request Event Location: _____

Event Description: _____

	EVENT DATE	DAY OF WEEK	START TIME	END TIME
DAY 1				
DAY 2				
DAY 3				

Set-up will begin on: _____ at _____ AM / PM
                              Date   *Time*

Breakdown will be completed by: _____ at _____ AM / PM
                                          Date   *Time*

1

Event Details

Attendance Estimates:
Total Event Attendance: _____ Daily Attendance: _____ Peak Hourly Attendance: _____

Is this an Annual Event? ☐ Yes ☐ No

If yes, # of Years Held: _____ If 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? ☐ Yes ☐ No
If yes, provide fees/ticket prices: Adult/General Admission: $_____ Senior: $_____ Child: $_____

Is fencing to be used (i.e. gated event)? ☐ Yes ☐ No

ROAD CLOSURES

Will your event require road closures? ☐ Yes ☐ No

If YES, please describe the streets and intersection you are requesting to be closed

STREET/INTERSECTION	CLOSURE	RE-OPEN OF ROAD
	Date / Time	Date / Time
Example: SW 9th Ave from SW 1st St to Atlantic Ave.	*Nov 21, 2021 / 7:00am*	*Nov 21, 2021 / 4:00pm*
	/	/
	/	/

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

☐ Food Trucks (120.01(c))   ☐ Signs & Banners (LDR 4.6.7(F)

☐ Amusement Games/Rides/Carnival (including inflatables/climbing walls, etc.) (LDR 2.4.6(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   ☐ 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: ☐ Yes   ☐ No
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: ☐ Yes   ☐ No
If yes, specify exact location on the site map of the pyrotechnics will be set-up and fall zone. *(City Commission approval is required.)*

Food and Beverage Vendors: ☐ Yes ☐ No If yes, number of vendors anticipated at event: _____
(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 Insured.)

Food Trucks: ☐ Yes   ☐ No   If yes, number of food trucks _____
(Food trucks must have current Florida and Health Department permits and inspections and provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insured.)

Live Performances & Music: ☐ Yes   ☐ No
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: ☐ Yes   ☐ No   If yes, number of vendors anticipated at the event: _____
(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):   ☐ Yes   ☐ No
If yes, number of platforms:_____ *(An additional stage permit may be required for anything over 30")*

Portable Toilets: ☐ Yes   ☐ No
If yes, how many?_____ Vendor providing service? _____ *(Note locations on submitted site map)*

Use of Onsite City Restrooms during event: ☐ Yes   ☐ No
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: ☐ Yes   ☐ No (*City fees and charges will be incurred with this request*).

Trash Boxes & Bags: ☐ Yes   ☐ 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.

_____
_____
_____

EVENT SITE MAP, PARKING PLAN, & SUSTAINABLE PRACTICES

- **Please attach a <u>clear and detailed map</u> depicting your event site set-up and include start/finish lines, stages, performance platforms, portable toilets, tents, vendors, food trucks, activities, first aid stations, emergency access points, etc. Also include:**

Parking Plan for Attendees, Vendors, etc.: ☐ Yes ☐ No (*If yes, please indicate locations on site map*)

Use of City Owned-Metered Parking Spaces: ☐ Yes ☐ No
If yes, indicated how many and locations. (*City fees and charges will be incurred with this request.*)

_____

Are Valet Parking Services being Used? ☐ Yes ☐ No (If yes, indicate Valet location on site map and
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, <u>plastic straws are banned.</u> 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 all the following items with your application:

☐ Completed Application

☐ Site Map

☐ Non-Refundable $150.00 Applicable Fee

☐ Detailed COVID-19 Safety Plan

Event Permit Type	Deadline to Submit Application *(days prior to event date)*	SEO/SETAC Processing Time *(days prior to event date)*	Approval Authority
Commercial Event (For-Profit/Non-Profit)	90	60	City Commission with SEO and SETAC recommendation
Community Event (For-Profit/Non-Profit)	90	60	SEO with SETAC recommendation
Athletic Event (For-Profit/Non-Profit)	45	30	SEO with SETAC recommendation

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.
_____(Please initial here)

Signature: _____ Date:_____