

APPLICATION FOR SPECIAL EVENT HOSTED ON PUBLIC PROPERTY

Please make sure that you fill this application out completely. Do not forget to include a check for \$50.00. Make the check payable to: The City of West Palm Beach. Also include a detailed site plan that shows all temporary structures (tents, restrooms, stages, dumpsters, etc.)

NAME OF THE EVENT: _____

EVENT DATE AND TIME: _____

	DAY	DATE	TIME	BEGIN	END
EVENT DAY 1-	_____	_____	_____	_____	_____

EVENT DAY 2- _____

EVENT DAY 3 - _____

SET-UP FOR THE EVENT WILL BEGIN ON (date) _____ AT (time) _____

BREAK-DOWN WILL BE COMPLETE ON (date) _____ AT (time) _____

ALTERNATE DATE FOR YOUR EVENT: _____

REQUESTED LOCATION FOR THE EVENT: _____

ALTERNATIVE LOCATION FOR THE EVENT: _____

ORGANIZATION PRODUCING THE EVENT:

(Please circle)

FOR PROFIT / NON-PROFIT / GOVERNMENTAL / NEIGHBORHOOD ASSOCIATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

CONTACT PERSON'S NAME: _____

PHONE NUMBER: _____ CELL: _____

PHONE NUMBER YOU WANT THE PUBLIC TO CONTACT FOR MORE INFORMATION:

CONTACT NAME: _____

PHONE NUMBER YOU WANT THE PUBLIC TO CONTACT TO BE A FOOD VENDOR,
ARTIST OR ENTERTAINER: _____

CONTACT NAME: _____

DETAILED DESCRIPTION OF THE EVENT: _____

PURPOSE OF THE EVENT: _____

NO. OF YEARS THIS EVENT HAS TAKEN PLACE IN THE CITY OF WEST PALM
BEACH: _____

IS THE EVENT PRODUCED IN OTHER CITIES? _____

IF YES, WHAT CITIES? _____

GIVE TWO REFERENCES:

NAME: _____ NAME: _____

PHONE #: _____ PHONE # _____

ESTIMATED NUMBER OF PEOPLE YOU EXPECT TO ATTEND YOUR EVENT:

TICKET PRICES (IF APPLICABLE):

Seniors _____ Adults _____ Children _____

HOW WILL THESE REVENUES BE USED?

IF THE PROCEEDS OF THE EVENT ARE INTENDED FOR AN ORGANIZATION OTHER
THAN THE APPLICANT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BENEFITING ORGANIZATION: _____

% OF FUNDS WHICH WILL BE DONATED: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

TERMS OF THE AGREEMENT: _____

ROAD CLOSURE:

WILL YOU REQUIRE ROAD CLOSURE: _____ IF YES, PLEASE DESCRIBE THE STREETS YOU WANT CLOSED AND THE CLOSING AND OPENING DATES/TIMES. ALSO, ATTACH A MAP WHICH SHOWS CROSS STREETS, ETC.
STREETS:

TIME/DATE OF CLOSURE: _____

TIME/DATE OF OPENING: _____

ALCOHOL:

WILL ALCOHOL BE SERVED AT YOUR EVENT? YES _____ NO _____

FOOD:

WILL FOOD BE SERVED AT YOUR EVENT? YES _____ NO _____

MUSIC:

WILL MUSIC BE PROVIDED? YES _____ NO _____

IF YES, WHAT TYPE OF

MUSIC? _____

WHAT TIME? _____

NAME OF SOUND COMPANY? _____

FENCING:

WILL YOU BE FENCING YOUR EVENT? YES _____ NO _____

WILL YOU NEED DUMPSTERS YES _____ NO _____

IF YES, HOW MANY AND WHAT SIZE (4 YD, 6 YD, 8 YD.) ? _____

ELECTRICITY:

WILL YOU BE USING TEMPORARY ELECTRIC? YES _____ NO _____

IF YES, PLEASE NAME THE ELECTRIC COMPANY YOU WILL BE USING:

PHONE NUMBER: _____

(Please note: the electrician that you hire needs to take out a permit with the City.

Telephone number: 561/659.8096.)

POLICE SERVICES:

DO YOU THINK YOU WILL REQUIRE POLICE AT YOUR EVENT? YES _____ NO _____

HOW MANY? _____ DATE: _____ TIME: _____

(Events that serve alcohol, and walks or runs closing road ways are required to hire police.)

EMS SERVICES

DO YOU THINK YOU WILL REQUIRE EMS ON-SITE AT YOUR EVENT?

YES _____ NO _____

HOW MANY? _____ DATE: _____ TIME: _____

WILL YOU BE ERECTING TENTS, STAGEST, TICKET BOOTHS, ETC.?

YES _____ NO _____ IF YES, WHAT IS PLANNED? _____

(Please include these items on your site map.)

WILL YOUR EVENT INCLUDE AMUSEMENT RIDES OR CHILDREN'S GAMES?

YES _____ NO _____ IF YES, WHAT KIND? _____

(All amusement rides must be approved by the State.)

WHAT TYPE OF PROMOTION/ADVERTISING DO YOU HAVE PLANNED FOR YOUR
EVENT? _____

WILL YOU INCLUDE NEWSPAPER? YES _____ NO _____

IF YES, NAME OF NEWSPAPER: _____

WILL YOU INCLUDE IN MAGAZINES? YES _____ NO _____

IF YES, WHICH MAGAZINES? _____

WILL YOU INCLUDE RADIO? YES _____ NO _____

IF YES, NAME OF RADIO STATION(S) _____

WILL YOU INCLUDE TELEVISION? YES _____ NO _____

IF YES, NAME OF TELEVISION STATION(S) _____

PLEASE SIGN HERE TO VERIFY THAT YOU HAVE READ THE ENTIRE EVENT
HANDBOOK: _____

DATE: _____

**PLEASE SEND EVENT APPLICATION,
\$50.00 CHECK AND SITE MAP TO:**

**City of West Palm Beach Parks and Recreation
PO Box 3366
West Palm Beach FL 33402**