### CITY OF APALACHICOLA

## 1 Bay Avenue Apalachicola, Florida 32320-7200

# Special Event Application with Facility Rental Agreement

Applicant Name:
Title of Organization:
Name of Organization:
<u>Is your organization tax exempt</u> : Yes No
If yes, please attach documentation:
<u>Is your organization non-profit:</u> Yes No
If yes, please attach documentation:
Mailing Adress:
Phone:
Fmail:

EVENT:				
lame of Event	<u>t:</u>			
				_
escription of	Event (include purpose);			
				_
				_
				<del>-</del>
veni Orzanizi	ation Web Address:			
_	tion Web Address:			_
Event Date and  Date		Start Time	End Time	_
event Date and	<u>Time:</u>	Start Time	End Time	
Event Date and	<u>Time:</u>	Start Time	End Time	_
Event Date and	<u>Time:</u>	Start Time	End Time	
Event Date and Date	Time:  Day of the Week	Start Time	End Time	
Event Date and Date  Set-Up Date and	Time:  Day of the Week  and Time:			-
Event Date and Date	Time:  Day of the Week	Start Time  Start Time	End Time  End Time	-
Event Date and Date  Date	Time:  Day of the Week  and Time:			

Clean-	$U_{n}$	D	ate:
Cican-	$\cup_{\mathcal{V}}$	$\boldsymbol{\nu}$	aic.

<u>Date</u>	Days of the Week	Start Time	End Time

Estimated Figures)

Attendance Numbers	This Year	<u>Last Year</u>	Max Peak Time
Event Crew			
<u>Participants</u>			
<u>Spectators</u>			

Alcohol: Answer (Yes or No)

Alcohol Served	
Alcohol Sold	
No Alcohol	

<u>Vendors:(Estimated Number)</u>

Food Vendors	
Arts and Crafts	
<u>Educational</u>	
<u>Other</u>	

<u>Special Note:</u> Event promoters are responsible for obtaining copies of all licenses and insurance from each vendor and providing copies to the City prior to the Event. All Vendors must be listed on the Site Plan.

ll electricity be require	ed?		
ocation of lectricity:			
'auinment: (Include things	nuch as souting touts hooths	and trucks arm itams on the Site Man	a)·
<u>quipment. (Include things s</u>	uch as seating, tents, booths,	and trucks, any items on the Site Map	<u>)):</u>
Entertainment: (Bands, L	DJ's, Dancers, Clowns, e	etc)	
Description/Name of	OJ's, Dancers, Clowns, e	etc) End Time	
Description/Name of			
<u>Entertainment:</u> (Bands, L Description/Name of Entertainment			
Description/Name of			
Description/Name of			
Description/Name of			

Noise Levels: If applicant wishes to have amplified sound greater than the allowable limits listed in the city code (Sec. 24-72. - Special permits), the location, times and decibel levels requested must be specified on this application. Further information can be found in Ordinance 2022-01, adopted on October 4, 2022. The Current Maximum Allowable Sound Levels are;

60 dBA or 70 dBC between 7:00 AM and 10:00 PM
55 dBA or 65 dBC between 10:00 PM and 7:00 AM
65 dBA or 75 dBC in a commercial area
70 dBA or 80 dBC in an industrial or commercial seafood area

Sound Location	Start Time	End Time	<u>Decibel Level</u>

Security:

Security Needed	<u>Yes</u>	<u>No</u>	Name of Security Provider
<u>Is Security</u>			
<u>provided?</u>			

Portable Restroom: (If needed, fill out chart)

Number of Restrooms Needed	Install Date	Removal Date	Listed on Site Plan
<u>Yes</u>			
<u>No</u>			

<u>Trash Removal</u>: Event holders are responsible for trash removal and must provide their own dumpsters. Please describe your plan:

Dumpsters:(1	If Dumpster ne	eded, fill out t	he following Ch	nart)	
Dumpsters	Number	Sizes	Install Date	Removal	Listed on
Needed	Needed	·		$\overline{Date}$	Site Plan
<u>11000000</u>	110000			Bute	Site I tuit
17					
<u>Yes</u>					
No					
<u> </u>					

### Financials:

Categories	Amount per Unit	Units Needed	Total Amount
<u>Admission</u>			
<u>Charges</u>			
<u>Donations</u>			
<u>Parking</u>			
Registration fees			
<u>In-Kind</u>			
Other Fees			
<u>Total</u>			

Street Closures: (Does the Event Require Street Closure?)

	Begin Closure	End Closure	Begin Date	End Date
<u>Name of</u>	<u>Time</u>	<u>Time</u>		
<u>Streets</u>				

Special Note: A letter must be delivered to all residents that will be directly impacted by a road closure. Please attach the letter along with each resident's address to this application.

Parade: (If Yes please fill out the following chart)

	<del></del>
<u>Parade</u>	Required Details
Time for Assembly	
<u>Parade</u>	
<u>Time Parade</u>	
<u>Starts</u>	
#People in Parade	
#Vehicles in	
<u>Parade</u>	
#of Animals in	
<u>Parade</u>	
#of Floats	
-	
# of Bands	

Site Plan Attached	
Parade Route Map Attached	
*Please list the streets that will be	utilized by the parade:
Runnings/Walking/Biking Event:	
Assembly Time	
Event Start Time	
Event End <u>Time</u>	
Event Location	<u>Yes/No</u>
Event Streets	
Event Sidewalks	
Event Water	
Marina/Dock:	
Location of Dock	
Hours of Use	
<u>Vendors Using the Dock</u>	

<u>Vendors Using the Dock</u>	
Vendors Using the Dock	
Note: Any dock used for the event will ne	eed to remain open to the public during the event.
<u> Additional Facilities</u> : Please list ar	ny additional facilities you plan to use
Pavilion(s)	
<u>Gazebo</u>	
<u>Restrooms</u>	
Parking Lot(s)	
Applicant's Signature	Date
Applicant's Signature	Date

### Site Plan Checklist

Please include the following items on the Site Plan Checklist:

- Food Vendors
- Additional Vendors/sponsors
- Electrical Locations
- Event Equipment
- Portable Restrooms
- Dumpsters
- Street Closures
- Parade Route
- Beer Trucks
- Alcohol Area
- Fencing/Barricks
- Bounce Houses
- Tents
- First Aid
- Command Center
- Carnival
- Any additional items that will be on site for your event.

#### City of Apalachicola Rental Rules and Guidelines

- All Fundraising Events are Prohibited-Any exception must be approved by City Commissioner or Designee and a separate event permit application must be Completed and Approved.
- Alcoholic Beverages and illegal substance are NOT ALLOWED on premises.
- Smoking or use of tobacco in any form is NOT ALLOWED om premises.
- Reserving Party or Parties will be responsible for set up, clean up, and returning the facilities key.
- No Tape, Staples, Hooks, Tacks, or Nails of any Kind are to be used on any walls or doors-Your deposit will not be refunded if there is indication that these items have been attached to the walls or doors
- Facility must be cleaned and locked by 11:00 pm unless prior approval by City Commission or Designee
- Deposit may be partially or fully refunded based on:
  - Inspection and Cleanliness of Premises
  - -Assigned Keys are returned to City the following Business Day. If the key cannot be returned in person, keys must be dropped off located at 1 Bay Avenue. No deposit will be returned if these rules are not followed.

A complete inspection of the premises will be conducted the following business day after the scheduled event.

I have completed read, understand, and agree with the rules and regulations stated above.

Applicant Signature				Date	
City	Official/Title			Date	
	Facility/I	ty of Apalachico Property Renta sted Below Include I	<u>l Agreement</u>		
Property Reques	ted: (Circle your choic	<u>ce)</u>			
6 <sup>th</sup> Street Recreation Center	Riverfront Park	BP Community Center	Holy Family	Lafayette Park	
\$300.00	\$750.00	\$400.00	\$750.00	\$750.00	
Reserve	Reserve	Reserve	Reserve	Reserve	
Individual/Orgar	nization:				
] Individual/Gr	oup [] Non-P	rofit []Gover	rnment Entity		
Mailing Address.	:				
Phone Number: _					
Purpose of Renta	ıl:				

Rental Agreement must be completed and returned to 1 Bay Avenue, Apalachicola, FL, prior to the Event. All FEES must be paid in full prior to obtaining a facility key. Key will be returned to City

*Date:* \_\_\_\_\_

*Date:* \_\_\_\_\_

Applicant's Signature:\_\_\_\_\_

Received by: \_\_\_\_\_

Hall the day after the event and may be dropped off in the dropbox. Failure to return the key will result in forfeit of deposit. No FEES may be charged for entrance to event, for food and drinks, or other items. For any after-hour problems, please call the City at 850-323-2111

#### Hold Harmless Agreement Release and Indemnity Agreement Property

This Hold Harmless and Indemnification	on Agreement (the "Agreement") is made by and between the City of
Apalachicola, and the Applicant	who is requesting to use City-owned facility on this and with its principal mailing address at 1 Bay Avenue, Apalachicola, Fl,
date of	and with its principal mailing address at 1 Bay Avenue, Apalachicola, Fl,
32320-7200. The Applicant	does hereby releases, waives, and forever discharges
the City, its officers, employees, agents	does hereby releases, waives, and forever discharges, and representatives from any and all claims, demands, liabilities, causes of
action, and damages, including but not	t limited to those arising from bodily injury, death, or property damage, that may
be sustained by the Applicant or any th	ird party in connection with the Tenant's use of the City property. The User
specifically understands and agrees to	this release, hold harmless, and indemnity agreement in favor of the City of
Apalachicola includes and covers prop	perty damage, medical expenses, loss of wages or income, pain and suffering, loss
of abilities, and other past, present, or	future damage or claim for compensation or reimbursement, tangible or in-
tangible. The User further specifically	agrees to defend and indemnify the City of Apalachicola for any and all monies
paid including legal fees and costs inci	urred, in the defense of any claim or suit brought against the City of Apalachicola
as the results of the use of premises by	the User on said date.
Furthermore, the Applicant agrees to b	ne responsible for any and all set-up
	rior to and after said use of the premises which may occur while Applicant is
occupying premises on date previously	
ceeupying premises on date previously	
	above ground are permitted:Initials
Stakes, spikes, or any form of earth and	chors used to secure tents or other temporary structures are prohibited.
<u>User or Representative</u>	
<u>Oser or Representative</u>	
Printed Name:	
Address:	<del></del>
Signature of Applicant/User:	
Signature of Applicant/User: Signed thisday of	,20
·	<del></del>
Notary Asknowledgement	
Notary Acknowledgement	
State ofCounty of	
County of	_
On this day of	, 20, before me, the undersigned Notary Public, personally
appeared	. who proved to me on
the basis of satisfactory evidence to be	, who proved to me on the person(s) whose name(s) is/are subscribed to the within instrument and
	executed the same in his/her/their authorized capacity(ies), and that by his
	t, the person (s), or the entity, upon behalf of which the person(s)acted, executed,
the instrument.	

I certify under PENALTY OF PERJURY under the laws of the State of foregoing paragraph is true and correct.	that the
Witness under my hand and official seal,	
Signature:Seal, Notary Public	