CITY OF APALACHICOLA

1 Bay Avenue Apalachicola. Florida 32320-7200

Special Event Application with Facility Rental Agreement

Special Event Permit Fee of \$100 and/or Facility Rental Fee due in full at least 1 week prior to event

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:
Email:

E <u>VENT:</u>			
Name of Eve	ent:		
Description of	of Event (include purpose);		
	and the second s		
E4/0			
<u>Eveni/ Organi</u>	zation Web Address:		
Event Date an		G. (T)	F1 177
<u>Date</u>	Day of the Week	Start Time	End Time
Set-Up Date o	and Time		
Date	Day of the Week	Start Time	End Time
<u>Date</u>	Day of the Week	Start Time	Ena 11me
Clean-Up Dai	<u>te:</u>		
<u>Date</u>	Days of the Week	Start Time	End Time

Estimated Figures:				
Attendance Numbers	This Year	Last Year	Max Peak Time	
Event Crew				
<u>Participants</u>				
Spectators				
Alcohol: Answer (Yes o	<u>or No)</u>			
Alcohol Served				
Alcohol Sold				
<u>No Alcohol</u>				
<u>Vendors:(Estimated Nu</u>	<u>mber)</u>			
<u>Food Vendors</u>				
Arts and Crafts				
<u>Educational</u>				
<u>Other</u>				
insurance from each ve must be listed on the Sin Electricity: Will electricity be requi	te Plan.	ing copies to the City	prior to the Event. All Ve	endors
Location of Electricity:				
Equipment: (Include things	s such as seating, ter	nts, booths, and trucks, any	items on the Site Map):	
,	· · · · · · · · · · · · · · · · · · ·			

<u>Description/Name</u>	<u>of</u>	Start Time	2	<u>End</u>	Time
<u>Entertainment</u>					
				Ì	
					ater than the allow
sted in the city cod	le (Sec	. 24-72 Spe	ecial permits)	, the loca	tion, times and deci
				rther info	rmation can be fou
<u>rdinance 2022-01,</u>	, adopi	ted on Octobe	er 4, 2022.		
Sound Location	Sta	rt Time	End Tin		Decibel Level
Sound Location	Sta	rt Time	End Tim	<u>'e</u>	Decibel Level
Sound Location	Sta	rt Time	End Tim	<u>.</u> 1 <u>e</u>	Decibel Level
Sound Location	Sta	rt Time	End Tim	<u>e</u>	Decibel Level
Sound Location	Sta	rt Time	End Tim	<u>e</u>	Decibel Level
Sound Location	Sta	rt Time	End Tim	<u>e</u>	Decibel Level
Sound Location	Sta	rt Time	End Tim	<u>e</u>	Decibel Level
	Sta	rt Time	End Tim	<u>e</u>	Decibel Level
Sound Location ecurity: Security Needed	<u>Sta</u>	rt Time	End Tim		Decibel Level Security Provider
ecurity: Security Needed			End Tim		
ecurity: Security Needed Security			End Tim		
ecurity: Security Needed			End Tim		
ecurity: Security Needed s Security provided?	<u>Yes</u>	<u>No</u>			
ecurity: Security Needed Security Provided? Ortable Restroom:(Yes If need	<u>No</u> led, fill out c	hart)	Name of	Security Provider
ecurity: Security Needed S Security Provided? Ortable Restroom:(Yes If need	<u>No</u>		Name of	Security Provider Listed on Site
ecurity: Security Needed Security Provided? Ortable Restroom:(Yes If need	<u>No</u> led, fill out c	hart)	Name of	Security Provider
ecurity: Security Needed S Security Provided? Ortable Restroom:(Yes If need	<u>No</u> led, fill out c	hart)	Name of	Security Provider Listed on Site
ecurity: Security Needed Security Provided? Ortable Restroom:(Number of Restrooms Needed	Yes If need	<u>No</u> led, fill out c	hart)	Name of	Security Provider Listed on Site

<u>Trash Remo</u> <u>Please describ</u>		ers are responsibl	<u>le for trash remove</u>	al and must prov	vide their own dun	npsters.
, , , , , , , , , , , , , , , , , , ,						
D	<i>IC</i> D	1-1-011				
<u>Dumpsters: (</u> <u>Dumpsters</u> <u>Needed</u>	<u>Number</u> <u>Needed</u>	<u>Sizes</u>	the following Ci Install Date	nart) <u>Removal</u> <u>Date</u>	Listed on Site Plan	
<u>Yes</u>		3				
<u>No</u>						

Financials:

<u>Categories</u>	Amount per Unit	<u>Units Needed</u>	Total Amount
	,		
<u>Admission</u>			:
<u>Charges</u>			
<u>Donations</u>			
<u>Parking</u>	***************************************		
Registration fees			
Y TF. 1			ĺ
<u>In-Kind</u>			
Other Fees			
<i>m</i> . 1			
<u>Total</u>			
	!		

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

	Begin Closure	End Closure	Begin Date	End Date
Name of Streets	<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)

<u>se jui oui ine jouowin</u>
Required Details
,

*Please list the streets that will b	e utilized by the parade:	

Runnings/Walking/Biking Ev	<u>eni:</u>			
<u>Assembly Time</u>	<u>Require</u>	<u>d</u>	<u>Optional</u>	
<u>Event Start</u> <u>Time</u>				
<u>Event End</u> <u>Time</u>				
Event Location	<u>Yes/No</u>			
Event Streets				
Event Sidewalks				
Event Water				
Marina/Dock: Location of Dock Hours of Use				
Hours of Use				
Vendors Using the Dock				
Vendors Using the Dock				
Vendors Using the Dock				
lote: Any dock used for the event v	vill need to remain	open to the public a	luring the event.	
dditional Facilities: Please l	ist any additiond	al facilities you p	lan to use	 1
Pavilion(s)				
<u>Gazebo</u>				
Restrooms				
Parking Lot(s)				

Applicant Signature	Date
Applicant Signature	Date
City Official	Date

Please sign below and return to City Hall for signature and approval.

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 there is prior approval for other arrangements 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 completely read, understand, and agree with the rules and regulations stated above.
	Applicant Signature Date
	City Official/Title Date

City of Apalachicola Facility/Property Rental Agreement

(Fees Listed Below Include Deposit Fees)

Property Requested: (Circle your choice)

6 th Street	Riverfront	BP Community	Holy Family	Holy	Lafayette
Recreation	Park	Center	Grand Room	Family	Park
Center				Outside	
\$200.00	\$500.00	\$300.00	\$500.00	\$150	\$500.00
Reserve	Reserve	Reserve	Reserve	Reserve	Reserve

Individual/Organization:			
[] Individual/Group	[] Non-Profit	[]Government Entity	
Mailing Address:			
Date's Requested:			
Applicant's Signature:		Date:	
Received by:		Date:	

ental Agreement must be completed and returned to 1 Bay Avenue, Apalachicola, FL, prior to the Event. All EES must be paid in full prior to obtaining a facility key. Key will be returned to City Hall the day after the event nd may be dropped off in the dropbox. Failure to return the key will result in forfeit of deposit. No FEES may be 'narged for entrance to event, for food and drinks, or other items. For any after-hour problems, please call the 'ity at 850-323-2111

Hold Harmless Agreement Release and Indemnity Agreement Property

This Hold Harmless and Indemnification	1 Agreement (the "Agreeme	nt") is made by and between th	e Cityrof
date of	and with its principal r	wno is requesting to use City	-owneu jucitity on this Analachicala El
32320-7200. The Applicant	and with its principal if	does hereby releases waives	r, apaiaenicoia, r i, ind forever discharaes
Apalachicola, and the Applicant date of 32320-7200. The Applicant the City, its officers, employees, agents, a	and representatives from a	w and all claims, demands, lia	bilities, causes of
action, and damages, including but not l	imited to those arising fron	t bodily injury, death, or prope	rty damage, that may
be sustained by the Applicant or any thir	d party in connection with	the Tenant's use of the City pro	perty. The User
specifically understands and agrees to th	is release, hold harmless, a	and indemnity agreement in fav	or of the City of
Apalachicola includes and covers proper	rty damage, medical expens	ses, loss of wages or income, pa	un and suffering, loss
of abilities, and other past, present, or fu	ture damage or claim for c	ompensation or reimbursement	, tangible or in-
tangible. The User further specifically ag	zrees to defend and indemn	ify the City of Apalachicola for	any and all monies
paid including legal fees and costs incur		aim or suit brought against the	: City of Apalachicola
as the results of the use of premises by th	e User on said date.		
Furthermore, the Applicant agrees to be	rasnousible for any and all	aat un	
and clean-up which may be required price			shila Applicant in
occupying premises on date previously m		te premises which may occur w	mue Appucani is
occupying promises on unic providucty in	cmioneu.		
Water Barrels or other weights placed al	bove ground are permitted:	Initials	
Stakes, spikes, or any form of earth anche	ors used to secure tents or	other temporary structures are	prohibited.
TT D			
<u>User or Representative</u>			
Printed Name:			
		······	
Address:			
Signature of Applicant/User:Signed thisday of			
Signed thisday of	_,20		
Notary Acknowledgement			
G C			
State ofCounty of	<u>.</u>	,	
County of		•	
On this day of'	20 hefore m	e the undersigned Notary Publ	ic nersonally
appeared		o, me undersigned Hotery 1 doi:	who proved to me on
appeared_ the basis of satisfactory evidence to be th	ie person(s) whose name(s)	is/are subscribed to the within	instrument and
acknowledged to me that he/she/they exec	cuted the same in his/her/th	ieir authorized capacity(ies), ar	id that by his
/her/their signatures on the Instrument, t	he person (s), or the entity,	upon behalf of which the perso	n(s)acted, executed,
the instrument.			
T4:F J. DELLARGY OF DED HIDY	I is I cal at		
I certify under PENALTY OF PERJURY i foregoing paragraph is true and correct.	inder the laws of the State of	of	that the
oregoing paragraph is true una correct.			
Witness under my hand and official seal,			
			-
iou atuvo:			
		AAA	
gnature: al, Notary Public		Ang. 10-10-10-10-10-10-10-10-10-10-10-10-10-1	