



# Special Event Permit Application

## Dates to Remember

Applications may be submitted no more than 365 days, but not less than 60 or 90 days prior to the event date. To ensure approval, event organizers are encouraged to apply as early as possible.

Events with Street Closures and/or Alcohol	Events in Parks/No Alcohol
<p><b>Minimum 90 Days</b></p> <ul style="list-style-type: none"> <li>• Special Event Application &amp; Fees</li> <li>• Site Plan</li> <li>• Pre-planning Meeting with City of Tampa Staff</li> <li>• 501( c )3 &amp; Certificate of Exemption – if applicable</li> </ul> <p><b>Minimum 60 Days</b></p> <ul style="list-style-type: none"> <li>• Proof of Liquor Liability Insurance</li> <li>• Tampa Police Extra Duty Application</li> <li>• Tampa Fire Prevention</li> <li>• Emergency Medical Service</li> <li>• Transportation/Stormwater</li> <li>• Park &amp; Recreation Services</li> </ul> <p><b>Minimum 30 Days</b></p> <ul style="list-style-type: none"> <li>• Commercial General Liability Insurance</li> <li>• Special Use for Alcohol Permit to Ma</li> <li>• Final Site Plan</li> <li>• Event Timeline &amp; On-site Contacts</li> <li>• Payment of Costs</li> <li>• Submit Signed Permit</li> </ul> <p><b>Post-Event – Minimum 30 Days</b></p> <ul style="list-style-type: none"> <li>• Final Payment, if applicable</li> <li>• After Action Meeting with Special Events Staff</li> <li>• Secure Future Dates with a New Application</li> </ul>	<p><b>Minimum 60 Days</b></p> <ul style="list-style-type: none"> <li>• Special Event Application &amp; Fees</li> <li>• Shelter Rental Fees</li> <li>• Site Plan</li> <li>• Pre-planning Meeting with City of Tampa Staff</li> <li>• 501( c )3 &amp; Certificate of Exemption – if applicable</li> </ul> <p><b>Minimum 45 Days</b></p> <ul style="list-style-type: none"> <li>• Tampa Extra Duty Application</li> <li>• Tampa Fire Prevention</li> <li>• Emergency Medical Service</li> <li>• Transportation/Stormwater</li> <li>• Park &amp; Recreation Services</li> </ul> <p><b>Minimum 30 Days</b></p> <ul style="list-style-type: none"> <li>• Commercial General Liability Insurance</li> <li>• Final Site Plan</li> <li>• Event Timeline &amp; On-site Contacts</li> <li>• Payment of Costs.</li> <li>• Submit Signed Permit</li> </ul> <p><b>Post-Event – Minimum 30 Days</b></p> <ul style="list-style-type: none"> <li>• Final Payment, if applicable</li> <li>• After Action Meeting with Special Events Staff</li> <li>• Secure Future Dates with a New Application</li> </ul>

## Applicant and Host Organization Information

**Host Organization Name** - The Host Organization is legally and financially responsible for the overall organization, management, and implementation of an event and its related activities.

Host Organization Name: \_\_\_\_\_

**Chief Officer** - The Chief Officer of the Host Organization must be identified and sign the permit application. Typically, the Chief Officer is the Chief Executive Officer, President, Executive Director or Board Chair of the Host Organization.

Chief Officer: \_\_\_\_\_

Host Organization website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**For Profit:** \_\_\_\_\_

**Non-Profit:** \_\_\_\_\_

If yes, you must attach to this application a copy of your Florida Consumer's Certificate of Exemption or your IRS 501(c) 3 Determination Letter.

**Applicant/Primary Contact** - Please list any person, professional event organizer, event service provider hired by you that is authorized to work on your behalf to plan this event.

First: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

A written communication from the Chief Officer of the Host Organization authorizing the applicant to apply for this Special Event Permit on their behalf must be submitted with your permit application.

# Event Information

**Name of Event:** \_\_\_\_\_

Is this an annual event? \_\_\_\_ No \_\_\_\_ Yes If yes, how many years has it been held? \_\_\_\_\_

**Anticipated Attendance** – The estimated number of people who will attend or watch your event.

Total \_\_\_\_\_ Per Day x \_\_\_\_\_ Number of event days = \_\_\_\_\_ Grand Total

**Anticipated Participants** – The estimated number of participants (staff, volunteers, vendors, etc.) should be based on the number of the total number of people you anticipate will participate in the event or provide support services to the event.

Total \_\_\_\_\_ Per Day x \_\_\_\_\_ Number of event days = \_\_\_\_\_ Grand Total

**Event Description** – Information you provide in this section of your permit application may be used for promotional purposes by the City of Tampa.

## Event Category

____ Organized Run/Walk	____ Neighborhood Block Party	____ Festival/Celebration
____ Street Festival	____ Concert/Performance	____ Cycling Event
____ Parade/Procession/March	____ Other, please specify: _____	

## Event Location

____ Al Lopez Park	____ Cotanchobee Fort Brooke Park	____ MacFarlane Park
____ Curtis Hixon Waterfront Park	____ Lowry Park and/or Band Shell	____ Picnic Island Park
____ Lykes Gaslight Square Park and/or Franklin Street Mall	____ Julian B. Lane Riverfront Park	
____ River Tower Park	____ Rowlett Park	____ Ybor Centennial Park
____ Streets or ROW, please specify: _____		
____ Other, please specify: _____		

## Date/Time

### Setup

Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____

### Event Dates

Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____

### Move-out

Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____

# Site Plan/Route Map Information & Event Components

## Site Plan/Route Map

Your site plan/route map must be submitted along with your completed application. Applications without site plans/route maps are incomplete and will be rejected and returned to the applicant. Park maps and approved 5K routes are posted on our website: [tampagov.net/specialevents](http://tampagov.net/specialevents).

Please attach a clear and legible site plan or map with the following indicated:

1. North, indicated by a directional arrow symbol.
2. An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.
3. The location and dimensions of all physical equipment being placed, including, but not limited to, any stage(s), merchandize vendors, food concessions, food trucks, sponsors, tents, signs, barricades, portable restrooms, vehicles, picnic shelters, fireworks shoot site, etc.
4. Location of temporary alcohol sales including where both sales and consumption occur, plus dimensions and type of fencing to be used.
5. Indicate 20' wide fire lane clearances in all areas and the location of all fire hydrants.
6. Generator locations and/or source of electricity.
7. Placement of vehicles and/or trailers.
8. Exit locations for outdoor events that are fenced.
9. Accessible viewing area.
10. Parking and Disabled parking areas.

**Is the event open to the public?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Is there an admission fee?** If yes, please provide amounts:

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Does your event involve the use of alcoholic beverages?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please check all that apply:

\_\_\_\_\_ Beer Sales

\_\_\_\_\_ Beer & Wine Sales

\_\_\_\_\_ Beer, Wine & Distilled Spirits Sales

\_\_\_\_\_ Host & Alcohol Sales

**Please Note:** Alcoholic beverages cannot be sold, distributed, nor consumed on City property without appropriate zoning. If you answered yes to any of the above, please also complete and attach an Alcoholic Beverages (Temporary) Sales Form and submit it along with this application.

**Are there musical entertainment features related to your event?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, complete the following information and attach a listing of all stage performance schedules.

Size and Number of Stage(s): \_\_\_\_\_

How much electric (in amps) does your stage need? \_\_\_\_\_

Will a sound check be conducted prior to the event?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_

**Will there be merchandise vending at your event?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please complete the following information and attach a list of all vendors and be sure to indicate vending and electrical requirements on your site plan.

How many vendors? \_\_\_\_\_

How many will need electric? \_\_\_\_\_

How much electric (in amps) does your vending area need? \_\_\_\_\_

**Will you hire a private security company?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please provide the name of the company and the schedule:

***Please Note:** The Tampa Police Department will review your special event application to make a final determination as to the number of officers, vehicles and/or equipment you will be required to have in order to make sure your event is conducted safely).*

**Does your event require overnight security?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Does your event require the use of picnic shelters (if applicable)?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Will inflatables (moon bounce) be used at your event?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please provide the name of company: \_\_\_\_\_

**Will your event include fireworks or other pyrotechnics?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Name of company: \_\_\_\_\_

**Does your event include food concession and/or preparation areas?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please describe how food will be served and/or prepared on site:

***Please note:** Temporary food service for events must meet all State and local guidelines and requirements.*

**Do you intend to cook food at your event?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please specify method:

\_\_\_\_\_ Gas

\_\_\_\_\_ Electric

\_\_\_\_\_ Fryers – Name of grease removal contractor: \_\_\_\_\_

Date & time of pickup: \_\_\_\_\_

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

**Do you intend to have food trucks at your event?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, how many? \_\_\_\_\_

**Will your event require potable water?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please describe where and for what:

**Do you plan to provide portable rest room facilities at your event?**

If yes, Total number of toilets: \_\_\_\_\_

Number of ADA accessible toilets: \_\_\_\_\_

Number of hand sinks: \_\_\_\_\_

Restroom Company: \_\_\_\_\_

Equipment Setup Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment Pickup Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(Please reference the Solid Waste Matrix provided in the Customer's Guide to Special Event. 10% of your restrooms must be accessible).*

**Will your event involve the use of a parking and/or shuttle plan?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

**Will your event be marketed, promoted or advertised?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please describe:

**Will there be live media coverage during the event?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please describe where you plan on parking the media: \_\_\_\_\_

### **Accessibility Plan**

Please describe your plan for people with special needs participation, parking, and viewing:

### **Sanitation & Recycling**

You are responsible for leaving the venue clean and clear of debris. Please describe your plan for cleanup and removal of waste, recyclable goods and garbage during and after your event.

Number of trash cans: \_\_\_\_\_

Number of recycling containers: \_\_\_\_\_

Number of dumpsters: \_\_\_\_\_

Sanitation Company: \_\_\_\_\_

Equipment Setup Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment Pickup Date: \_\_\_\_\_ Time: \_\_\_\_\_

Recycling Company: \_\_\_\_\_

Equipment Setup Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment Pickup Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Mitigation of Impact

Due to the nature of your event, the City of Tampa may require you, at your expense, to officially notify residents, business; places of worship, schools and other entities that may be directly impact by your event.

## Insurance Requirements

You are required to procure and maintain commercial general liability insurance with a minimum of \$1,000,000 per occurrence and a \$2,000,000 general aggregate. Proof of insurance must be submitted on the Acord 25 Certificate of Insurance Form a minimum of 30 days prior to the first day of the rental period through the move-out activities. This insurance must name the City of Tampa as an additional insured in any and all policies. Due to the nature of your event, additional insurance may be required.

## Affidavit of Applicant & Hold-Harmless Acknowledgement

By signing this application, you are certifying that you understand the information in this application to be true and correct to the best of your knowledge, and that you agree to comply with City of Tampa Code of Ordinances and all City rules, regulations and policies. Should the City grant approval and a Special Event Permit be issued, you also agree to comply with any other rules and requirements provided by law.

In consideration of the privileges that may be granted by issuance of a Special Event permit, the Host Organization shall, to the fullest extent permitted by law, indemnify, defend and hold harmless the City, and all officials, agents and employees of the City, from and against all claims which may result from allowing Applicant to utilize the public right-of-way or City owned park. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable for bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from.

The Host Organization's obligation to indemnify, defend, and hold harmless includes any claim by Host Organization's agents, employees, representatives or any subcontractor or its employees. The Host Organization acknowledges that the provisions of this paragraph apply to and include any liability resulting for incidents involving the streetcar electrified cables. Said indemnification shall not include claims resulting solely from the act, omission, negligence, or other fault on the part of the City, its official, agents, or employees.

I further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the event to the City of Tampa.

Print Name of Host Organization: \_\_\_\_\_

Printed Name of Chief Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing your Special Event Application.**

**Please submit your completed application along with a detailed site plan to your Event Manager or by email: [SpecialEvents@tampagov.net](mailto:SpecialEvents@tampagov.net) or Fax: (813) 274-7744.**

**Incomplete, illegible, and/or unsigned applications will not be accepted.**

***Submission of a Special Event Application constitutes a request to use City property for the purpose of an event and does not guarantee event approval.***

# FIRE PREVENTION PERMIT REQUEST

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

Type of Permit Requested: \_\_\_\_\_  
(Example: Tent, Temporary Assembly, Exhibition, Open Flame, Open Burn, Pyrotechnics)

Will Food Trucks participate in your event: ☐ Yes ☐ No

Will Alcohol be served at this event? ☐ Yes ☐ No

**NOTE:** Alcoholic beverages require a Temporary Wet Zoning Permit and Fire Watch

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Event Date: \_\_\_\_\_ Event hours: \_\_\_\_\_

Type of event: \_\_\_\_\_ Number of guests: \_\_\_\_\_  
(Picnic, party, sale, parade, etc.)

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Total number of Tents: \_\_\_\_\_

Tent Size(s): \_\_\_\_\_ Set-up: \_\_\_\_\_ Take down: \_\_\_\_\_

Tent Company/Supervisor: \_\_\_\_\_ Cell: \_\_\_\_\_

Sponsoring organization or individual: \_\_\_\_\_

Party responsible for charges: \_\_\_\_\_

Billing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell: \_\_\_\_\_

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## PAYMENT FOR PERMITS:

- Fees will be invoiced
  - Payment may be required in advance for new vendors.
  - OUTSTANDING FEES MAY BE SUBJECT TO PERMIT BEING DENIED.
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**\*Email Permit Request to:** TampaFireMarshalPermits@tampagov.net

Fire Marshal's Office: Columbus Municipal Office Building, 3402 W. Columbus Drive, Tampa, FL 33607

Revised: 2/10/17