



5399 N. Dixie Highway, Suite 3 • Oakland Park, Florida 33334 • www.oaklandparkfl.org

## Special Event Permit Application

*Please fill out the application legibly and in its entirety.  
For items which are "not applicable," please designate as "N/A."*

Special Event Permit Number: \_\_\_\_\_

|   |
|---|
| Title of Event: _____                                     |
| Address of the Event: _____                               |
| Individual/Organization Name: _____                       |
| 501(c)3 Verification Number (if applicable): _____        |
| <b>Primary Contact Person:</b> _____ <b>Title</b> _____   |
| Mailing Address: _____                                    |
| Primary Contact Tel #: _____ Primary Contact Cell # _____ |
| Email Address: _____                                      |
| <b>Secondary Contact Person:</b> _____                    |
| Tel #: _____ Alternate Contact Cell #: _____              |

Date(s) of Event: \_\_\_\_\_

Time of Event: Set-Up Begins \_\_\_\_\_ Event Begins \_\_\_\_\_

Event Ends \_\_\_\_\_ Break Down Until \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_ Open to the Public? Yes No

Are you planning on any amplified/live music? Yes No

Are you planning any large games such as bounce house/mechanical rides? If so, which company\*?

*\*Please attach copies of all certificates of liability insurance from all vendors naming the City of Oakland Park as additional insured for special events on public property.*

Will there be any use of pyrotechnics and/or Fireworks Displays at this event? Yes No

Are portable, ADA compliant sanitary facilities being provided for this event? Yes No

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Will any temporary signage be installed onsite? Yes No
Will any portion of the event take place on public property? Yes No
Will there be a charge for admission? Yes No
Has this event been held in the past? Yes No

If so, indicate the address/location/date of the last event: \_\_\_\_\_

Is the event taking place: Indoors Outdoors Both

Will electricity be required for the event? Yes No

How will the electricity be supplied? On-Site Generator Combination of Both

Will a stage be used in the event? Yes No

Are you planning to serve concessions at the event? If so, what food/beverage items? \_\_\_\_\_

Who will be providing the concessions? Please provide business name, address, and telephone number\*:

\*Please attach copies of all certificates of liability insurance from all vendors naming the City of Oakland Park as additional insured for special events on public property.

Please indicate the type of cooking appliances\* and number that will be used by the sponsor or any vendor:

Electric Grill #\_\_\_\_\_ Grease Fryer #\_\_\_\_\_
Oven #\_\_\_\_\_ Gas Grill #\_\_\_\_\_
Electric Range Burner #\_\_\_\_\_ Charcoal Grill #\_\_\_\_\_
Gas Range Burner #\_\_\_\_\_ Smoke Grill #\_\_\_\_\_

\* Each cooking appliance must have its own dedicated fire extinguisher and must be shown on the site plan at least thirty (30) feet away from any canopy, tent, stage, bleachers, etc.

Will there be sales/distribution of alcohol at this event? Yes No

If yes, please indicate type: Beer Wine Liquor

Will there be retail sales at this event? Yes No

Please specify type: \_\_\_\_\_

Please describe any other necessary details: \_\_\_\_\_

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The information I have provided on this application is true and complete to the best of my knowledge. I understand that approval of this event is contingent upon review and approval of all City Disciplines and the City Manager's Office.

To the fullest extent of the law, I agree to defend, pay on behalf of, indemnify, and hold harmless, the City of Oakland Park, it's elected officials, employees, volunteers, and others working on behalf of the City of Oakland Park against any and all claims, demands, suits, or loss including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from the City of Oakland Park, it's elected officials, employees, volunteers, or others working on behalf of the City of Oakland Park, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this Special Event Permit. Furthermore, I agree to be responsible for any fees relating to damage of public property incurred by the Special Event which are detailed in a written report provided to the Special Event Applicant no later than seven (7) days after the event.

\_\_\_\_\_  
Signature of Special Event Permit Applicant

\_\_\_\_\_  
Date

**Notary as to Special Event Permit Applicant**

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_, who is personally known to me, or, if not, produced the following form of identification: \_\_\_\_\_.

**NOTARY PUBLIC**

Sign: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Print: \_\_\_\_\_

My Commission Number: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

*APPLICATION DATE SHALL BE DEEMED TO BE ON THE DATE ON WHICH ALL REQUIRED DOCUMENTS HAVE BEEN SUBMITTED.*

APPLICATION SUBMITTAL DATE: \_\_\_\_\_

APPLICATION SUBMITTAL DEEMED BY: \_\_\_\_\_

NON-REFUNDABLE APPLICATION FEE: \_\_\_\_\_