



CITY OF PANAMA CITY BEACH

116 S Arnold Road, Panama City Beach FL 32413

850-233-5100, ext 2234 or email: specialeventpermit@pcbfl.gov

SPECIAL EVENT PERMIT APPLICATION

APPLICATION DUE DATE DEADLINES BASED ON DATE and SIZE OF EVENT {Sec 4-20(1)}

Small Event (<500 persons): 20 Calendar Days prior to the first day of the event

Medium Event (500-5000 persons): 30 Calendar Days prior to the first day of the event or 60 Calendar Days if event is held in whole or in part during the month of March, Memorial Day weekend, 4th of July and its closest weekend or Labor Day weekend.

Large Event (5000+ persons): 60 Calendar Days prior to the first day of the event

*Also REQUIRES Pre-Event Conference with the City

Submittal Date: _____ Application is tardy ****Black-Out Dates may apply to events at Aaron Bessant Park**

If application is tardy, the event promoter must stand willing and able to deposit a sum of money to cover any overtime for City staff to conduct an ordinary review of the application.

EVENT INFORMATION

Event Name: _____

Date(s) and times of Event each day:

Date: _____ Time: _____ - _____ Date: _____ Time: _____ - _____

Date: _____ Time: _____ - _____ Date: _____ Time: _____ - _____

Date: _____ Time: _____ - _____ Date: _____ Time: _____ - _____

Size of event - Expected maximum attendance:

Small Event: <500 persons

Medium Event: 500-5000 persons

Large Event: 5000+ persons

Venue / Event Location Name: _____

**For events on the sandy beach, please use the Sandy Beach Event Permit Application.*

Venue Address: _____ Zip Code: _____

E-Mail / Website Address _____

Estimated maximum number of patrons at one time: _____ **Square Footage of Venue:** _____

How was such attendance estimated (i.e., historical events, ticket sales, etc.)?

Type of Event {Sec.4-20}

Patrons permitted to bring alcohol into event Alcohol sales event No alcohol event

Event Description: List Activities, Goods, Services and/or Entertainment to be offered at Event

Please provide information for all entertainers {Sec 4-20(2.d.)} *If more than two, attach additional pages.

Name: _____ Entertainer Type: _____

Address: _____

Name: _____ Entertainer Type: _____

Address: _____

VENUE PROPERTY OWNERSHIP INFORMATION AND USE AUTHORIZATION

Venue Property Owner Name: _____ Contact Number: _____

Property Owner Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____ E-Mail: _____

Name of Acting Agent (if applicable): _____ Phone Number: _____

If an agent will be acting on behalf of the property owner with regard to the special event permit application and any associated procedures, the property owner's permission and notarized signature is required:

_____ is a representative of _____
(Acting Agent) (Property Owner - printed name)

and is authorized to act as my agent with regard to this application and associated procedures.

(Property Owner's Signature)

STATE OF FLORIDA, COUNTY OF _____ Notary Name _____

Seal

Sworn to (or affirmed) and subscribed before me

this ____ day of _____ 20 ____, Personally known or I.D. _____

Unless provided in a separate document, the applicant shall provide written notarized permission from the property owner and/or acting agent to conduct the event and associated activities on the property as well as permission for all attendees and participants to use the restrooms of the property. This is required in addition to submittal of the application and a complete site plan. Additional plans, documents, and reports may be required as deemed necessary by the City Manager or his designee.

_____ has permission of _____
(Applicant's Name) (Property Owner or Acting Agent authorized above)

to set up and conduct business on our property. Additionally, patrons will be allowed access and use of existing business restrooms.

(Property Owner's Signature)

STATE OF FLORIDA, COUNTY OF _____ Notary Name _____

Seal

Sworn to (or affirmed) and subscribed before me

this ____ day of _____ 20 ____, Personally known or I.D. _____

****If the special event will be held at Aaron Bessant Park, Frank Brown Park, or on other City of Panama City Beach property, this page may be substituted with a completed and approved special event agreement from the PCB Parks and Recreation Department.***

PLANS AND INFORMATION DETAILS FOR SPECIAL EVENT {Sec 4-20(2.v.)}

Applicant shall provide to the City detailed plans as required per City Ordinances Chapter 4, Article 2 to allow the City to evaluate and assure that the proposed event will not pose an unreasonable danger to public health and safety and will not excessively burden municipal resources without adequate planning so as to create such a danger. A site map for the event illustrating the location of any tents, stages, viewing platforms, port-a-lets, parking, waste receptacles, etc. shall also be provided.

Attendance Plan {Sec 4-20(2.f.)}

A plan for: (i) determining the actual number of persons in attendance at the event venue as the event progresses; (ii) keeping the City informed in real time of that number; and (iii) a plan to manage and control or disburse the persons desiring to enter the event after capacity is reached.

Who will be responsible for this attendance estimation?

Name: _____ Contact Number: _____

Address: _____

Prior Experience in estimating attendance: _____

Additional information attached: Yes No

Sanitation Plan {Sec 4-20(2.g.)}

Plan for sanitation facilities and sewage: location of restrooms and garbage/litter receptacles including a plan for the disposal (during and after the event) of such generated by the event or by its patrons and the location of any water supply and food service.

Number of portable sanitary facilities provided: Standard _____ Handicap _____

_____ Included on attached site plan: Yes No

Lighting Plan {Sec 4-20(2.h.)}

A plan for flood-lighting the special event and parking areas if any activities are to be offered during darkness.

_____ Included on attached site plan: Yes No

Transportation and Parking Plan {Sec 4-20(2.i.,2.m.)}

A plan for parking facilities including parking areas, handicap parking spaces, any off-site parking areas and pick up/drop off-sites; plans for transporting patrons from said facilities to the special event venue if

_____ Included on attached site plan: Yes No

Traffic Control, Security, and Emergency Access Plan {Sec 4-20(2.j.)}

A plan for the provision of security, on site and off site traffic control, and emergency services communication and access in and around the event venue.

At least one (1) person professionally trained or experienced in vehicular traffic control is required for every five hundred (500) anticipated, maximum attendees.

For a "cooler event" at least five (5) security officers/LEOs shall be on duty for every one thousand (1,000) attendees or portion thereof. For an "alcohol sales event" at least three (3) persons on duty for every one thousand (1,000) attendees or portion thereof and for a "no alcohol event" at least one (1) person for every one thousand (1,000) attendees or portion thereof.

Number of Traffic Control professional(s): _____ Number of Security Officers/LEOs: _____

Medical Services Plan {Sec 4-20(2.k.)}

A plan for medical services to be provided at the special event.

Medical personnel shall be prohibited from working more than one 12-hour shift in any 24-hour period. For a small event no EMTs are required. For a medium event: two (2) Emergency Medical Technicians / paramedics shall be on site. For a large event: two (2) EMTs / paramedics shall be on site plus an additional two (2) such persons for each eight thousand (8,000) anticipated maximum attendees, or portion thereof, over five thousand (5,000) anticipated maximum attendees.

Number of Medical personnel professionals: _____

Temporary Structures {Sec 4-20(2.l.)}

A plan for assuring that all stages, booths, tents, scaffoldings or structures of any kind on, under or within which persons may congregate, will conform to applicable building and construction codes and be permitted and inspected as applicable.

Total Number of Tents on Property (Over 10' x 10'):

Size of Tents: _____ of _____ ; _____ of _____ ;
(# of tents) (size) (# of tents) (size)
_____ of _____ ; _____ of _____ ;
(# of tents) (size) (# of tents) (size)

For a large event outdoors, a plan to provide elevated viewing platforms to permit event security and police to oversee the crowd and be able to identify and respond to a disturbance or unusual activity before it escalates.

Will there be any elevated viewing platforms? Yes No

_____ Included on attached site plan: Yes No

Will there be any other temporary structures to be provided? Yes No

If yes, please describe the nature/intent: _____
_____ Included on attached site plan: Yes No

Pedestrian Access Plan {Sec 4-20(2.n.)}

A plan to provide and control safe pedestrian access between parking area(s) and the event venue.

_____ Included on attached site plan: Yes No

Contingency Plans for Excess Persons or Insufficient Parking {Sec 4-20(2.o.)}

A plan to deal with persons congregating outside the event in public right of ways either seeking entry to the event or attracted to the event.

_____ Included on attached site plan: Yes No

Controlled Access Points Plan {Sec 4-20(2.p.)}

A plan to enclose, restrict or control access to all parking at the event venue and to limit the number of persons within the event venue to the maximum number anticipated.

_____ Included on attached site plan: Yes No

Live Animal Plan {Sec 4-20(2.t.)}

Will live animals be used in connection with the event: Yes No

If so, a plan for the care and safe keeping of such animals.

_____ Additional information attached: Yes No

VENDOR INFORMATION FOR BUSINESS TAX RECEIPT

Promoter/Vendor/Contact Name: _____ Contact Number: _____
E-Mail Address: _____ DOB: _____ Driver's License: _____
Business Name: _____ Business Phone: _____
Business Address: _____ Fax: _____
City: _____ State: _____ Zip Code: _____

Do you have a valid City Business Tax Receipt? Yes No (Required unless exempted by State law.)
Do you have a valid Portable Food Vending License? Yes No (Required from DBPR)
Is a Vendor List provided with this application? Yes No

****If multiple vendors will be present, a vendor list and contact information for each vendor will be required no later than 36 hours prior to the event.***

APPLICANT INFORMATION

Applicant Name: _____ Contact Phone Number: _____
Applicant Address: _____
City: _____ State: _____ Zip Code: _____

E-Mail Address: _____
If applicant is not a natural person, names and addresses of all persons controlling or owning 5% or more interest in entity named above:

The applicant/authorized agent signed below understands that this application is not considered complete unless all applicable questions have been answered and all attachments included in accordance with the PCB Code of Ordinances Chapter 4 and with any other documentation required by the City. Submission of a Special Event Application does not guarantee event approval; a final permit will not be issued until all approvals have been granted and all applicable requisites have been met as determined by the City.

The applicant/authorized agent signed below understands that the City Manager shall accept a tardy application if (i) City staff has the capacity to conduct an ordinary review of the application without causing material neglect of other staff duties or, (ii) the event promoter stands willing and able to pay a sum of money to cover any overtime for City staff to conduct an ordinary review of the application. If staff volunteers such overtime, then the City will use reasonable efforts to process a tardy application in time to allow the event to be held. Applications shall be reviewed in the order received and priority shall be given to timely filed applications.

The applicant shall obtain any other required permits and authorizations from all applicable governing agencies or departments as needed independent of this Special Event Application. All events which are accessible to the public, ether as an open event or by the purchase of a ticket, are subject to the requirements of the Americans with Disabilities Act as those requirements may apply to the event. Event holders and vendors are required by to familiarize themselves with and comply with ADA requirements applicable to the venue and event. Any questions should be directed to the City's ADA coordinator at ADA@pcbfl.gov or 850-233-5100.

Printed Name: _____

Signature: _____

Date: _____

Event Name: _____

APPLICATION REVIEW COMMENTS AND DEPARTMENTAL APPROVAL

- Lighting Plan Transportation/Parking
- Traffic Control Security Personnel
- Emergency Access Plan Pedestrian Access
- Controlled Access Excess Persons Contingency
- Barricades / Road Closures

Approval: _____
(Police Chief or Office Official Signature)

Police Department Comments: _____

- Emergency Access Plan
- Fire Department Comments: _____

Approval: _____
(Fire Chief or Office Official Signature)

Printed Name _____ Date _____

- Emergency Access Plan Medical Personnel
- Medical Services Comments: _____

Approval: _____
(Bay Co Med Serv Dir or Office Official Signature)

Printed Name _____ Date _____

Code Enforcement Comments: _____

Approval: _____
(Code Enforcement Officer Signature)

Printed Name _____ Date _____

Planning Division Comments: _____

Approval: _____
(Planning Division Signature)

Printed Name _____ Date _____

- Sanitation Plan Temporary Structures
- Building Division Comments: _____

Approval: _____
(Building Code Administrator Signature)

Printed Name _____ Date _____

SPECIAL EVENT FEES {Sec 4-21(1); Sec 4-20(2); Ch. 14; LDC 5.03.04, 10.14.02}

Application Fee Small Event \$50 Medium Event \$225 Large Event \$350
Amount Owed: _____ **Received on:** _____ **Received By:** _____
(payable to PCB Building Division)

Deposit Medium Event \$1000 per day (\$2000 min, \$5000 max) _____ days
Large Event \$1500 per day (\$3000 min, \$6000 max) _____ days
Amount Owed: _____ **Received on:** _____ **Received By:** _____
(payable to PCB Building Division)

Tent Fees (tents over 10' by 10' x \$65 per tent) _____ tents
Amount Owed: _____ **Received on:** _____ **Received By:** _____
(payable to PCB Building Division)

Business Tax Receipt \$50 **Amount Owed:** _____ **Received on:** _____ **Received By:** _____
(payable to PCB Business Licensing Division)

CITY MANAGER COMMENTS AND APPROVAL

City Manager Signature: _____ Date: _____