



CITY OF
WILLISTON
FLORIDA

50 N.W. Main ST. • P.O. Drawer 160 • Williston, Florida 32696-0160
Phone (352) 528-3060 • Fax (352) 528-2877

SPECIAL EVENT APPLICATION

TITLE OR THEME OF SPECIAL EVENT _____

APPROVED: () YES () NO _____
CITY MANAGER'S SIGNATURE AND DATE

PLEASE NOTE: THIS APPLICATION ALONG WITH ANY OTHER REQUIRED WILL BE SUBMITTED TO THE CITY MANAGER AT LEAST ONE MONTH IN ADVANCE OF THE FIRST DAY OF THE EVENT. WHEN APPROVED, A COPY OF THE APPLICATION WILL BE AVAIABLE TO THE APPLICANT. ATTACH A CERTIFICATE OF INSURANCE FOR THIS EVENT NAMING THE CITY OF WILLISTON AS ADDITIONAL INSURED, IF HELD ON PUBLIC PROPERTY FOR THE MINIMUM AMOUNT OF \$1,000,000. ANY OTHER STIPULATIONS REQUIRED BY THE CITY COUNCIL MUST BE MET FOR FINAL APPROVAL. ALL BLANKS MUST BE COMPLETED BEFORE APPLICATION CAN BE PROCESSED. Appendix "A" applies to the use of public parks.

DATE: _____

I, _____ on behalf of _____ hereby make application to the City of Williston to hold a SPECIAL EVENT for a period of _____(days) on _____(dates) and during the hours of _____.

Describe SPECIAL EVENT to be held: _____

1. Number of participants: _____ Number of Vehicles: _____
2. Is a letter of authorization from the property owner is required? () YES () NO.
Is it attached? () YES () NO
3. lease attach map to indicate **proposed location** of SPECIAL EVENT.
4. Are (circle all that apply) banners, tents, signs¹, aircraft, etc. requested in conjunction with this event?
() YES () NO Please indicate on attached map the location of these activities.

- 5. Will alcoholic beverages² be sold? () YES () NO
 If so, has the appropriate Liquor License been obtained? () YES () NO
 Is liquor law liability insurance carried? () YES () NO
 Will alcoholic beverages be provided without charge? () YES () NO
 Will alcoholic beverages be provided with a donation? () YES () NO
- 6. Will (circle all that apply) music, amplifier equipment, performances, vocals be used in conjunction with this event? () YES () NO If so, indicate hours: _____
- 7. Will there be fireworks? () YES () NO
- 8. Will there be amusement rides? () YES () NO
- 9. Will utilities be required (power, gas, water)? () YES () NO
- 10. Is the use of vehicles requested in conjunction with this event? () YES () NO
- 11. Is the use of horses or other livestock requested in conjunction with this event? () YES () NO
- 12. Are compensated stand-by police services requested (i.e. security, etc.)?⁴ () YES () NO
- 13. Will street closures be required for this event?³ () YES () NO
- 14. Are compensated stand-by fire services requested?⁴ () YES () NO
- 15. Are compensated stand-by EMS/paramedic services requested?⁴ () YES () NO
- 16. Are dumpsters requested for solid waste? _____ If not, how will solid waste generated from this activity be handled?⁴
 _____recyclables?_____
- 17. Are port-a-potties to be used?
- 18. Additional Comments _____

I HEREBY CERTIFY THAT I/WE WILL BE RESPONSIBLE FOR THE PRESERVATION, SANITATION AND CLEAN UP OF THE AREAS USED FOR THE SPECIAL EVENT. ADDITIONALLY, I/WE WILL COMPLY WITH ALL OTHER CITY REGULATIONS.

Signature of Authorized Representative for SPECIAL EVENT (Applicant)

Phone Number of Applicant

Mailing Address of Applicant

STATE OF FLORIDA, COUNTY OF LEVY the foregoing instrument was acknowledged before me this

_____ (date) by _____, who is

personally known to me who has produced _____ (type of

identification) as identification and who did (did not) take an oath.

_____ Notary's Signature

_____ Notary's Name

_____ Seal

¹ Signs and/or other objects that are lighter than air are prohibited throughout the City of Williston.

² Williston has an ordinance prohibiting open containers on public property.

³ May require additional time for FDOT approval.

⁴ Regardless of whether or not compensated support services are requested, the size of the event will dictate whether police/fire/EMS support will be necessary. Compensation will be required for any additional services provided by the City of Williston Utility, Police and Fire Departments.