

City of Daytona Beach

Community Event Application

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Daytona Beach, FL 32114
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City of Daytona Beach
PO Box 2451
Daytona Beach, FL 32115-2451
Phone 386-671-8250
Fax 386-671-8255

Please type or print legibly and complete all sections of application. A separate application must be submitted for each venue or facility. Event producers of Tourism Events or Community Events with attendance over 2,000 are required to attach a resume or summary of qualifications and experience in presenting similar events. Three references with addresses and phone numbers are also required. Any questions should be directed to the Cultural Services Division at 386-671-8250.

Many events require evidence of liability insurance, listing the City as additionally insured, submitted to the City thirty days prior to the event date.

Please submit completed application and application fee to:

Cultural Services Division
City of Daytona Beach
301 S. Ridgewood Ave.
Daytona Beach, FL 32114

Deadlines for Application and Application Fees:

<u>Type of event</u>	<u>Classification</u>	<u>Application Deadline</u>	<u>Application fee</u>
<i>Community Event</i>	<i>1-2,000 people</i>	<i>45 days prior to event</i>	<i>\$150.00</i>
<i>Tourism Event</i>	<i>2,000 plus people</i>	<i>270 days prior to event</i>	<i>\$1,000.00</i>
<i>Co-sponsored</i>	<i>City Authorized</i>	<i>45 or 270 days to event</i>	<i>\$100.00</i>

Thank you for selecting Daytona Beach for your event.

City of Daytona Beach Community Event Application

Required Information

Name of Event

Name of Event Producer/Promoter

Producer/Promoter Social Security Number

Producer/Promoter Driver License Number

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Date Rcvd _____ Initials _____

1.0 REQUIRED INFORMATION:

1.1 Name of Event Producer/Promoter _____

1.2 Type of Organization non-profit profit charitable government

1.3 Contact Person _____

1.4 Address _____

City _____ State _____ Zip _____

1.5 Work Phone _____ Home Phone _____

Fax Number _____ Pager Number _____

Email address _____

2.0 BILLING INFORMATION:

2.1 Is the party responsible for billing the same as above? Yes No

If not, please provide the proper information below:

Attention _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

3.0 EVENT INFORMATION:

3.1 Event Name _____

3.2 Date(s) Requested _____

3.3 Location of Event _____

3.4 Brief Description of Event and Activities planned _____

3.5 Site plan attached Yes No, explanation _____

3.6 Will an admission fee be charged for the event? Yes No
Prior to event? Yes No
Fees collected on site before/during event? Yes No

3.7 Event Time: Date _____ Start _____ am/p.m. End _____ am/p.m.

Date _____ Start _____ am/p.m. End _____ am/p.m.

Date _____ Start _____ am/p.m. End _____ am/p.m.

Street Closing

Time: Date _____ Start _____ am/p.m. End _____ am/p.m.

Set-up: Date _____ Start _____ am/p.m. End _____ am/p.m.

Breakdown: Date _____ Start _____ am/p.m. End _____ am/p.m.

Raindate: Date _____ Start _____ am/p.m. End _____ am/p.m.

Attendance expected/anticipated: _____

Age breakdown: Under 10: ____ 11-18: ____ 19-25: ____ 26-40: ____ 41+: ____

3.8 Have you held this event in the City of Daytona Beach previously? Yes No*
If yes, list previous date(s): _____

***If this is the first time you are holding this event in the City of Daytona Beach please list references on the last page of the application.**

Have you held this event in another City/venue previously? Yes No
Does this event differ from the previous years? Yes (explain) No

4.0 ENTERTAINMENT

4.1 Will there be entertainment? Yes, see below No

A completed detailed listing including names must be provided of all entertainment.

Have you attached the contracts, detailed listings, etc., to this form?

Yes No

4.3 Will you be using a sound system? Yes No

(Several venues will require the use of the City's Technical Director)

4.4 Name of Contractor _____ Type of System _____

4.5 Sound Time: Date: _____ Start _____ am/p.m. End _____ am/p.m.

Date: _____ Start _____ am/p.m. End _____ am/p.m.

Date: _____ Start _____ am/p.m. End _____ am/p.m.

4.6 Will there be carnival games or rides? Yes, see below No

If yes, explain: _____

Insurance is required from carnival games/rides operator.

5.0 SPECIAL EFFECTS:

5.1 Will there be any special effects used? Yes, see below No

5.2 Type of effects: fireworks laser light show other _____

5.3 Effect time: Date _____ Start _____ am/p.m. End _____ am/p.m.

Date _____ Start _____ am/p.m. End _____ am/p.m.

Date _____ Start _____ am/p.m. End _____ am/p.m.

5.4 Location of special effects _____

5.5 Effects Producer/Company name _____

Address _____

Phone Number _____

Fax Number _____

Note: Daytona Beach Fire Department will issue a permit contingent upon separate insurance being provided for fireworks.

6.0 PARADES:

6.1 Who and how many will participate? _____

6.2 Plan of route attached? Yes No

6.3 Parade time: Date: _____ Start _____ am/p.m. End _____ am/p.m.

Set-up: Date: _____ Start _____ am/p.m. End _____ am/p.m.

Break down: Date: _____ Start _____ am/p.m. End _____ am/p.m.

Raindate Date: _____ Start _____ am/p.m. End _____ am/p.m.

7.0 PROPOSED RETAIL SALES:

7.1 How many vendor locations do you hope to accommodate?

0 vendors 1-5 vendors 6-10 vendors 11 or more vendors

7.2 Type of vending (including number of each):

Clothing _____ Food/beverage _____ Jewelry _____ Miscellaneous
(Non-alcoholic beverages)

If miscellaneous, please describe in detail:

Alcohol sales are prohibited in any City Park without proper license. See Section 9.0.

8.0 PROPOSED SPONSORS:

How many commercial sponsors with on-site visibility do you anticipate? (Including product sampling, giveaways, exhibits and advertising) _____

List specific trade names:

9.0 ALCOHOL BEVERAGES/LIQUOR LIABILITY:

9.1 Will alcoholic beverages be dispensed, provided or served? Yes, see below No

9.2 Name of organization licensed to serve alcohol at this event:

Limit of liquor liability coverage, if required, will be no less than \$500,000.

9.3 This organization is for profit not for profit (see below)

9.4 Are you a 501(c)(3) organization applying for a temporary alcohol sales license?
A copy of the license must be submitted prior to the event. Yes No

10.0 PROMOTION:

10.1 At what level will the event be promoted?

Local Regional National International

10.2 What type of publicity will be used?

Newspaper Radio Television Web Site Direct Mail
 Community Billboard Other

10.3 Telephone number to be released for public information () _____

11.0 SIGNS:

11.1 Will you be using signs at your event? Yes No

11.2 How many signs and what dimensions? _____

12.0 BANNERS:

12.1 Do you plan to use banners on the City-owned horizontal or vertical street poles?
 Yes No

12.2 If yes, please provide location(s) of poles _____
(Please obtain a banner application. Thank you)

13.0 FACILITY REQUIREMENTS:

13.1 Will you require use:

Electricity? Yes _____ No _____ Water? Yes _____ No _____

**Extra charges may be applied for use of City Water, Electrical, Solid Waste, or other City resources.

13.2 Will you utilize temporary structures? Yes, see below No

Stages _____ Tents _____ Scaffolding _____ Miscellaneous _____

Booths _____ Fences _____ Concession Stands _____

13.2 Describe in detail, including type and location _____

(Note: Special building permits are required for temporary structures 700 sq ft in area and four feet above grade or more)

13.3 How many tents exceeding 200 sq ft will be used? _____

Please list tent location and sizes: _____

14.0 TRAFFIC:

14.1 Will normal traffic patterns be altered by the event? Yes, see below No

Explanation: _____

Will public parking areas, streets, sidewalks, etc. be restricted or obstructed?

Yes, see site plans No

Does your plan include on-site parking?

Yes, see site plan No

Will you charge for the on-site parking?

Yes No

14.3 Does your plan include off-site parking?

Yes No

Will you charge for the off-site parking?

Yes No

Will shuttles be used to transport?

Yes No

Note: Public Service Announcements regarding parking/traffic flow is the responsibility of the promoter.

15.0 PORT-O-LETS:

15.1 How many port-o-lets will you be providing? (Indicate location on site plan) _____

Name of the private port-o-let company you will be contracting with:

Note: ADA requires one handicapped restroom in each group of restrooms

16.0 AMERICANS WITH DISABILITIES ACT:

ADA requires with accessibility guidelines as adopted by the State of Florida are now in effect. The following provisions are to be considered regarding ADA accessibility.

16.1 ADA restroom facilities? (1 handicapped per group of port-o-lets)
 Yes No

16.2 Handicapped parking provisions? Yes, see site plan for location No

16.3 Handicapped assistance? Yes, please describe No

17.0 SANITATION:

As an event organizer, you must properly dispose of waste and garbage throughout the term of the event, and immediately upon conclusion of the event the area must be returned to a clean condition. The solid waste division strongly encourages event organizers to plan ways to encourage vendors, participants and the general public to recycle waste that is generated during the event.

17.1 Will you be using City services for refuse, garbage and litter? Yes No

If yes please indicate number of receptacles needed.

Number of trash cans _____

Dumpsters (One for increment of 400 people) _____

Number of recycling containers _____

17.3 If no, how will you be handling the removal of refuse, garbage, litter, etc?

Note: Promoters not using City services may contact Waste Pro, attn: Lisa Dorsey at 386-788-8890 to arrange for dumpsters.

17.4 What provisions are being made for recycling? _____

18.0 SECURITY:

Note: Public property requires the use of Daytona Beach Police Department Officers during the event at the promoter's expense.

18.1 What are your plans for providing additional security? _____

19.0 **EMERGENCY FIRE/MEDICAL SERVICES:**

Note: Public Property requires the use of the Daytona Beach Fire/Rescue Department employees during the event at the promoters' expense.

19.1 What are your plans for providing additional Fire/EMS? _____

20.0 Please tell us how you learned about us: City Website? _____ City Flyer? _____
City Brochure? _____ Newspaper? _____ Radio? _____
Referral from another agency or individual? _____

SIGNATURE:

I understand this is an application only and does not obligate the City in any fashion to reserve any facility or approve any event. I have included my application fee and understand that my application will not be processed without payment of the application fee. Please make checks payable to "The City of Daytona Beach."

Signature of Applicant _____ *Date* _____

Title of Applicant _____

Affiliation _____

Event Contact Information: *Please provide information for emergency use during the event only.*

Contact Person Name: _____ (This individual must be on site during the entire event)

Contact Cell Phone: _____

REFERENCES
(Required for first time events in Daytona Beach)

- 1. Name: _____ Title: _____ Phone: _____
Event Name: _____ Event Date(s): _____
- 2. Name: _____ Title: _____ Phone: _____
Event Name: _____ Event Date(s): _____
- 3. Name: _____ Title: _____ Phone: _____
Event Name: _____ Event Date(s): _____