



SPECIAL EVENTS PERMIT APPLICATION

Please refer to the City of Fernandina Beach's Special Event Policies and Procedures available on the City's website (www.fbfl.us/460/Special-Events) before completing this application. **Applications submitted less than sixty days prior to proposed event are not accepted.**

Organization Name: _____

Applicant Name: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Non-Profit: Yes No Tax ID/ Federal ID Number: _____

Event Name: _____

Event Date: _____

Repeat Event Yes No If yes, when? _____

Setup Time: _____

Actual Event Time (if multiple days, please list dates and hours for each day):

Breakdown Time: _____

Event Location: _____

Estimated Attendance: _____

Event Description* (please provide detailed description):

*Map must be attached

Please mark items requested (please see Policies and Procedures for fees):

City Power: City Water: Barricades: (how many? ___) Cones: (how many? ___)

Banner on Centre St./8th St. Banner on Lime St./8th St.

Pole Banners: (how many? 36 available ___)

Dates for Banner (Banners hang from Monday-Monday): _____

Main Beach Marquee: Atlantic Ave. West Facing Marquee: Atlantic Ave. East Facing Marquee:

Dates for Marquee: _____

Message for Marquee (up to 16 characters per line, 4 lines):

1. _____ 2. _____

3. _____ 4. _____

Will alcohol be served? Yes No

Music (please describe): _____

Food (please describe): _____

Bounce Houses: Yes No Tents larger than 10'x10': Yes No

Street Closures (please describe): _____

Parking Lot Closures* (please describe): _____

Overnight Parking: Yes No If yes, how many vehicles? _____

Public Safety:

Required Police and Fire presence will be determined by the City of Fernandina Beach Police and Fire Departments. The Police Auxiliary Corps (PAC) is a volunteer organization that assists with many events. PAC is not a guaranteed resource, and their availability is determined by the Police Department. PAC provides free services, however donations are appreciated.

Are you requesting off duty police officers? Yes No

If yes, please specify number of officers, days, and hours requested (minimum three hours required)?

Does your event require use of On-Site Emergency Medical Services Yes No

If yes, what days and hours (minimum three hours required)?

*Handicapped parking must remain open for public use.

RELEASE AND INDEMNIFICATION

I declare under penalty of perjury, that to the best of my knowledge and belief, the responses made herein are true and correct. If this application is approved, I understand that **I must furnish an original certificate of General Liability Insurance AND ADDITIONAL INSURED ENDORSEMENT PAGE naming the City of Fernandina Beach as additionally insured.** I understand that a City of Fernandina Beach sponsored activity has precedence over the above schedule, and I will be notified if any conflicts arise. I certify that the information in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand, and agree to abide by the rules and regulations governing the proposed special event under the City of Fernandina Beach, and I understand that this application is made subject to the rules and regulations established by the City Commission and/or the City Manager or the City Manager's designee. Applicant agrees to comply with all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the event venue, the payment of any and all taxes, and the conduct of the event. The City shall not be liable for the payment of any taxes. I further agree that the payment of such taxes shall not reduce any consideration paid to the City pursuant to this permit. I agree to abide by these rules and 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 Fernandina Beach. I do further promise and hereby further agree to waive, release, absolve, and covenant not to sue the City of Fernandina Beach, its Mayor, Commissioners, employees, officers, volunteers, representatives, attorneys, and agents, for any and all claims, including claims for equitable or injunctive relief, damages, loss, or injury of any kind resulting from or in any way arising directly or indirectly out of _____

(describe event- name and dates including setup and breakdown) for which I am applying for this Special Event/Banner Permit and/or use of the City of Fernandina Beach's facility named above. THIS RELEASE INCLUDES A RELEASE FOR ANY AND ALL LOSSES OR INJURIES ARISING OUT OF ANY AND ALL NEGLIGENT OR WRONGFUL ACTS OR OMISSIONS OF THE CITY OF FERNANDINA BEACH, ITS MAYOR, COMMISSIONERS, EMPLOYEES, OFFICERS, VOLUNTEERS, REPRESENTATIVES, ATTORNEYS, AND AGENTS. I further promise and agree to indemnify, defend, and hold harmless the City of Fernandina Beach, its Mayor, Commissioners, employees, representatives, officers, volunteers, attorneys, and agents from and against all liability, claims, and expense, including reasonable attorneys' fees and costs, in connection with any and all claims whatsoever for personal or bodily injury or death, including loss of use, or property damage of any kind and character in connection with and arising directly or indirectly out of _____

(describe event- name and dates including setup and breakdown) for which I am applying for this Special Event/Banner Permit and/or use of the City of Fernandina Beach's facility named above. This indemnity agreement encompasses all damages and claims, including claims for equitable or injunctive relief, arising out of the rental and/or use of the City of Fernandina Beach's facility named above. THIS RELEASE IS GIVEN AND SIGNED OF MY OWN FREE ACT AND WILL, AND I DO UNDERSTAND AND AGREE TO THE POLICIES OF THE CITY OF FERNANDINA BEACH FOR FACILITY RENTALS. FURTHERMORE, I HEREBY REPRESENT AND WARRANT THAT I HAVE THE AUTHORITY TO BIND.

Applicant Signature _____ Date _____

Applicant Name (printed) _____

Location for returned security deposit (if other than what is listed above):

Address: _____

City/State/Zip: _____