

**SPECIAL EVENTS PERMIT APPLICATION**

City of Cape Coral Parks & Recreation Department  
 P.O. Box 150027, Cape Coral, FL 33915-0027  
 Phone: 239-242-3273 w Fax: 239-573-3130  
 Email: lbuechl@capecoral.net

Use this form for: Parades \* Festival/Carnival \* Any Activity Requiring Off-site Parking, Street Closure, Sound Amplification or City Personnel \* Run/Race/Walk \* Art Show \* Concerts \* Special Musical Presentation \* Street Dance \* Photography Shoot\* Fireworks  
**Completed application with all necessary attachments is required sixty (60) days prior to actual event.**  
**A non-refundable application and processing fee of \$40 shall be submitted with application.**

Organization: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Location (Attach Site Plan): \_\_\_\_\_

	Set Up Time	Actual Event Time	Take Down Time
Date: _____	_____ to _____	_____ to _____	_____ to _____
Date: _____	_____ to _____	_____ to _____	_____ to _____
Date: _____	_____ to _____	_____ to _____	_____ to _____

Has this event been held in the Past?: \_\_\_\_\_ If so, when was the last event?: \_\_\_\_\_

Individual Responsible for Activity/Event: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Major Sponsors(s): \_\_\_\_\_

Promoter(s): \_\_\_\_\_ Day - of - Phone #: \_\_\_\_\_

\*Items 1-6 marked yes require City Council approval.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Crowd: Is anticipated crowd size 500 or more? _____ Actual anticipated number: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Parking: Will off-site parking be provided? _____ If yes, provide location on site plan.<br>Will "shuttle" service to parking be provided? By whom? _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Streets/Traffic: Will any street(s) or sidewalk(s) be closed? (If yes, provide location on site plan.<br>Signs, barricades and traffic control plans will be the responsibility of the applicant and will be required in conjunction with Police and Emergency Services review and approval.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Noise: Will there be amplified music or entertainment? If yes, please attach type(s) of entertainment and scheduled time(s) of performance(s). Indicate stage location(s) on site plan.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Fireworks: Is this a public or private display?<br>Applicant must comply with City Code of Ordinances   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Banners, Signs, etc.:<br>Will exterior banners, balloons, signs or other types of advertising techniques be used? \$55 Fee.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Alcoholic Beverages:<br>Will alcoholic beverages be sold _____ or consumed _____ on the premises? Please check one or both. A copy of the Florida Beverages Commission permit is required at the time of application and prior to event approval. Permit Holder _____                         | <input type="checkbox"/> | <input type="checkbox"/> |

**YES NO**

8 .Security: Will private security be provided to protect exhibits, equipment or facilities brought on-site for the event?

Name of company: \_\_\_\_\_ Contact Number: \_\_\_\_\_

9. Private Property: Does the applicant own the property where the event is to be held? If not, please attach a letter of permission from the property owner.

10. City Personnel:

**YES NO**

Will Police Personnel be requested?   Explain: \_\_\_\_\_

Will Emergency Services be requested?   Explain: \_\_\_\_\_

Will Fire Services be requested?   Explain: \_\_\_\_\_

(Based on responses to questions 1-6 certain City personnel may be required, i.e. Police Officer, E.M.T. Fire, etc. Once staffing needs are determined, applicant will be required to complete and sign a contract detailing obligated City personnel costs necessary to assist with event.)

11 .Tents/Canopies: Will tents or canopies be used? If yes, indicate on site plan the tent size, location and type of surface on which the tent(s) will be installed and intended use of each tent. Permit Cost: \$85

12 .Air Conditioning Units/Power Generators:

Will exterior air conditioning units or power generating equipment be operated from vehicles or trailers? If yes, indicate location of equipment on site plan.

13 .Food/Cooking:Will food be cooked \_\_\_\_\_ catered \_\_\_\_\_ on-site during this event? Indicate on site plan the location of vendors and cooking equipment to be used. (Appropriately rated fire extinguishers required.)

14 .Sanitary Facilities:

Will temporary sanitary facilities be provided? If yes, indicate location on site plan.

Will disposable cardboard trash receptacles be provided? If yes, indicate on site plan.

Will additional refuse containers/dumpsters be provided? If yes, by whom: \_\_\_\_\_

15. Insurance Requirement:(Events on City property)

Workers' Compensation: The policy must include Employer's Liability with a limit of \$500,000 each accident. Please provide the City of Cape Coral with a Certificate of Insurance for property and liability coverage of the event, naming the City as additional insured. Combined Single Limit for Bodily Injury liability and Property Damage Liability having minimum limits of \$1,000,000 per occurrence must be provided prior to permit approval.

Insurance must be event specific, certificate should list name, date and location of event.

I, the undersigned, will indemnify, defend and hold harmless, the City of Cape Coral, its agents, employees, officers and any and all other associates, from and against any and all actions, in law or in equity, from liability or claims for damages, demands or judgments to any person or property which may result now or in the future from the conduct of this event. The undersigned has read and voluntarily signed the release and waiver of liability and Indemnity Agreement, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

\_\_\_\_\_  
Name and Title in organization if applicable (Please type or print)

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Organization

I hereby acknowledge that I have read and understand the above this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
State of Florida, County of Lee

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
who is personally known or produced \_\_\_\_\_ as identification.

Exp. Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_