

Dunedin Parks & Recreation Department Event Application

Date Received:		
Date:	D Approved	☐ Denied

The submission of this application does NOT guarantee approval. Do not publicize your event until approval has been confirmed. If your event is approved, your confirmation will be in the form of an Event Agreement issued to the Applicant. All applicable fees and charges will be invoiced once an Event Agreement is signed by the Applicant and the City.

APPLICATION DEADLINES & LATE FEES

In order to properly review and event application, the City of Dunedin requires adequate time to determine if the event is feasible considering all logistics and details including the size and scope of the event, traffic and pedestrian safety, security, and any other related concerns. In addition, the City of Dunedin reserves the right to deny an application that is not submitted by the deadline date. If a late application is accepted, and the event is approved, the applicant will be assessed a late fee. See page 5 of the Event Policy & Procedure Manual.

Event Attendance	Application Deadline		
Up to 299	1 month prior to proposed event date		
300–599 or Existing Major Events without changes*	3 months prior to proposed event date		
New Major Events or Existing Major Events with changes	5 months prior to proposed event date		

*If there is a change in scope (number of days, extended hours, expanded footprint, activities, additional road closure) the review process is the same as a new major event and the application deadline is 5 months prior to the proposed event date.

<u>APPLICANT</u>						
Name of Applicant:	ame of Applicant: Drivers License #:					
Title (if applicable):	(Must be 21 years or age or order)	: older)				
Name of Organization / Busine	ess:					
Tax Exempt? □ Yes □ No	If yes, please provide documentation.	Non-Profit?	□ Yes □ No	If yes, please	e provide documentation.	
Mailing Address Street		City		State	Zip	
Daytime Phone	Cell Phone		E-mail			
EVENT INFORMATIO	<u>N</u>					
Event Title:						
Event/Organization Web Addr	ess:					
Event Location(s):						
Event Date(s) & Time(s): Date	Day of Week		art Time		End Time	
		<u>:</u>	□ АМ □ РМ	:		
		_ :	□ АМ □ РМ	:	□ АМ □ РМ	
		_ :	□ АМ □ РМ	:	□ АМ □ РМ	
Setup Dates(s):		Time(s):		_ to		
Cleanup Dates(s):		Time(s):		_ to		
Description of Event:						
Will this be an Annual Event?	☐ Yes ☐ No If yes, ne	xt vear's date(s))			

EVENT LOGISTICS

Estimated Attendance: (Include event crew, participants and specta	tors) This	Year	<u> </u>	Last Year (if applicable)
List all event activities:				
List all food and beverage vendors	(Promoter is responsit	ole for obtaining copie	s of all licenses and insurance	e from each vendor and provide the same to the City):
Will alcohol be served or sold? * If yes, refer to the Event Policies & Procedu			alcohol on public property.	
List all other vendors (may need to pro	ovide copy of certificate	of insurance in a form	n acceptable to the City for ea	ch vendor):
Event Equipment (include dimensions,	seating, staging, platfor	rms, tents, booths, sc	affolding, trucks, etc. on site n	nap):
* Any tents larger than 10' x 10' require a Bu Additional inspection fees may be required.				10 tents). Permit fees subject to change without notice.
Entertainment (detail type, bands, DJs, o	dancers, clowns, etc.):			
List times of music and/or amplified	d sound (list PA syste	ems, microphone, spe	eakers, amps):	
Requesting Noise Ordinance Waiv	ver? □ Yes	□ No If yes	, include details:	
Electricity Needed?	□ Yes □ No	Source:		
Will portable restrooms be used?	☐ Yes ☐ No How many:		on site plan): One ADA lation date:	A compliant toilet for every 10 (per location) Removal date:
Will dumpsters be used?	☐ Yes ☐ No How many:	If yes (include	on site plan):	e: Removal date:
Please list any admission charges,	, donations, parkin	g, registration or	other fees and how mu	uch:
Does Event require any Road Clos If yes, you must include all the det			d times.	
Road	Fre	om	То	

SUPPORT DOCUMENTATION Please include: ☐ Site Map ☐ Traffic & Parking Plan □ Safety Plan ☐ Certificate of Insurance (due 30 days prior to event) ☐ Day of Event Contact Person & Cell Number: ☐ Tax Exempt Documentation (if applicable) □ Non-Profit Documentation (if applicable) **ACCEPTANCE & UNDERSTANDING** As the Applicant, I hereby accept and understand the responsibility to oversee all contractors, vendors, or parties affiliated with the event and to insure compliance with the Event Policy & Procedure Manual, the event rules, guidelines, requirements for tents and all policies, rules, regulations, and code provisions of the City of Dunedin. I understand that any violations may result in immediate cancellation and revocation of the Event Agreement. I further certify that all the facts contained in this request are accurate. For events on public property, I agree to obtain and furnish the City of Dunedin with a certificate of general liability insurance in the amount of at least one million dollars (\$1,000,000) or greater as deemed satisfactory by the City Risk Manager. The insurance must name the City of Dunedin as an additional insured. I understand incomplete applications or any outstanding financial obligations with any department within the City of Dunedin may result in a denial of my request. Print Name (must be president if Corporation) Signature Corporation Name (if applicable) Date

Please send application and supporting documents to:

Dunedin Parks & Recreation Department Administration Office - Events 1920 Pinehurst Road Dunedin, Florida 34698

Fax: (727) 812-4547 Phone: (727) 812-4531

Upon approval, an Event Agreement will be sent to the Applicant. Upon receipt, the Applicant shall sign the Event Agreement and return it to the Parks & Recreation Department with payment of deposit within ten (10) days.