<u>City of Key West</u> <u>Special Event Permit Application</u>

For assistance in filling out this application, please contact the City at (305) 809-3881 or via email at: event_request@cityofkeywest-fl.com

Event Name:	
Date(s):	Hours of Operation:
Break Down Date:	Number of Expected Attendees:
Is the Event open to the Public? Yes	No
Description: Provide a narrative description of the below. If this event has multiple sub events, spec	e full scope of your event with as much detail as possible in the box cify date and time range of each.
EVENT ORGANIZER INFORMATION	
Company or Organization Name	
Name	Phone number
Mailing Address	
City State Zip	Email
Tax ID / EIN#	
SECONDARY CONTACT INFORMATION	
Name	Phone number
Company or Organization Name	
Email	
SPECIAL APPROVAL REQUIREMENTS (IF A	APPLICABLE)
Noise Exemption Required: Yes Comple	ete Supplement A No
Non-Profit Applicant or Benefit: Yes 🔲 Co	mplete Supplement B No 🗌
Resolution and must hire an extra-duty police offic	Yes Needs City Commission Approval No erages on City property must have approval by the City Commission through er(s) for crowd control and safety as determined by the Key West Police must have a liquor license and provide liquor liability insurance.

INITIALS REQUIRED				
Event Name	e: Event Date:			
1.	Application Form: All Applicant(s) must fill out the City of Key West (City) application form provided to you by the Office of the City Manager. All applications are subject to approval at the discretion of the City Manager and/or City Commission and must in the Office of the City Manager 60 days prior to the event.			
	Applicant Printed Name: Signature:			
2.	Liability Insurance: Applicant(s) will be required to maintain the following types and amounts of insurance during the Special Event. All insurance coverages must be provided by insurance companies authorized to transact business within the State of Florida and must maintain an A.M. Best rating of A- or better.			
	Commercial General Liability with minimum limits of \$1,000,000 Business Automobile Liability with minimum limits of \$1,000,000 Statutory Workers' Compensation Coverage Employers Liability with minimum limits: - \$1,000,000 injury by accident - \$1,000,000 injury by disease - \$1,000,000 Policy Limits – Each Employee			
	If alcohol beverages will be sold at the event or if the event's attendees will be required to pay an admittance fee and alcoholic beverages will be served, the permittee will be required to maintain Full Liquor Liability coverage with minimum limits to \$1,000,000. Host Liquor Liability coverage will not be acceptable. If the permittee will use the services of a caterer and the caterer will be providing and servicing the alcoholic beverages, the City will honor evidence from the caterer that this requirement is being met. The City of Key West shall be named as an "Additional Insured" on the permittees commercial			
	general liability policy.			
3.	Indemnification: The applicant shall indemnify and hold the City to harmless from all losses, claims, damages, liabilities, and expenses which maybe incurred by the City or which may be claimed against the City by any person, firm to the person or property f any person, firm, corporation, or entity which are consequent or arise from the activities of the permit holder activities or which damages/injuries are consequent or arise from permit holders failure to comply with all applicable laws, statutes, ordinances and regulations.			

Applicant Printed Name:______ Signature:_____

4.	which requires access to all areas in services provided by the special events. Organizers must ensure that all aspects of their event meet the requirements.		
	Applicant Printed Name:	Signature:	
5.	permit shall be mailed prior to the me property owners and occupants of pr special event. Notice of such propose circulation in the city at least five day	sion's proposed action on an application for a special event eeting at which the matter is to be considered to all eoperty located within a 100-foot radius of the proposed ed action also shall be published in a newspaper of general es prior to the date of the city commission decision. The and phone number for complaints. The applicant shall pay	
	Applicant Printed Name:	Signature:	
6.	provision of additional extraordinary city department shall pay to the city	or sponsor of any special event which requires the support services by police, fire, and administration or othe the cost of such services. A nonrefundable down payment e city manager, shall be made to the city either by certified prior to the special event.	
	Applicant Printed Name:	Signature:	
7.	manner of payment. If the event spo the City Manager, or if no such deadl	s authorized to provide reasonable terms for time and consor fails to pay the full costs at the time determined by ine is established, then within 30 days after the event the on the amount due at the rate of one and one-half percent	
	Applicant Printed Name:	Signature:	

Event Screening Questionnaire

Event Name: Event Date:				
The following questions will determine the correct application supplements that will be required for your event. Any permit or license may be revoked if there has been misrepresentation in the permit or license application with respect to the nature and location of the activity. If you answer "Yes" to any question next to a Supplement, that Supplement must be submitted with this application.				
VENDOR SALES				
1. Will ANY alcoholic beverage be sold or served?	Yes Needs City Commission Approval	No 🗌		
2. Will ANY food be prepared or served?	Yes Complete Supplement C	No 🗌		
SAFETY IF YES	, COMPLETE REQUIRED FORMS			
3. Will your event involve ANY of the following? Cooking Onsite, Compressed Gases or Flammable Liquid (used or stored), Fog Machine/Smoke Machine/Bubble Machine, Generators, Open Flame (fire juggling, bonfire, etc.) Pyrotechnics/Special Effects, Lasers, Confetti, Vehicle or Motorcycles	Yes Complete Supplement C	No 🗌		
4. Will your event involve ANY of the following tents or structures? Tents, Booths, Canopies or Podiums, Viewing Stands and Bracing, Stages, Risers or Air Support Structures	Yes Complete Supplement D	No 🗌		
STREETS & SIDEWALKS IF	YES, COMPLETE REQUIRED FORMS			
5. Will your event require a stationary street closure (Block Party, etc.) or block sidewalk?	Yes Complete Supplement E	No 🗌		
6. Will your event require a moving street closure (e.g. Race, Bike Rally, Parade)?	Yes Complete Supplement E	No 🗌		
7. Will your event require parking restrictions (i.e. clearing cars for parade)?	Yes Complete Supplement E	No 🗌		
CITY PROPERTY IF Y	ES, COMPLETE REQUIRED FORMS			
8. Will your event take place in a City-owned Park, Recreation Center or Truman Waterfront?	Yes Complete Supplement F	No 🗌		
The applicant does acknowledge and hereby affirms that any and a accurate to the best of their knowledge. The applicant(s)/permitter indemnify and hold the City of Key West harmless from and agains injury to any person or damages to any property of the parties here whatsoever or in any way connected with the holding of said event event and its operation irrespective of negligence, actual or claime Applicant Signature	e agrees to assume full responsibility and liability for it all liability, claims for damages, and suits for or by r eto or of the third persons for any and all cause or cau cor any act or omission or thing in any manner related	and eason for an uses d to said		
. ippca.i.e Jigilacoi e	- 400			

Required – Recycling Plan

Event Name: _	Event Date:

The City of Key West is committed to increasing the collection of recycled materials and needs your help to accomplish this. As the

		, you need to encourage your vendors to participate in the separation of solid waste and recyclable items by equate number and type of collection receptacles.
RECYCLI	NG	POINT OF CONTACT
Name		Phone Number
Email		Number of people dedicated to recycling
INITIALS	RE	QUIRED
	1.	NON- ACCEPTABLE WASTE: No Plastic Bags, plastic cutlery, plastic straws, plastic cups, or polystyrene are allowed at events.
	2.	RECYCLING FEE : The Fee (see Fee Schedule) must be submitted prior to the event. You can earn all or part of this fee back by participating in the City Recycling Program.
	3.	ACCEPTABLE RECYCLABLES: The primary items will be Aluminum Cans, Plastic Bottles, Cardboard, and Glass Bottles. But additional items can include Food and Beverage Cartons, Regular paper, Magazines and Program Handouts.
	4.	CONTAMINATION : I understand that recycle bins with contamination above 15% will result in not being able to earn back all or part of the Recycling Fee.

RECYCLING TIMELINE

Two Weeks (Self filling)

BEFORE EVENT:

- 1. Arrange Trash/Recycling through Community Services (305-809-3759).
- 2. Get approval for educational signage needed to inform customers/event goers of recycling and garbage rules/locations during the event. Request standard signage or submit unique designs for approval through recycle@cityofkeywest-fl.gov

DAY OF EVENT:

Due Date (Self filling)

- Place Recycling/Garbage containers in pairs throughout venue, at approximately every 30 feet throughout the event.
- During the event ensure that recycle bins are free from contamination. Pull full bags, replace with a new liner, and stage full bags only at pre-arranged sites.
- At end of event, remove all signage, and return if borrowed from City. Place all trash/recycling containers pre-arranged pick-up location.

Due Date (Self filling)

TRASH/RECYCLING REPORT:

- City Community Services will supply a report detailing the amount of materials collected for recycling by weight, volume, or count and report on contamination levels.
- After the report is generated, the results will be shared with the event organizer and event vendors, or by contacting recycle@cityofkeywest-fl.gov.

Required – Event Transportation Planning

Event Name: _	Event Date:				
	traffic congestion are consistently a concern of Key West residents. It is the City's goal to involve all even raffic reduction as well as management. For more information consult the Special Events Guide.				
INITIALS REQU	IRED				
t		,	vired to provide comm e traffic. These actions 3. Tickethol 4. Social Me	s include: lders	t modes of
	congestions and pa	rking issues. Your	ired to explore opport event will be more sud y alternatives. Check	ccessful by enco	uraging alternate
-	Encourage W	alking alking	Partner	with Transit Sys	stem/Buses
-	Encourage Bi	king	Partner	with Transit Frie	endly Hotels
-	Providing Bike Security with Valet Partner with Restaurants/Bars			ts/Bars	
-	Include Ride Service with VIP Passes Partner with Rideshare/Taxi Companie			Taxi Companies	
-	Provide Pre-S	Sale parking only	Implem	ent Shuttles	
_	Premium par	king prices	Other:		
to the City. The f			ed parking spaces or lo ish to use or reserve p		
Parkir	ng Type	Fees and Rules*	No. of Parking Spots Requested	No. of Days Needed	Total Parking Cost

Parking Type	Fees and Rules*	No. of Parking Spots Requested	No. of Days Needed	Total Parking Cost
Residential Permit Spaces	Not allowed			
Unmetered Street Parking	No Cost			
Park N Ride Garage	\$32/day			
Metered Street Parking	\$20/day			
Truman Waterfront Park	\$20/day			
Smathers Beach	\$20/day			
Angela Firehouse Parking Lot	\$20/day			
Simonton Beach Parking Lot	\$20/day			
Ferry Terminal Parking Lot	\$20/day			
Historic Bight Parking Lot	\$32/day			
Mallory Square Parking Lot	\$40/day			
*Modification of rates or parking waivers can only be approved by City Commission. Total				

Total Parking Cost shall be calculated using this table and accounted for in the Event Fee Schedule. For more information, contact John Wilkins, Parking Director at (305) 809-3855.

Required: Event Site Map / Layout

Event Name:	 Event Date:	
Event Name:	 Event Date:	

Using the legend below, please illustrate your event to the best of your ability.

If it is a single site event only one site layout is needed. If the event includes multiple streets, a second map showing the Impacted Streets for the entire area is needed.

INITIALS REQUIRED

Attach Site Map Layout Attach Impacted Streets Map

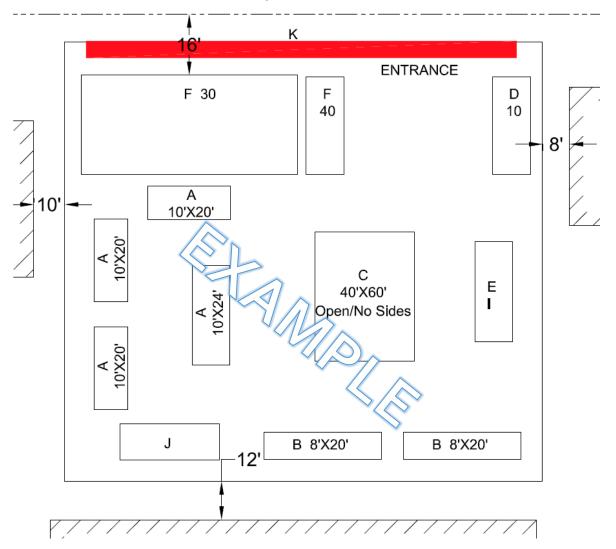
Event Site Map Layout Legend:

- A. Food/Bev. Vendor Tents*
- B. Merchandise Vendor Tents*
- C. Seating Tents*
- D. Toilets **
- E. Amplified Music

- F. Car Parking**
- G. Bike Parking**
- H. Roads Closed
- I. Stage Area
- J. Bounce House

- K. Podiums
- L. Fire Lane (RED LINE)
- M. Label Street(s)
- N. Other:
- O. Other: _____

Maple Street



 ^{*} Indicate Tent sizes

^{**} Indicate Quantity

Supplement A - Noise

Event Name:			Event Date:	
Excerpt from City Code Sec. 26-19.	2 Unreasonat	ly excessive noise pro	hibited.	
<u>Noise limitations</u> - Within a core collevels permitted on any property lo		_	ticle, the maximum d	BA and dBC sound
The average measurement taken be maximum levels set out below. The lease boundary in the case of properoise generating property at a loca	e measurement erty which has b	shall be taken from ti been subdivided by the	he sound source prope e execution of individu	erty line, or individua
a. Eighty-five (85) dBA or r b. Seventy-five (75) dBA or	, ,		•	
In any residential or commercial dis unreasonable noise made at or with be made at the location of the com excessive noise, unless in his judgm a total of one warning per offending	hin 100 feet of t plaint. The inve eent a warning i	the property line of the stigating officer shall is sufficient to cease t	e sound source. The d I issue a citation for ur	ecibel reading shall nreasonably
Events that expect to exceed deci Commission. <u>Noise Exemptions c</u> <u>exemption approval</u> .		_	•	•
Describe the Potential Noise Sour	ces:			
Do you wish to apply for a Noise E	Exemption?	Yes Need City C	ommission Approval	No 🗌
1. Applicant(s) has revie exemption from the Applications for noise	noise control o	rdinance requires ap	proval from the City	Commission.
2. The processing fee for fee in the Special Eve			n submission of appl	ication. Include this
 Notice of the City Co newspaper of genera as well as mailed to a proposed event. The 	l circulation at Il property owr	least five days prior ners and occupants lo	to the date of the Co ocated within a 100-fo	mmission meeting, oot radius of the

For more information on Noise and Noise Exemptions, consult the Special Event Guide and read the <u>City</u> <u>Code Section 26-192</u>

Special Event Permit Application Supplement B – Non-Profit Verification

Event Nam	Name: Event Date:			
Non-Profit (Organization Name			
Tax ID/EIN #	#	Representative		
Purpose of 0	Organization			
Phone		Email		
How will the	e nonprofit proceeds/donations	s, after payments of direct ne	cessary expenses be used?	
INITIALS R	REQUIRED			
2.	Ordinances may be waived for tax-exempt Non-profit organizes waiver by such Event Organizes accommodation subject to Human Approval: Supplement B must Neither Completion nor Subm	or any Event Organizer or Spo ization according to State or I ter or Sponsor organization sh uman Rights provision of Sect st be reviewed and approved f nission of this form guarantee	for Non-profit waivers to be granted. es a waiver will be granted.	
3.	-	er from the Non-profit Organ	the Event Organizer agrees to submit ization receiving the waiver stating	
4.	organization will ensure that t	the Non-profit organization re	ne Event Organizer or Sponsor eceiving the waiver submits to the City red and generated during the event.	
SIGNATUR	RE AND ATTACHMENT REQUI	RED		
educational, exemption s described ar	, charitable, fraternal, or religiou	s organization under the laws of Service; that the organization e event, after necessary direct of	le, in good standing, domestic civic, of the State of Florida or with proper tax is the actual sponsor of the event expenses, will be used for civic,	
and belief. I	•	zations who fraudulently seek	mplete to the best of my knowledge exemption shall be subjected to civil	
Provide a co	py of your organization letter iss	sued by the I.R.S. or Secretary	of State verifying tax exempt status.	
Officer Sign	aatura	Ti+lo.	Data	

Supplement C – Food & Safety

•	•	•		
Event Name:	nt Name: Event Date:			
This section will be reviewed by the Key and security needs may be required at t requirements that may be deemed necessity.	he Special Event. The Fee Schedule m	•		
Please contact the following City repres	sentatives before completing your appl	ication:		
Fire Department and EMS – Chie Police Department – LT Joseph	• •			
More information on Safety requireme	nts can be found in the Special Event G	uide.		
EVENT ACTIVITIES – Check all that ap	ply to the Special Event			
Cooking:	Electrical Power	<u>Other</u>		
Deep Frying / Open Flame Charcoal Grill Gas Grill Food Warming Only Catered Food	Generator 110AC / Extension Cords DC Power Structures: Stages / Risers / Canopies	Road Closure Fog/Smoke Machine Bubble Machine Pyrotechnics Special Effects Open Flame		
Alcohol To be Served By	Stages / Risers / Carlopies	Lasers		
Existing Licensed Establishment		Confetti		
Commercial Licensed Vendors Non-profit Licensed Vendors	Air Supported Bounce House Tents Greater than 200 SF	Vehicle/Motorcycle Demo		
INITIALS REQUIRED				
Alcohol: Applicant(s) wish approval by the City Commiss crowd control and safety as d	ing to sell/consume alcoholic beverage sion by Resolution and must hire an ext etermined by the Key West Police Dep license and provide liquor liability insur	ra-duty police officer(s) for artment or City Manager.		
- ,	g, a KWFD Fire Watch must be provided nall be provided near cooking equipme	3		
	st not interfere with pedestrian movem show a minimum setback of six (6) feet			
 ·	ndicate where structures, tents, stages also identify distances to the nearest bu v seating/chair arrangement.			
	nust be disposed of properly. Vendors ture of a portion of the Event deposit.	found dumping cooking oil		

Supplement D – Tents & Structures

Event Name:	Event Date:
, , , , , , , , , , , , , , , , , , , ,	e and Police Departments to determine what safety checks I Event. The Fee Schedule may be revised based on
Please contact the following City representatives before con	mpleting your application:
Fire Department and EMS – Chief Alan Ave Police Department – LT Joseph Tripp (305	• •
Provide copy of Event Site Map/Layout	Yes No No
TENTS	
Total Number of Food/Beverage Vendor Tents:	
Total Number of Merchandise Vendor Tents:	
Total	l:
Tent Supplier Name	Contact Number
Size & Type of Tents:	
,,, <u> </u>	
Provide Certificate of Flame Resistance/Retardan	t for Tent Fabric. Yes No
Will there be any combustibles or flammable liqui	ds under the tent? Yes No
Will the sides of the tent be used? Yes* *Exit plans must be indicated on Site Map Layout.	□ No □
STRUCTURES	
What structures will be erected?	
Will structures be erected on any part of a street of	or sidewalk? Yes No No
For each structure, note number of footings, weig	ht and dimensions (L/W/H) below:

${\sf Supplement} \ {\sf E-Street} \ {\sf Closure}$

Event Name:		Event Date:		
STREET CLOSURE INFORMA	TION			
Street(s) to be closed		Block/Address Number(s)		
Cross-Streets: between		and		
Closure Date(s)	Time	AM/PM to	AM/PM	
INITIALS REQUIRED				
City street must no Organizer propose right-of-way, the revenues or \$1000 Organizer must do named Non-profit the Event Organizer. 2. Consent: The Event of the street closury. 3. ADA Restrooms:	make an application jointly ses a Special Event that will Event Organizer must do co.oo, whichever is greater lesignate the Non-profit of the organization must provider. Ent Organizer must have not one of the organizer the Event Organizer the Ev	businesses or private persons we with a Non-profit organization II cause the closing of a city stremate at least 25% of the Event Control of the Event Control of the Event Control of the City Manager with a letter of the City Manager with a let	et or other public organizer's gross inization. The Event in for the event. Each er of agreement with etition of no objection Events Guide.	
of those facilities, disability. 4. Insurance: Typic off private proper	, whichever is the greater al insurance policies may ty and in the City Right-of	of-way, at least five percent of the number, shall be accessible to percent of the percent of th	ersons with physical nts that may occur	
		ability and \$2M — aggregate.	C 1	
5. Public access: Pe	destrians must be allowed	d access to the closed area free o	of charge.	
	ss: The closed street/road cles within the close block	way will immediately available i	for emergency	
SIGNATURE REQUIRED				
We the undersigned, agree to s person and/or property which is above street for the purpose of	s caused by any activity, co		,	
Event Organizer Signature		 Date		

Supplement F – City Property

Event Name:		Event Date:
A list of Ci Event Guid		perties that are available for event use, their amenities and Use Fees are listed in the Special
Which City	y Prope	erty do you wish to use?
Which Are	a(s) of	the City Property do you wish to use?
Will Utilitie	es be re	equired (Water and/or Electricity)? Yes No
INITIALS	REQU	IRED
	1.	The City makes no guarantees that the requested City Property and Area will be available on the dates requested. Submitting this application acts as a request, not a guarantee.
	2.	Events taking place on City Property require insurance in the amount of \$1M – liability and \$2M – aggregate.
	3.	Applicants wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission via Resolution and must hire an extra-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or City Manager. Event Organizer must first have obtained a <u>liquor license</u> and liquor liability insurance.
	4.	Prior to use of the requested facility, the applicant must provide a refundable deposit and a nonrefundable payment for use of the City Property, as determined by the Fee Schedule. This payment shall be delivered to the City Manager's Office at 1300 White St., Key West, FL 33040 at time of application. All checks shall be made payable to City of Key West.
	5.	All utility use must be coordinated through City of Key West. Any modification to utilities to support the activity will be at the sole cost of the Event Organizer and must meet City Codes. Utilities used by the Event Organizer will be charged at current rates or agreed upon method.
	6.	Ingress/egress by the Event Organizer shall be coordinated with the City of Key West.
	7.	The City property used must be maintained in an orderly and neat condition. City of Key West may request Event Organizer to improve conditions of site within reason if conditions become unacceptable.
	8.	No trash may be left on site. Use of City of Key West dumpsters is not authorized unless prior approval is obtained from the City Manager.
	9.	No alcoholic beverages/non-prescription drugs or food may be brought onto or sold on Truman Waterfront without prior approval from the City Commission.
	10	. No hazardous material or waste shall be used or stored on the premises without submitting a Hazardous Waste Handling and Spill Plan to the City of Key West.

	11.	etc. associated with the activity and shall put in place any and all measures to eliminate environmental contamination to the City Property that may be caused by the Event activity.
	12	All trash (including waste oil) and equipment including portable toilets and trailers shall be removed no later than close of business of the last day of the event. Event Organizer should plan accordingly. City of Key West may impose additional fees for use of City Property beyond usage dates.
INITIALS RE	QUI	RED for Truman Waterfront Property
or Use of Tr	ruma	an Waterfront, the Event Organizer is subject to the following additional provisions:
	13.	Event Organizer is responsible for obtaining necessary permits required by any other agencies pertaining to this Special Event such as Federal, State, Local, Coast Guard, Navy, Marine Sanctuary, etc. and is responsible for providing proof of permit prior to entering into an agreement with the City of Key West.
	14	Event Organizer must take part in pre- and post-activity walk-through inspections with the City of Key West point of contact, or designee.
	15.	Event Organizer must provide the City of Key West with a detailed schedule for activities.
	16	. City of Key West personnel shall be allowed access to the site at all times.
	17.	Event Organizer shall provide sufficient personnel to ensure proper and safe operation of the activity.
	18	. Event Organizer may not stay overnight on Truman Waterfront without prior approval from the City of Key West.
	19	. Any use of NOAA property or seawall must be coordinated with directly with NOAA.
	20	. Unfettered access to Navy, NOAA and State Park property must be maintained at all time
	21	. Use of the inner basin for any activities is not authorized.