


Sumter County Division of Public Works
Parks Department
 319 East Anderson Avenue
 Bushnell, FL 33513

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Fax: (352) 569-6701
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Website: www.sumtercountyfl.gov/pw/parks
Emergency: (352) 303-0116/ (352) 303-0406



Special Event Application
 (To be submitted along with a completed Facility Usage Application)

Event Name:	Event Sponsor:
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Event Location & Date/s:	Event Co-Sponsor/s (if applicable):
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If this is a fundraising event, who or what entity will benefit from the proceeds? _____
 What fees or charges are required or associated with this event? _____

Attendance General Information Vendor Information	Minimum Anticipated Spectator Attendance: _____ Minimum Parking Requirements: _____ Maximum Anticipated Spectator Attendance: _____ Maximum Parking Requirements: _____ Will there be any of the following (check all that apply)? <input type="checkbox"/> Animal Rides <input type="checkbox"/> Cookers/Grills <input type="checkbox"/> Musicians <input type="checkbox"/> Moonwalk/Bounce House <input type="checkbox"/> PA System <input type="checkbox"/> Petting Zoo <input type="checkbox"/> Performers <input type="checkbox"/> Portable Stage <input type="checkbox"/> Tables/Chairs <input type="checkbox"/> Other: _____ If private vendors will be selling food, products or some other services during this event, what is the Minimum & Maximum Anticipated Vendor Attendance? _____ Vendor Space/Size Requirements: _____ Please check all Vendor types that apply: <input type="checkbox"/> Food or Concession Carts <input type="checkbox"/> Crafts <input type="checkbox"/> CD's, DVD's, VHS <input type="checkbox"/> Games <input type="checkbox"/> Beverage Carts/Standards <input type="checkbox"/> It is requested that vendors be allowed to setup tents <input type="checkbox"/> Other: _____ <p align="center">*Alcohol is not allowed on County Property*</p> I/We understand that it is my/our responsibility to advise ALL VENDORS of their obligation to have the appropriate operational license/s (if applicable) and to collect and pay all applicable state sales tax as required by the State of Florida. Failure to relay this information could result in fines to me/us and/or the participating vendor/s. <div style="display: flex; justify-content: space-between;"> _____ Signature _____ Date </div>
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For Office Use Only	Does facility have ample parking?: _____ Parking Options (if needed): _____ Transportation Options to Offsite Parking (if needed): _____ Does facility have ample restrooms and/or Port-a-lets? _____ Number of additional Port-a-lets required (if applicable) per SC DOH requirements: ? _____ If additional Port-a-lets are required, who is the supplier: ? _____ Does facility have ample space for vendors and/or tents (if applicable): _____ Comments from SC DOH: _____ Comments from Transit: _____ Comments (other): _____
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Layout	Please provide a separate drawing and/or written description of how the event elements will be laid out during this event. _____ _____
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For Office Use Only	Lay out <input type="checkbox"/> was or <input type="checkbox"/> was not provided and is: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Comments: _____ _____ _____
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Electricity & Water	Will electricity be needed? _____ If so, for what and how many outlets are desired? _____ Will more than standard electrical receptacles/outlets be required? _____ Will water be needed? If so, for what purpose? _____
For Office Use Only	Facility <input type="checkbox"/> does <input type="checkbox"/> or does not have electricity. Electricity <input type="checkbox"/> is or <input type="checkbox"/> is not sufficient for this event. Temporary Pole: <input type="checkbox"/> will or <input type="checkbox"/> will not be allowed at applicant's expense. Comments: _____ Water <input type="checkbox"/> is or <input type="checkbox"/> is not available at this facility. Comments: _____
Road Closing	Are you requesting permission for a road to be closed during this event? _____ Have you submitted this request in writing to the appropriate City, Sumter County Public Works or FDOT? _____
For Office Use Only	Has request for temporary road closing been approved by appropriate agency? _____ Comments from Sumter County Public Works: _____ Comments from City of: _____ Comments from FDOT: _____ Comments from City Police or Sheriff's Dept: _____ Comments (other): _____ Date Approved: _____ Copy of Approved Request Received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance	Does applicant/agency carry liability insurance to cover events such as this? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what are the limits? _____ Name of Insurance Carrier: _____ Phone: _____
For Office Use Only	The acceptable liability limit/s is: _____ The following entities must be listed as additional insured: _____ _____ If not insured, where will the entity acquire insurance? _____ Certificate of Insurance received: _____ Date: _____ Insurance has been approved by Risk Management: _____ Comments from Risk Management/Insurance Carrier: _____ _____
Security	How many officers or deputies do you plan to have working this event? _____ What time will security begin & end? _____ Who is responsible for coordinating with security? _____ Phone: _____ Security will be used for: <input type="checkbox"/> Crowd Control <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other: _____
For Office Use Only	Security confirmed with the City of Police Dept. or the County Sheriffs: _____ Date: _____ Additional security concerns (if applicable): _____ Comments from City Police or Sheriff's Department: _____ Security confirmed and approved by: <input type="checkbox"/> City Police <input type="checkbox"/> County Sheriff <input type="checkbox"/> Other Law Enforcement
Clean Up	Who is in charge of cleaning up after the event? _____ Phone: _____ Who will actually be doing the cleanup? (Please check all that apply.) <input type="checkbox"/> Volunteers <input type="checkbox"/> Boot Camp <input type="checkbox"/> Work Squad <input type="checkbox"/> Other: _____ When will they begin and finish cleaning up? _____
For Office Use Only	Clean Up was inspected by: _____ Date: _____ Comments: _____

I/We, fully understand that completion/submittal of this application does not confirm my/our request and that ALL requests are subject to review by County Parks & Recreation Staff, Risk Management, Law Enforcement and other applicable Departments or Agencies prior to approval. All requests are processed on a first come first serve basis. Upon review, a designated staff member will notify me or one of my contacts regarding the status of this request and whether or not any additional information, deposits or others fees are required. I/We also acknowledge that I/We have received a copy, read, understand and fully agree to all of the items and terms outlined in the Facility Usage Agreement, including how to proceed in the event of any emergencies needing immediate attention during this event. I/We further affirm that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

A Copy of the Applicant's Driver's License or at least the License Number must accompany all applications when paid by check.

Drivers License: _____ Expiration Date: _____

FOR OFFICE USE ONLY

:					_____
	<u>Date Received:</u> _____	Approved	Denied	Staff Initials & Date:	_____
	_____				_____
		<input type="checkbox"/>	<input type="checkbox"/>		_____
	_____				_____
		<input type="checkbox"/>	<input type="checkbox"/>		_____ / _____
	_____				_____
<input type="checkbox"/>		<input type="checkbox"/>			_____