



DATE/TIME RECEIVED:

**TOWN OF LAKE PARK
SPECIAL EVENT PERMIT APPLICATION**
Please read instructions before filling out application.

Please submit application fourteen (14) calendar days prior of proposed event to:

DEPARTMENT OF COMMUNITY DEVELOPMENT
535 PARK AVENUE
LAKE PARK, FL 33403
Telephone: 561-881-3318 Fax: 561-881-3323

Instructions:

Please print legibly using dark ink.

Application must be filled out completely. \$75.00 Application fee must accompany application. Non-profit/individual application fee: \$25.00 Please note the permit requirements necessary to be attached to application.

Name of Event or Name of Event Organizer:

Address/Location of Event

Detailed description of use (use additional sheet if applicable)

If the event requires a facility rental, please contact 561-881-3338.

Dates/Times of the event:

	Date	Day	Begin Time	End Time
Event Day 1	_____	_____	()AM () PM _____	() AM () PM
Event Day 2	_____	_____	() AM () PM _____	() AM () PM
Event Day 3	_____	_____	() AM () PM _____	() AM () PM

Organization(s) Producing Special Event (if applicable):

Name: _____ Name: _____

Address: _____ Address: _____

State/Zip _____ State/Zip: _____

Phone: _____ Phone: _____

Alternate Phone # _____ Alternate Phone # _____

Fax: _____ Fax: _____

E-mail : _____ E-mail: _____

Individual(s) Responsible:

Name: _____ Name _____

Address: _____ Address: _____

State/Zip: _____ State/Zip: _____

Phone: _____ Phone: _____

Alternate Phone # _____ Alternate Phone # _____

Fax: _____ Fax: _____

E-mail : _____ E-mail: _____

Purpose of the event

Estimated number of participants? _____

Has this event ever occurred in the Town of Lake Park? Yes ___ No ___

Has this site had a Special Event Permit this calendar year? Yes ___ No ___

****THE FOLLOWING SECTIONS MAY NOT APPLY TO
NON-COMMERCIAL EVENTS****

Will your event require road closure? Yes ___ No ___

If YES, describe the requested street segment closure and time and provide a traffic circulation plan, including a detour signage plan. You are responsible for notifying affected businesses/entities, including Palm Tran, regarding affected routes:

(Initial to acknowledge statement)

Will the event require the use of electricity? Yes ___ No ___

Will the event require water hook-up? Yes ___ No ___

Describe restroom availability: _____

Will food and/or beverages be served? Yes ___ No ___

Will the event have vendors or concession sales, including food? Yes ___ No ___

If YES, the event organizer is responsible for securing all respective PBC and State of Florida Health Certificates for food vendors, as well as copies of all other commercial vendor licenses.

The event organizer holds full responsibility and liability for vendors.

(Initial to acknowledge statement)

Will Palm Beach County Sheriff's Office services be required? Yes ___ No ___

Will Palm Beach County Fire-Rescue services be required? Yes ___ No ___

Will alcoholic beverages be served? Yes ___ No ___

If YES, additional liquor legal liability with a \$1million limit is required.

Commercial for-profit and non-profit special events will require a Certificate of General Liability with the following limits:

\$1 million per occurrence;

\$2 million aggregate;

\$100,000 damage to rented premises.

Are you proposing signage?

Yes ___ No ___

If YES, please fill out the signage permit application attached. An additional \$100 fee is required for signage.

Will the event have an official "Flyer" and/or promotional materials? Yes ___ No ___

If yes, the Town Logo and/or reference is not permitted unless pre-approved by providing a copy of the Flyer.

(Initial to acknowledge statement)

Please provide a sketch of the special event site including: Proposed location of parking, tent(s), concession stand(s), booth(s), stage(s), etc. OR provide an attachment:

NOTE: Public parking spaces are first-come, first-serve.

IF TENTS ARE BEING UTILIZED:

For any tent which is larger than 10 ft. x 10 ft. and pop-up style, a Certificate of Flame Resistance will be required to be attached to this Special Event Permit application.

(FOR OFFICE USE ONLY)

SIGNATURES/APPROVALS:

Please Sign and Date.

PARKS & RECREATION DIRECTOR:

PUBLIC WORKS DIRECTOR:

MARINA DIRECTOR: *(If applicable)*

PALM BEACH COUNTY SHERIFF:

PALM BEACH COUNTY FIRE-RESCUE:

CODE COMPLIANCE OFFICER:

COMMUNITY DEVELOPMENT DIRECTOR:

Comments:

APPLICANT SIGNATURE: _____ **DATE:** _____