



# CITY OF OAKLAND PARK SPECIAL EVENT APPLICATION

**Fee must accompany completed application**

More than 60 days before event  
**\$250.00**

Between 45 and 59 days before event  
**\$350.00**

Between 44 and 30 days before event  
**\$450.00**

Submit a **COMPLETED APPLICATION**, with SITE PLAN and SITE PLAN NARRATIVE **30 days** before your planned event. Please make sure all sections are completed and all pages are initialed by the applicant. Incomplete applications will be returned to the applicant.

After you submit the application with your fee, you will be contacted for a meeting with the Special Events team to review:

1. Facility/Location requested
2. Compliance with City ordinances
3. Special permits required
4. Other Charges for City Services
5. Security requirements

## PART I: EVENT REQUEST

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

Purpose of event (check one):     Fundraiser     Recreation  
                                                  Awareness     Other \_\_\_\_\_

Expected maximum attendance \_\_\_\_\_ Expected sustained attendance \_\_\_\_\_

Has this event been held in the past?     Yes     No

If yes, please list past dates, locations and attendance \_\_\_\_\_

**Detailed Description:** (Activities, Vendors, Entertainment, etc.) \_\_\_\_\_

**Location:** \_\_\_\_\_

Is the event open to the public?     Yes     No

Date and Time:	DATE	DAY	BEGIN	END	ATTENDANCE
SETUP:	_____	_____	_____ AM/PM	_____ AM/PM	_____
EVENT DAY 1:	_____	_____	_____ AM/PM	_____ AM/PM	_____
EVENT DAY 2:	_____	_____	_____ AM/PM	_____ AM/PM	_____
EVENT DAY 3:	_____	_____	_____ AM/PM	_____ AM/PM	_____
BREAKDOWN:	_____	_____	_____ AM/PM	_____ AM/PM	_____

## PART II: APPLICANT

**Organization Name:** \_\_\_\_\_

For-Profit     Non-profit     Private    (as registered in Sunbiz)

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

City, State, Zip: \_\_\_\_\_

Date of registration: \_\_\_\_\_ State registered in: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Initials \_\_\_\_\_ Staff Initials \_\_\_\_\_

**Two Authorizing Officials for the Organization:**

President: \_\_\_\_\_ Phone: \_\_\_\_\_

Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_

**Event Coordinator Name:** \_\_\_\_\_ Title: \_\_\_\_\_

Primary Contact Tel #: \_\_\_\_\_ Primary Contact Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary Contact Person:** \_\_\_\_\_

Tel #: \_\_\_\_\_ Alternate Contact Cell #: \_\_\_\_\_

**Event Production Company:** (if other than applicant): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: Day#: \_\_\_\_\_ Night#: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax#: \_\_\_\_\_

**PART III: EVENT INFORMATION**

All City permits must be obtained through the City's Engineering and Building Services (EBS) Building & Permitting Services Division using the Building Permit Form - Apply and pay for the permits at least 30 days before the event. Contact the EBS Building & Permitting Services Division (954) 630-4350 with any questions.

**Admission:** Will there be a charge for admission? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much? \$\_\_\_\_\_

**Alcohol For Sale:** \_\_\_\_\_ Yes \_\_\_\_\_ No **Alcohol For Free:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how will the beverages be controlled and served? (Draft truck, bartender, beer tub, etc.)

\*Provide State of Florida alcohol licenses and \$500,000 of Liquor Liability Insurance 30 days before event.

**Amusement Rides:** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name and contact of company: \_\_\_\_\_

What type of rides are you planning? \_\_\_\_\_

\*Florida Bureau of Fair Rides (850) 921-1530 must be contacted 30 days before the event to schedule inspections and final approval of all vendors and rides prior to use.

**Electricity:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
\*Events requiring electricity must be permitted.

Company: \_\_\_\_\_ License #: \_\_\_\_\_

Name of electrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Entertainment:** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type of entertainment will be there? Any notable performers and/or bands?

\_\_\_\_\_

**Fencing or Barricades:** \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Include proposed fences in your Site Plan & Narrative

**Fireworks & Flame Effects:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Name & Contact of Company conducting the show: \_\_\_\_\_

**Food Vendors:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Food Trucks:** \_\_\_\_\_ Yes \_\_\_\_\_ No

*\*All food trucks must be inspected by Fire Marshal prior to operating within the city.*

Name of Company: \_\_\_\_\_ County License #: \_\_\_\_\_

Dates participating: \_\_\_\_\_

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Name of Company: \_\_\_\_\_ County License #: \_\_\_\_\_

Dates participating: \_\_\_\_\_

*\* State Health Dept. (954) 397-9366 must be notified 10 days prior to event.*

*\*All Food Vendors cooking or warming food on-site must be inspected by the City of OP Fire Marshal or designee, to ensure compliance prior to serving food. A fire extinguisher is required for each food booth. If a propane tank is used for a fuel source, it must be secured on the outside of the booth. Inspections during non-working hours will cost additional fees*

**Music:** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, MC, DJ, etc.):

\_\_\_\_\_

List the type of equipment you will use (speakers, amplifier, drums, etc):

\_\_\_\_\_

\_\_\_\_\_

Days and times music will be played: \_\_\_\_\_

How close is the event to the nearest residence? \_\_\_\_\_

Soundproofing equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Security/Police:**

Will security be on site overnight? \_\_\_\_\_ Yes \_\_\_\_\_ No

Detail Deputy: \_\_\_\_\_ Yes \_\_\_\_\_ No

How many deputies: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Person contacted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Security companies and their plans must be approved and you may still be required to hire city law enforcement. See below.

Security Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Duration Security will be present: \_\_\_\_\_

\* Applicant will be responsible for submitting a traffic and crowd control plan and may be required to hire off-duty Special Detail Broward Sheriff's deputies for traffic and crowd control. Special details application must be submitted to Broward Sheriff's Office - Special Details permit office located at 2601 W. Broward Blvd, Fort Lauderdale, FL 33312. Additional contact information office phone 954-831-8199 and fax 954-797-0926.

**Parking Impact:** Please provide the number of parking spaces available on site being provided by the event organizers, the number of spaces available from other properties (letter stating the property owners granted permission) also show available public parking.

Location(s)? \_\_\_\_\_

Date(s) of Closure: \_\_\_\_\_ Time(s) of Closure: \_\_\_\_\_

**Road Closings:** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, define closure(s) \_\_\_\_\_

Date(s) of Closure: \_\_\_\_\_ Time(s) of Closure: \_\_\_\_\_

\* Closing roads requires submitting an approved Maintenance of Traffic plan

**Sanitation & Waste:**

Will the event encourage Recycling and Sustainability? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many recycle receptacles \_\_\_\_\_ How many trash receptacles \_\_\_\_\_

All grounds must be cleaned up **immediately** after completion of event.

**Tents or Canopies:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Quantity and size of each? \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\*A detailed Site Plan showing the locations and size of each canopy or tent is required. A permit and final inspection is required if there are tents/canopies that exceed 10x10, or if they are going to be used for cooking or if there are Tents (with walls).

**Toilets:** \_\_\_\_\_ Yes \_\_\_\_\_ No

\*All toilets must be removed within 24 hours. Portable Toilets are regulated by Broward County.

**PART IV: SECURITY AND EMERGENCY SERVICES**

Your Event may require Security and Emergency Services which will be determined using this application, your Site Plan and Narrative, MOT, transportation plan and any additional information requested during your Special Events meeting. The hourly rate and costs for services will be quoted on the "Cost Estimate" worksheet developed at the meeting and provided to the organizer. The cost may change after the meeting.

**Fire Prevention and Emergency Medical Services**

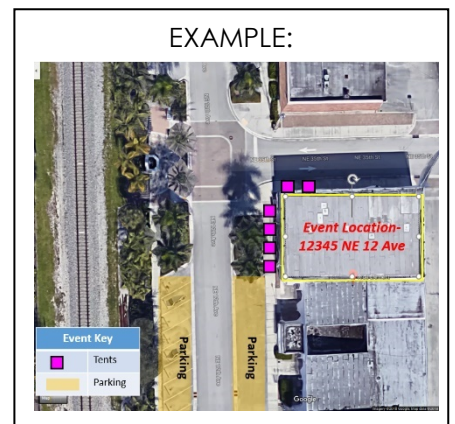
Fire Rescue may need to inspect your event or provide services based on your Building Permit, expected attendance and other risk factors such as alcohol, time, day, location, event type or weather.

**On-site Contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Initials \_\_\_\_\_ Staff Initials \_\_\_\_\_

**PART V: EVENT SITE PLAN & NARRATIVE**

1. ALL events - **Event Site Plan & Narrative** – show stages, restrooms, fencing, tents etc.
2. Closed Roads - **Maintenance of Traffic Plan** – show barricades, directions, cones, etc.
3. Security needs – **Security Plan** – detail how event coordinator will manage security.



**Notes:**

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**PART VI: APPLICANT'S ACCEPTANCE**

The information I have provided on this application is true and complete to the best of my knowledge. I understand that approval of this event is contingent upon review and approval of all City Disciplines and the City Manager's Office.

To the fullest extent of the law, I agree to defend, pay on behalf of, indemnify, and hold harmless, the City of Oakland Park, its elected officials, employees, volunteers, and others working on behalf of the City of Oakland Park against any and all claims, demands, suits, or loss including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from the City of Oakland Park, its elected officials, employees, volunteers, or others working on behalf of the City of Oakland Park, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this Special Event Permit. Furthermore, I agree to be responsible for any fees relating to damage of public property incurred by the Special Event which are detailed in a written report provided to the Special Event Applicant no later than seven (7) days after the event.

(Please initial)

\_\_\_\_\_ **No advertising for this event of any kind shall be permitted** until an approved Special Event Permit has been issued by the City of Oakland Park. Failure to adhere to this will result in the denial of the permit.

\_\_\_\_\_ **Off-site signage** such as banners, snipe signs or postings are not permitted. Failure to adhere to this will result in the denial of the permit.

\_\_\_\_\_  
Signature of Special Event Permit Applicant

\_\_\_\_\_  
Date

**Notary as to Special Event Permit Applicant**

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_, who is personally known to me, or, if not, produced the following

form of identification: \_\_\_\_\_.

**NOTARY PUBLIC**

Sign: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Print: \_\_\_\_\_

My Commission Number: \_\_\_\_\_

**PART VI: SUBMISSION**

**Email** application and plans at least 30 days before your planned event to: [daniela.schonis@oaklandparkfl.gov](mailto:daniela.schonis@oaklandparkfl.gov)

**Include** these plans with application for:

1. ALL events - **Event Site Plan & Narrative** – show stages, restrooms, fencing, tents, etc.
2. Closed Roads - **Maintenance of Traffic Plan** – show barricades, directions, cones, etc.
3. Security needs – **Security Plan** – detail how event coordinator will manage security.

**In-person application and fee drop off:**

payable to (**City of Oakland Park**)

to: Parks and Leisure Services

3650 NE 12 Avenue, Oakland Park, FL 33334

**Questions?** (954) 630-4507

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**FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE**

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APPLICATION DATE SHALL BE DEEMED TO BE ON THE DATE ON WHICH  
ALL REQUIRED DOCUMENTS HAVE BEEN SUBMITTED.

**APPLICATION SUBMITTAL DATE:** \_\_\_\_\_

**APPLICATION ACCEPTED BY:** \_\_\_\_\_

**NON-REFUNDABLE APPLICATION FEE:** \_\_\_\_\_

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**SPECIAL EVENT PRE-MEETING DATE/TIME/ZOOM:** \_\_\_\_\_

**MEETING NOTES:** \_\_\_\_\_  
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