



OPEN-AIR SPECIAL EVENT PERMIT APPLICATION FOR PRIVATE PROPERTY

PLEASE BRING ALL OF THE FOLLOWING ITEMS THAT APPLY WHEN SUBMITTING YOUR APPLICATION.

- _____ USE OF PROPERTY – PROOF OF REAL PROPERTY OWNER’S OR LESSEE’S PERMISSION
- _____ IF REGULATED BY THE STATE OF FLORIDA, A COPY OF THE STATE LICENSE, AND INSURANCE.
- _____ SITE PLAN INDICATING ALL AFFECTED AREAS, STREETS PROPOSING TO BE CLOSED, TEMPORARY POWER SOURCES TO BE INSTALLED, PORTABLE RESTROOM LOCATIONS, VENDOR PLACEMENT, PARADE ROUTE OR ANY OTHER SIGNIFICANT FEATURES
- _____ NON-PROFIT ORGANIZATIONS/BUSINESSES (501/3(C))– MUST PROVIDE PROOF OF NON-PROFIT STATUS
- _____ COPY OF APPLICANT’S INSURANCE CERTIFICATE. IF THE EVENT USES PUBLIC RIGHTS-OF-WAY OR CITY PROPERTY TO SUPPORT THE EVENT THE APPLICANT NEEDS TO NAME THE CITY OF WINTER GARDEN AS ADDITIONALLY INSURED.

LIMITS WILL IN MOST INSTANCES BE REQUIRED IN THE FOLLOWING AMOUNTS:

- GENERAL AGGREGATE 1,000,000
- PRODUCTS AGGREGATE 1,000,000
- PERSONAL & ADVERTISING INJURY 250,000 EACH OCCURRENCE 250,000
- FIRE LEGAL LIABILITY 50,000
- MEDICAL PAYMENTS 2,000

CITY STAFF RESERVES THE RIGHT TO REQUEST INCREASED LIMITS DEEMED NECESSARY FOR CERTAIN HIGH-RISK ACTIVITIES. INDIVIDUALS AND GROUPS WITHOUT INSURANCE, OR GROUPS THAT DO NOT PRODUCE AN APPROPRIATE CERTIFICATE OF INSURANCE TWO WEEKS PRIOR TO THE EVENT DATE WILL BE REQUIRED TO PURCHASE INDIVIDUAL EVENT POLICIES THROUGH THE CITY INSURANCE CARRIER AT LIMITS DEEMED NECESSARY BY CITY STAFF. PRICES FOR APPROPRIATE POLICIES ARE ESTABLISHED BY THE INSURANCE BROKER AND ARE NON-NEGOTIABLE. IF PROPER INSURANCE IS NOT OBTAINED OR PAID FOR AT LEAST TWO WEEKS PRIOR TO THE SCHEDULED EVENT, THE CITY RESERVES THE RIGHT TO CANCEL THE EVENT REQUEST.

- _____ PROMOTIONAL EVENT: **\$0.00** APPLICATION / PERMIT FEE
- _____ APPLICATION FEE: **\$25.00** (NON-REFUNDABLE – WILL APPLY TO PERMIT FEE UPON APPROVAL)
- _____ PERMIT FEE: IF ≤ 15 DAYS **\$50.00**; IF >15 DAYS **\$100.00** (NO PRO-RATIONS)

REQUIREMENTS

PLEASE NOTE: IT SHALL BE UNLAWFUL FOR ANY OPEN AIR VENDOR TO OPERATE WITHOUT VALID OPEN AIR VENDOR PERMIT GRANTED BY THE CITY MANAGER, AND ANY SUCH INFRACTION SHALL BE PUNISHED AS SET FORTH IN CHAPTER 2, ARTICLE II OF THE CITY CODE. (REFERENCE ORDINANCE 09-25)

- 1. PERMIT:**
APPLICATION FOR PERMIT MUST BE SUBMITTED A MINIMUM OF TWO (2) WEEKS PRIOR TO SPECIAL EVENT.
- 2. BUSINESS TAX RECEIPT**
IF THE SALE OR EVENT IS PART OF AN OWNER OCCUPIED EVENT OR SALE, ONLY THE EVENT PERMIT WILL BE CHARGED. HOWEVER; IF THE EVENT OR SALE IS A NON-OWNER OR ON-SITE BUSINESS, THE VENDOR WILL BE REQUIRED TO PAY A BUSINESS TAX FEE.
CHARITABLE ORGANIZATIONS OR 501/3(S) AGENCIES CAN REQUEST A WAIVER OF THE APPLICATION FEE, PERMIT FEE, AND BUSINESS TAX RECEIPT. THIS REQUEST MUST BE SUBMITTED IN WRITING TO THE CITY MANAGER.
- 3. FOOD VENDING:**
THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION OF THE STATE OF FLORIDA REQUIRES THAT YOU NOTIFY THEIR DIVISION OF HOTELS AND RESTAURANTS OFFICE NO LATER THAN THREE DAYS TO ANY TEMPORARY EVENT WHERE FOOD WILL BE SOLD. ALL FOOD VENDORS MUST MEET MINIMUM SAFETY AND SANITATION REQUIREMENTS AND PAY A TEMPORARY EVENT LICENSING FEE IF THEY DO NOT ALREADY HOLD AN ANNUAL LICENSE WITH THE STATE OF FLORIDA. THE DIVISION OF HOTELS AND RESTAURANTS CAN BE REACHED AT 850-487-1395 OR [WWW.MYFLORIDA.COM/DBPR](http://www.MyFLORIDA.COM/DBPR) FOR MORE INFORMATION.
- 4. ELECTRIC:**
IF ELECTRIC IS BEING USED AN ELECTRICAL PERMIT WILL BE REQUIRED.
- 5. NO ATTENTION GETTING DEVICES ALLOWED.**
(I.E. INFLATABLE BALLOONS, SEARCHLIGHTS, STREAMERS, AND FLAGS)



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APPLICANT NAME: _____

ORGANIZATION/GROUP NAME: _____

NAME OF EVENT: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUSINESS FACSIMILE: _____

EMAIL: _____

MAILING ADDRESS
 (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

FEIN: _____ NON PROFIT CORPORATION INDIVIDUAL

EVENT LOCATION:
 (MAP MUST BE ATTACHED)

CITY: _____ STATE: _____ ZIP: _____

TYPE OF EVENT	EVENT DETAILS	EVENT EQUIPMENT
<input type="checkbox"/> FESTIVAL	<input type="checkbox"/> ADMISSION CHARGE/TICKET SALES	<input type="checkbox"/> AMPLIFIED SPEAKING/MUSIC
<input type="checkbox"/> EXHIBIT(S)	<input type="checkbox"/> ALCOHOL SERVED	<input type="checkbox"/> PORTABLE RESTROOMS
<input type="checkbox"/> CARNIVAL/CIRCUS/FAIR	<input type="checkbox"/> ALCOHOL SALES	<input type="checkbox"/> SPORTS EQUIPMENT
<input type="checkbox"/> GENERAL MEETING	<input type="checkbox"/> FIREWORKS/PYROTECHNICS	<input type="checkbox"/> STAGE/PROPS/PRODUCTION
<input type="checkbox"/> PARADE	<input type="checkbox"/> FOOD VENDORS: # OF _____	<input type="checkbox"/> INFLATABLE DEVICES
<input type="checkbox"/> SPORTING EVENT/COMPETITION	<input type="checkbox"/> MERCHANDISE VENDORS: # OF _____	<input type="checkbox"/> DUMPSTERS/RECEPTACLES
<input type="checkbox"/> WEDDING/RECEPTION	<input type="checkbox"/> OPEN TO PUBLIC	<input type="checkbox"/> COOKING EQUIPMENT USED
<input type="checkbox"/> REVIVAL	<input type="checkbox"/> STREET / SIDEWALK CLOSURE	<input type="checkbox"/> GAS <input type="checkbox"/> OPEN FLAME
<input type="checkbox"/> OTHER: (EXPLAIN) _____ _____ _____ _____	<input type="checkbox"/> CITY WATER USED	<input type="checkbox"/> *TEMPORARY EVENT SIGNAGE
	<input type="checkbox"/> ELECTRIC USED	# OF: _____
	<input type="checkbox"/> PREVIOUSLY HELD EVENT	SIZE(S): _____
	<input type="checkbox"/> OTHER: (EXPLAIN) _____ _____	LOCATION: _____
		<input type="checkbox"/> TENTS - #OF: _____
		SIZE(S): _____
		<input type="checkbox"/> OTHER: (EXPLAIN) _____

*TEMPORARY EVENT SIGNAGE: COMMERCIAL/INDUSTRIAL ZONING DISTRICT (MAX SIGN COPY AREA = 75 SQ.FT.)
 RESIDENTIAL ZONING DISTRICT (MAX SIGN COPY AREA = 48 SQ.FT.)
 ALL EVENT SIGNAGE (MAX HEIGHT OF INDIVIDUAL SIGN = 8'; SETBACK = 15' FROM PROPERTY LINE)
 NO STREAMERS, PENNANTS, FLAGS, RIBBONS, SPINNERS, OR OTHER PROHIBITED DEVICES SHALL BE INCLUDED OR INCORPORATED WITH THE
 DISPLAY OF A BANNER. NO ATTENTION-GETTING DEVICES.

I, _____, CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY PERMIT ISSUED TO ME. IT IS FURTHER UNDERSTOOD THAT THIS PERMIT IS FOR THE PRIVILEGE OF ENGAGING IN THE BUSINESS PROFESSION OR OCCUPATION SHOWN AND ONLY AT THE LOCATION SHOWN HEREIN AND THAT I WILL COMPLY WITH THE CODE OF THE CITY OF WINTER GARDEN. FAILURE TO CORRECT CONDITIONS ON THE PREMISES THAT ARE IN VIOLATION OF THE CITY CODE WILL RESULT IN REVOCATION OF SAID PERMIT. I UNDERSTAND THAT CONDUCTING BUSINESS WITHOUT A PERMIT SHALL BE PUNISHED AS SET FORTH IN CHAPTER 2, ARTICLE II OF THE CITY CODE.

APPLICANT'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____ BY _____, WHO DID NOT TAKE AN OATH.

PERSONALLY KNOWN OR

Notary Seal

PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED _____

SIGNATURE OF NOTARY

NOTE: ANY PERMITTEE WHOSE OPEN AIR VENDOR PERMIT IS SUSPENDED OR REVOKED, OR ANY APPLICANT WHOSE APPLICATION FOR AN OPEN AIR VENDOR PERMIT IS DENIED PURSUANT TO CITY CODE SHALL RECEIVE A STATEMENT, IN WRITING, OUTLINING THE REASONS FOR SUCH SUSPENSION, REVOCATION, OR DENIAL OF THE PERMIT. AN APPLICANT MAY APPEAL SUCH SUSPENSION, REVOCATION OR DENIAL OF THE PERMIT TO THE CITY COMMISSION BY FILING A WRITTEN REQUEST FOR APPEAL WITH THE CITY CLERK, ACCOMPANIED BY THE ADMINISTRATIVE APPELLATE FEE AS PERIODICALLY DETERMINED BY THE CLERK'S OFFICE, WITHIN TEN (10) DAYS AFTER THE DATE OF THE WRITTEN SUSPENSION, REVOCATION OR DENIAL. APPEALS FROM DECISIONS OF THE CITY MANAGER'S OFFICE, INCLUDING DECISIONS OF REVOCATION OR SUSPENSION, MADE PURSUANT TO THIS ARTICLE SHALL BE ADDRESSED BY THE CITY COMMISSION. WHEN TIMELY FILED, AN APPEAL SHALL BE HEARD AT THE NEXT REGULARLY SCHEDULED CITY COMMISSION MEETING, WHICH MEETING IS SCHEDULED AT LEAST FOURTEEN (14) DAYS AFTER THE FILING OF SUCH APPEAL. APPEALS FROM THE DECISIONS OF THE CITY COMMISSION SHALL BE AS PROVIDED IN STATE STATUTE 98-32 OF THIS CODE.

FOR OFFICE USE ONLY

APPLICATION

TECHNICIAN INITIALS _____ DATE RECEIVED _____ FEES PAID

DATA CLERK INITIALS _____ DATE SCANNED _____

P & Z APPROVAL _____ DATE APPROVED _____

CITY MANAGER/DESIGNEE _____
CONDITIONS

DATE

APPROVAL

YES NO