

Application Date: \_\_\_\_\_

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

City Request Number: EV 20 \_\_ - \_\_\_\_\_



# City of Lake Helen Event Request Application

Please print or type application. All sections must be completed for the application to be accepted. Any questions should be directed to the City Clerk, at (386) 228-2358. Please return in person or email: [bwitte@lakehelen.com](mailto:bwitte@lakehelen.com)

**Date of Submission of Application:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_  
Individual  Corporation  Group  Not for Profit  501c3

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

**City/State/Zip:** \_\_\_\_\_

**Contact:** Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Date(s) Requested:** \_\_\_\_\_

**Event Timeframe(s):** Setup: Date: \_\_\_\_\_ Start: \_\_\_\_\_ am/pm End: \_\_\_\_\_ am/pm  
Cleanup: Date: \_\_\_\_\_ Start: \_\_\_\_\_ am/pm End: \_\_\_\_\_ am/pm  
Rain date: \_\_\_\_\_

**ACTUAL Event Time** *(time the event is open to the public)*

**Date:** \_\_\_\_\_ **Start:** \_\_\_\_\_ am/pm **End:** \_\_\_\_\_ am/pm

**Location of Event:** \_\_\_\_\_  
*Attach Site Plan or Map of Location*

**Brief Description of Event and Activities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Date: \_\_\_\_\_  
City Request Number: E V 2 0 \_\_ \_\_ - \_\_\_\_\_

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

**Number of Expected Attendees/Participants:** \_\_\_\_\_

*(Please note that city service levels are based heavily upon attendance levels)*

Site plan attached? Yes  No

Is the event open to the public? Yes  No

Fees? \_\_\_\_\_

*Attach additional fee sheet as needed*

Have you held this event previously? Yes  No

If yes, list dates: \_\_\_\_\_

*Previously held events do not guarantee approval or allow for use of previously submitted materials. The application and attachments must be complete.*

Does this event differ? Yes  No

If yes, explain \_\_\_\_\_

**Entertainment:** Yes  No

If yes:

A complete detailed listing, including names, must be provided of all entertainment:

---

---

A complete detailed listing of all games, rides and any contractors used for carnival games and/or rides:

---

---

Will you be using a sound system? Yes  No

If yes:

Type of system and name of contractor, if applicable:

---

---

**Special Effects:** Yes  No

If yes:

Type of effects and name of contractor, if applicable:

---

---

Application Date: \_\_\_\_\_

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

City Request Number: E V 2 0 \_ \_ - \_ \_ \_ \_ \_

**Parades:** Yes  No

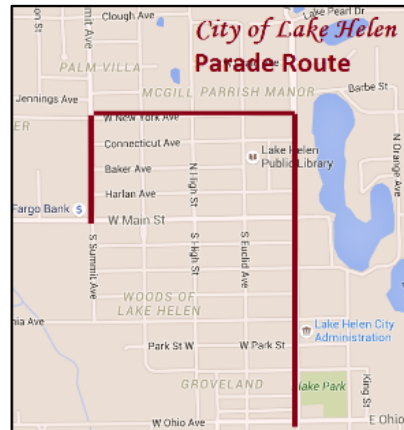
If yes:

How many will participate? \_\_\_\_\_ This includes parade participants and spectators

<u>Number of Floats</u>	<u>Number of Parade Participants</u>	<u>Number of Spectators</u>

**Parade Route Must Follow:**

- Leave Wells Fargo Bank  
(Corner of Main Street and N. Summit Avenue)
- Head North on Summit Avenue
- Turn East onto New York Avenue
- Turn South onto Lakeview Drive
- End at Ohio Avenue

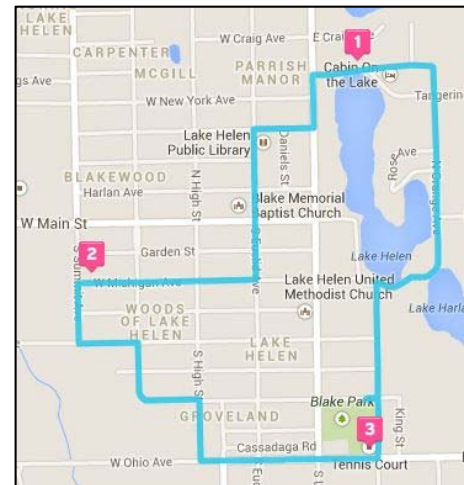


**5k – Run/Walk:** Yes  No

If yes: Number of participants? \_\_\_\_\_

**Route Must Follow:** (Participants Park at Eq. Center)

- Begin at Blake Park on Washington Avenue
- Head North on Pleasant Street
- Follow Orange Avenue around until Lakeview Drive
- Head West on Connecticut Avenue
- Head South on Euclid Avenue
- Head West on Michigan Avenue
- Head South on Summit Avenue
- Head East on Pennsylvania Avenue
- Head South on Volusia Avenue
- Head East on Washington Avenue
- Head South on High Street
- East on Ohio Avenue
- North on Pleasant to end on Washington adjacent to Blake Park



**Proposed Retail Sales:** Yes  No

If yes: How many vendor locations do you plan to accommodate? \_\_\_\_\_

Type of vending (including number of each):

Clothing: \_\_\_\_\_

Jewelry: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

If miscellaneous, please describe in detail: \_\_\_\_\_

Food/Beverage: \_\_\_\_\_

**\*\* Please describe in detail all food vendors (attach sheets as needed with names of the vendors, contact information and Local Business Tax Number). Food Vendors must have a current City of Lake Helen Local Business Tax Receipt (for more information contact the City Clerk at 386-228-2358)**

Application Date: \_\_\_\_\_

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

City Request Number: E V 2 0 \_\_ \_\_ - \_\_\_\_

**Promotion:**

At what level will the event be promoted? \_\_\_\_\_

(For example, local, regional, national)

What type of publicity will be used? \_\_\_\_\_

Telephone number to be released for public information: \_\_\_\_\_

*\*\*Copies of Flyers, Press Releases and Advertisement shall be given to the City Clerk\*\**

**Signage:** Yes  No

If yes:

How many? \_\_\_\_\_ What dimensions? \_\_\_\_\_

What location(s)? \_\_\_\_\_

Attach a Signage Plan Map. **ALL** Signs must be removed immediately following the event.

**Structures:** Yes  No

If yes: Stages: \_\_\_\_\_ Tents: \_\_\_\_\_ Fences: \_\_\_\_\_ Booths: \_\_\_\_\_

Concession Stands: \_\_\_\_\_ Miscellaneous: \_\_\_\_\_

Describe in detail, including type and location on Attached Sheet

*(Special building permits are required for certain temporary structures.)*

**Available City Facility Assistance Services:**

(All available city facility assistance will have additional costs associated with the service provided)

Is electric going to be needed (if available)? Yes  No

**Port-O-Lets:** Yes  No

If yes: (Rule of thumb is to have 1 port-o-let per 75-100 people, actual brick and mortar restroom room facilities can decrease the need for port-o-lets)

How many port-o-lets will you be providing? \_\_\_\_\_ *Indicate location(s) on site plan*

Name of the private port-o-let company you will be contracting with:

\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

*(ADA requires one handicapped restroom in each group of restrooms)*

**Sanitation Assistance:** Yes  No

If yes:

How many waste receptacles (toters) do you request? \_\_\_\_\_

Will you need city personnel to assist with clean up? Yes  No

How will you be handling garbage and or recycling? \_\_\_\_\_

\_\_\_\_\_  
*(Please note that upon post event inspection or complaint due to unsatisfactory post event clean up - the city will charge event organizer for the time it takes to resolve the clean-up issue).*

**Traffic Alterations:** Yes  No

If yes: Describe in detail, including request for road closures \_\_\_\_\_

\_\_\_\_\_  
*(Requests to temporarily close county roads require prior notification and notice. This needs to be approved by City of Lake Helen at least 60 days prior to event)*

Application Date: \_\_\_\_\_

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

City Request Number: E V 2 0 \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

**Parking:**

Will public parking areas, streets, sidewalks, etc. be restricted or obstructed? Yes  No

Is the parking plan on event site map? Yes  No

Separate parking map from site map? Yes  No

Does your plan include on-site parking? Yes  No

Will you charge for the on-site parking? Yes  No

Does your plan include off-site parking? Yes  No

Will you charge for off-site parking? Yes  No

Will shuttles be used to transport? Yes  No

**Note on Parking:**

Please attach parking map within or separate to the site map to show where attendee parking will be. There needs to be adequate parking for the event or the city has the right to deny the event.

**Americans With Disabilities Act:**

ADA requires with accessibility guidelines as adopted by the State of Florida are now in effect. The following provisions are to be considered regarding ADA accessibility.

ADA restroom facilities? (One handicapped for each group of port-o-lets) Yes  No

Handicap parking provisions? Yes  No  Please describe if No: \_\_\_\_\_

Handicapped assistance? Yes  No  Please describe if No: \_\_\_\_\_

**Event Security:**

In certain cases security in the form of police presence may be required at the discretion of the Chief of Police. These requirements are based upon the event's impact on public safety based upon, but not limited to type of event, street closures, traffic direction, and the expected attendance of people. Police security will be assigned on a first come first serve basis. Personnel limitations may require the special event application to be denied.

Community events opened to the public and held on private property which require a special event application shall be reviewed for their potential impact to public safety. Upon the recommendation of the Chief of Police these events may be required to employ police officers and/or licensed private security companies to work the event.

What are your plans for providing additional security? \_\_\_\_\_

**Emergency Fire/Medical Services:**

What are your plans for providing Fire/EMS? \_\_\_\_\_

Must contact and coordinate with Volusia County for Fire and EMS Services.

***City of Lake Helen***  
**Event Policy/Procedure/Disclosure**

**Standards for Issuance**

The City Clerk, upon review from the City Department Heads, may issue a permit required under this division if it is determined that the following criteria have been met.

1. The preparation for or the conduct of the proposed use, event, or activity will not adversely affect the City's ability to perform municipal functions or furnish City services in the vicinity of the permit area.
2. The proposed use, event, or activity is compatible with the surrounding area in consideration of anticipated noise, crowd and parking capacity, taking into account multiple impacts.
3. The proposed event is not aimed at inciting or producing imminent lawless action and is not likely to incite or produce such action.
4. City resources necessary to support the proposed activity are reasonably available.

**Donation of percentage of revenue earned:**

Applicants are requested to donate at least 25 percent of the net revenues to the City for future City Events and Sponsorship Activities.

**Approval Process**

The event permit shall only be issued for the event dates requested. If an act of nature causes the cancellation of an event, the City will work with the event sponsors to approve a new date as requested. If the event is cancelled due to event sponsor (other than an act of nature) within 24 hours or less from the event start time, the event sponsor will be charged for all overtime hours scheduled for the event. No revisions or adjustments to the final approved permit or related items may be made without prior written notification to and written approval from the City Administrator.

The event permit shall only be issued to the person, organization or business whose name appears on the special event application. No permit shall be issued to a person, organization or business who has attached a secondary event to the primary application without prior approval from the original requestor. All secondary special event requests shall be in writing following the same guidelines and outline herein.

**Default**

An event sponsor shall be in default of the event permit if:

1. The applicant supplies false or misleading information.
2. The applicant fails to complete the application or to supply other required information or documents by the time required.
3. The applicant demonstrates an inability to comply with terms or conditions contained in the proposed permit.
4. The event sponsor should dissolve or cease doing business as a going concern or become insolvent or bankrupt.
5. The event sponsor breaches any provisions of the event permit or of any rules and regulations required by the City.
6. The event sponsor violates any applicable laws or ordinances during the event sponsors use of the property.

Whenever an event sponsor is found in default or has had a permit canceled by the City, the sponsor shall be disqualified from applying for any future permit under this article for a period of time as determined by the City Administrator.

**Insurance**

The applicant will provide an insurance certificate at least 20 days prior to the Event to the City of Lake Helen, PO Box 39, Lake Helen, Florida 32744, naming the City of Lake Helen as additional insured in the

Application Date: \_\_\_\_\_

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

City Request Number: E V 2 0 \_\_ \_\_ - \_\_\_\_

amount not less than \$500,000 for death to or injury to any one person, \$1,000,000 aggregate for any one occurrence for death and bodily injury, and \$500,000 for damage to any property. Or a combined single limit of \$1,000,000 for any claim injury or property.

All such insurance shall cover complete contractual liability, bodily injury and property damage liability. If the applicant uses or stores any hazardous or toxic substances on the requested site within the meaning of the Environmental Statutes, the insurance shall cover loss or damage resulting from improper storage, handling or disposal of any such hazardous or toxic substances. The certificate shall provide at least 10 days advance written notice of cancellation or change of coverage to the City of Lake Helen.

### **Cancellation**

The City may cancel any grant of space to the event sponsor(s) if use of the property shall in any way conflict with federal, state, or local laws; if the event sponsor is in default, or if there is a lack of City resources. All notices required or permitted under the event permitting process shall be given personally, by email, or by certified mail, with return receipt, postage paid, addressed to the event sponsor at the address provided on the event permit application or at such address as the sponsor may supply to the City in written notification.

Any ruling or canceling of an event's permit or finding the event sponsor in default may be appealed by submitting an appeal to the City Administrator in writing within three days of such ruling. The City Administrator shall hear or schedule the appeal application under the standards set forth in this article to the City Commission that will reverse, modify, or sustain the decision. The decision of the Administrator and/or City Commission shall be final administrative action. However, in any event such decision shall be at the sole discretion of the City. In such cases, the event sponsor's only legal remedy shall be for a refund of the rental fees.

If an act of nature causes the cancellation of an event, the City will work with the event sponsors to approve a new date as requested. If the event is cancelled due to event sponsor cancellation (other than an act of nature) within 24 hours or less from the event start time, the event sponsor will be charged for all overtime hours scheduled for the event.

### **CONTROL OF PROPERTY; RIGHT OF ENTRY; SUBLETTING**

City-owned or City-controlled facilities and property including keys thereto, shall be at all times under the control of the City Administrator or designee, and City staff acting in an official capacity shall have the right to enter all space occupied by the event organizer, except personal vehicles, property and equipment, at all times during the period covered by the event permit.

The event organizer shall not assign or sublet to others the space covered by the event permit without express written consent of the City Administrator.

### **VIOLATIONS AND REMEDIES**

If a permittee or the permittee's agent or employee violates the terms of the agreement or requirements set forth by public safety by which the permit is granted, any City ordinance, or any law of the state or United States or knowingly allows those terms or law to be violated, such violation shall constitute a violation of the permit conditions or other laws.

The event organizer and the agents and employees of the organizer shall immediately cease all activities on City property upon notification that the event is being conducted in violation of this article. If the organizer or his agents fail or refuse to cease operations after notification, the City may, in addition to any other remedies provided in this article, provide for immediate closure and cessation of the event.

Application Date: \_\_\_\_\_

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

City Request Number: EV 20 \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

**INDEMNIFICATION & HOLD HARMLESS AGREEMENT**

The City reserves the right to cancel permits at any time with cause. The applicant, by signing below, hereby agrees to indemnify and hold harmless the City of Lake Helen if this permit is revoked. Further, the City of Lake Helen will not be responsible for any cost associated with the revocation of the permit.

The applicant shall defend, indemnify and hold harmless the City of Lake Helen from and against any and all liability, losses, damages, claims, demands, expenses, fees, fines, penalties, suits, proceedings, actions and cost of actions, (including attorney’s fees), of whatsoever kind or nature arising out of or in any way related to the use, occupancy, management or control of the site, or arising out of the event permitted by the City, any act or omission of the applicant or its agents, servants, employees, independent contractors, customers, patrons or invitees whether on the site or elsewhere.

The City of Lake Helen shall not be liable to the applicant or its agents, representatives, invitees or employees, or any other person for any injury to or death of any of them, or for any damages to any of the applicants property or loss of revenue, caused by any third persons, whether the injury, death or damage is due to negligence or not.

I/We the applicant(s) hereby acknowledge that I/We have read the above policy and procedure for a Special Event Permit within the City of Lake Helen. I/We the applicant(s) further agree to reimburse the City for the cost of City Services incurred as a result of this event to include: Police, Public Works, City Staff and Lease of public property. I/we the applicant(s) hereby agree that all the information provided in this application is true and correct and further agree to the indemnification and hold harmless agreement outlined above.

**Signature:**

I understand this is an application only and does not obligate the City of Lake Helen to reserve any facility or approve an event.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title of Applicant/Affiliation**

**Approved By:** \_\_\_\_\_  
**Jason Yarborough, City Administrator**  
**City of Lake Helen**

\_\_\_\_\_  
**Date**

Notes/Modifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Application Date: \_\_\_\_\_  
 City Request Number: E V 2 0 \_ \_ - \_ \_ \_ \_ \_

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

**Request Matrix:**

	Number Requested	Cost Per Unit	Total
Staff			
Public Works Staff		\$30 per hour	
Police Staff			

Equipment			
Folding Tables (max 14)		\$8.00	
Chairs (max 39 plastic and 17 Metal)		\$1.00	
10 x 10 Tent (max 10)		\$50.00	
Grill (max 1 Gas Grill)		\$85.00	
Barricades		\$20.00	

	Facilities	Per Day Cost	
	Blake Park Pavilion	\$40.00	
	Blake Park Open Space	\$60.00	
	Shuffleboard Building	\$100.00	
	Melissa Park Grounds	\$50.00	
	Melissa Park Building	\$100.00	
	Equestrian Center Parking		
	Equestrian Center Covered Area	\$35.00	
	Equestrian Center Play Area	\$50.00	
	Equestrian Center (Other)	TBD	
	Hopkins Hall	\$300.00	
	City Hall Grounds	\$50.00	
	City Hall Other	TBD	
	Mitchell Brothers Sports Complex		
	Parking		
	Field 1		
	Field 2		
	Field 3		
	Announcer Booth		
	Concession Stand		
	5k Route		
	Parade Route		
	Other: _____	TBD	

Application Date: \_\_\_\_\_  
City Request Number: E V 2 0 \_\_ \_\_ - \_\_\_\_\_

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

## City Sponsorship Request:

---

Amount Requested: \$ \_\_\_\_\_  
(Please note a max of \$1,000 can be requested, including in kind)

If not monetary, what service(s) requested: \_\_\_\_\_

---

Explain how the sponsorship will generate an economic benefit to for the City:

---

---

Has the City Commission declared or established a sponsorship role by the City: YES  NO

Has this activity been sponsored by the City in the past: YES  NO  If YES, when: \_\_\_\_\_

**Donation of percentage of revenue earned:** Applicants are requested to donate at least 25 percent of the net revenues to the City for future City Events and Sponsorship Activities.

### **For City Use Only:**

**SPONSORSHIP REQUEST:**

Approve  Deny  Modifications

Notes: \_\_\_\_\_

---

---

---

Approval Signature

Date