



PLANNING MEETING PRE-EVENT ASSESSMENT LIST

This section to be completed by Special Events Coordinator

Meeting Date: _____ Special Events Coordinator: _____

<input type="checkbox"/>	Processing Fee Paid	Event Classification: Class A - \$200.00	<input type="checkbox"/>
<input type="checkbox"/>	Site Sketch Provided	Class B - \$200.00	<input type="checkbox"/>
<input type="checkbox"/>	Tentative Schedule of Events	Class C - \$ 35.00	<input type="checkbox"/>

To be completed and submitted by APPLICANT prior to meeting with city staff. Use a typewriter or print legibly in dark ink. APPLICANT must provide site sketch with this application. City staff will amend checklist as necessary.

Event Sponsor/Promoter(s)/Production Company:

Name of Organization: _____ Tax Exempt No.: _____

Billing Address: _____

Name & Type of Special Event/Production: _____

Type of Event Activities: (concerts, street dances, races, contests, competitions, regattas, arts/crafts displays, sidewalk sales, still/motion picture production, etc.) _____

Location of Event: _____

Estimated Peak Number of Participants (each day of event):

Estimated Peak Number Production Extras (each day of event):

Requested dates and times of events (**not** including set-up and tear down):

	Date	Day	Begin	End
Event Day 1	_____	_____	_____ AM/PM	_____ AM/PM
Event Day 2	_____	_____	_____ AM/PM	_____ AM/PM
Event Day 3	_____	_____	_____ AM/PM	_____ AM/PM
Event Day 4	_____	_____	_____ AM/PM	_____ AM/PM

Set-up for event will begin on (Date) _____ at (time) _____

Break down will be completed by (Date) _____ at (time) _____

Fee Worksheet (to be completed by Special Events Coordinator)

“Class A” Event		“Class B” Event	
Event Application Fee (nonrefundable)	\$200.00	Event Application Fee (nonrefundable)	\$200.00
Event Permit Fee	\$500.00 per day	Event Permit Fee	\$250.00 per day
Holiday Event Permit Fee	\$1,000.00 per day	Holiday Event Permit Fee	\$500.00 per day
“Class C” Event		Motion and Still Photography	
Event Application Fee (nonrefundable)	\$ 35.00	Production Fee	\$200.00
Event Permit Fee	\$100.00 (eight (8) hours)	Per Day of Production Fee	\$ 75.00
Performance Bond	\$250.00		

Permit Fees	Cost Per Day	Number of Days	Total (cost x number)
Special Event Permit			
Class A Event	\$ 500.00		\$
Class B Event	\$ 250.00		\$
Class C Event	\$ 100.00		\$
Holiday Event Permit			
Class A Event	\$1,000.00		\$
Class B Event	\$ 500.00		\$
Motion & Still Photography			
Production Fee	\$ 75.00		\$
Labor Reimbursables	Cost per Hour	Number of Hours	Total (cost x number)
City Law Enforcement			
Officers	\$52.45		\$
Supervisors	\$42.65		\$
Fire Services			
Firefighter/EMT/Paramedic	\$34.00		\$
Public Works			
Maint I	\$21.00		\$
Maint II	\$23.00		\$
Building Department			
Staff	\$30.00		\$
Inspection Reimbursables	Cost Per Each	Comments	Total (cost x number)
Fire Inspection	\$50.00		\$
Fire Re-inspection	\$25.00	If necessary	\$
Electrical Inspection	\$35.00		\$
Sanitation Inspection	\$70.00	Includes pre and post	\$
Building Re-inspection		If necessary	
Equipment Reimbursables	Cost per Hour	Number of Hours	Total (cost x number)
Law Enforcement Vehicles	\$1.00		\$
Fire Vehicles	\$10.00		\$
Watercraft	\$10.00		\$
Heavy Duty Equipment	\$20.00		\$
Meter/Parking Rental	Cost per Meter Hour	Number of Meter Hours	Total (cost x number)
Rental	\$0.94		\$
Sales Tax on Rental	\$0.06		\$
Other Parking Agreement			\$
Recreation Facility Reimbursables			
Golf Course			
Pool			
Pavilion			
Athletic Fields			
Performance Bond			Total
Class A or B	\$1000.00 or 25% of fee – whichever is greater		\$
Class C	\$250.00		\$
Other			

CONTACT INFORMATION:

Event Contact Name: _____
Telephone: _____ Fax: _____ Cellular: _____
Address: _____

Additional Name: _____
Telephone: _____ Fax: _____ Cellular: _____
Address: _____

Other contacts/Keyholders:

Name: _____ Telephone: _____
Cellular: _____ Fax: _____

Name: _____ Telephone: _____
Cellular: _____ Fax: _____

SAFETY AND SECURITY:

Private security personnel
Number _____ Proposed Location: _____
City Law Enforcement
Number _____ Proposed Location: _____
Fire Protection Services
Number _____ Proposed Location: _____
Emergency Medical Services
Number _____ Proposed Location: _____

Location of security and emergency vehicle parking on site: _____

Main emergency vehicle access to site (location): _____

Location of event staff management (headquarters): _____

Staff Uniform Identification: _____

PROMOTION/ADVERTISING:

Type of media advertising (check all that apply – “snipe” signs not allowed on city right of way):

- Radio TV Newspapers Flyers Magazines
 Flyovers Other (specify)

Types and locations of on-site advertising: _____

Number & location of temporary signs/banners: _____

Number & location of promotional visual effects: _____

ACTIVITIES:

Special Effects (check if proposed):

- | | | |
|---|---|---|
| <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Explosives | <input type="checkbox"/> Discharge of Weapons |
| <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Incendiary Devices | <input type="checkbox"/> Stuntwork |
| <input type="checkbox"/> Other (describe below) | | |

Provide description & location of any special effects proposed: _____

Special activities (check if proposed):

- | | | |
|---|--|---|
| <input type="checkbox"/> Animal attractions | <input type="checkbox"/> Car show | <input type="checkbox"/> Amusements/Rides |
| <input type="checkbox"/> Launching areas | <input type="checkbox"/> Parade Routes | <input type="checkbox"/> Competitions/Fun Run |
| <input type="checkbox"/> Watercraft | <input type="checkbox"/> Aircraft | <input type="checkbox"/> Other (describe below) |

Provide description & location of any special activities proposed: _____

Alcohol Sales:

Location & times of alcohol sales: _____

Alcohol sales requirements met: (temporary license, commercial establishment license, etc.): _____

Music:

Main sound system location: _____

Names and types of musical performances (include dates and times of performances): _____

Noise abatement requirements: _____

Other:

Location of proposed temporary structures, fences, grandstands, bandstands, judges stands, bleachers, tents, booths, etc: _____

Number & proposed location of vendors, concessions, and/or sponsor/promoter stands: _____

Number & location of static/mobile displays: _____

City franchises affected: _____

ACCESS:

Location of on/off site parking/transportation services: _____

Type of transport vehicles (van, bus, etc.): _____

Public street barricades/closures/detours proposed: _____

Number & location of parking meters to be rented: _____

Temporary parking and directional signage needed: _____

Main pedestrian traffic access to site (specify location): _____

Handicapped Accessibility: _____

Adjoining Properties Impacted (notification needed): _____

SANITATION:

Portable toilets:
Number _____ Proposed Location: _____

Garbage cans/containers:
Number _____ Proposed Location: _____

ENVIRONMENTAL PROTECTION:

Turtle protective measures needed (May through October): _____

Permits needed (DEP beach & turtle, USCG, FAA, DOT, or other): _____

Protection of property (beaches, dunes, landscaping, structures, etc.): _____

Items Outstanding:

- o Outstanding Fees: \$ _____
- o Site Plan Sketch
- o Consent Letter (event parking): Off site property owners
- o Consent Letter (event property): property owners on which Special Event location is held
- o Fire resistive rating certificates (tents, fabric, etc.)
- o Schedule Fire Inspections
- o Schedule Building/Electrical Inspections
- o Schedule Pre/Post Sanitation Inspections
- o Special Event vendor permits provided
- o Indemnification Form – City as “Additional Insured”
- o Required permits (federal, state, local): (DEP beach & turtle, USCG, FAA, DOT, OTHER)
- o Alcohol License (copy)
- o Structural Engineer’s written confirmation of safety for temporary scaffolding, structures, etc.
- o Additional Meeting Required (Adjacent Properties, Special Events Committee, others)
- o Medical Certifications (on-site emergency medical personnel)
- o Musical Band Names/Times
- o Copies of Supplemental Agreements (Golf, Pool, Pavilion, athletics fields, other)
- o Schedule Pre/post Sanitation Inspections

