



APPLICATION FOR SPECIAL EVENT

Name of Event: _____ Date: _____

Event Contact Name: _____

Contact Phone Number: _____ Weekday/Business Hours

_____ Weekend/After Hours

Event Address: _____

Date(s) that the event will be held: _____

Time(s) that the event will be held: _____

Nature of event to be held: _____

Is entertainment planned? Yes No

What type of entertainment: _____

Will food be served? Yes No

County Health Department Permit Number: _____

*****Copy of public health permit must be attached*****

Name of person holding permit: _____

Phone numbers for person: _____ Weekday/Business Hours

_____ Weekend/After Hours

Will alcohol be served: Yes No

What type of alcohol: Beer Wine Liquor

State Alcoholic Beverage Control Permit Type: _____

*****Copy of State ABC license must be attached*****

Copy of Certificate of General Liability Insurance attached: Yes No

Site Plan Submitted for Fire Review: Yes No

SPECIAL EVENT APPLICATION MUST BE FILLED OUT COMPLETELY AND SUBMITTED TO THE CODE ADMINISTRATION DEPARTMENT OF THE CITY OF WEST MELBOURNE 15 DAYS PRIOR TO THE DATE OF EVENT.

NAME OR ADDRESS OF EVENT

Indemnification. Applicant shall indemnify and hold harmless the City, and its officers, council members and employees, from liabilities, damages, losses, and cost, including, but not limited to, reasonable attorneys' fees, to the extent caused by the negligence, recklessness, or intentionally wrongful conduct of the Applicant and other persons employed or utilized by the Applicant for this special event. This permit is solely for the benefit of the formal parties herein, and no right or cause of action shall accrue upon or by reason hereof, to or for the benefit of any third party not a formal party hereto.

Signature of Event Organizer: _____

Approvals for Special Event:

Approval Signature-Code Enforcement _____
Date
Comments/Conditions: _____

Approval Signature-Building Official _____
Date
Comments/Conditions: _____

Approval Signature-Fire Marshal _____
Date
Comments/Conditions: _____

Approval Signature-Police Chief _____
Date
Comments/Conditions: _____

Approval Signature-City Manager _____
Date
Comments/Conditions: _____
