



SPECIAL EVENT PERMIT APPLICATION

Development Services – Building Division
1 North Bluford Avenue ▪ Ocoee, Florida 34761
Online Services: <https://permits.ocoe.org>
Email: inspections@ocoe.org
Phone: 407-905-3104

An application for a Special Event Permit shall be filed not more than 180 days before and not less than 30 days before the date and time which the proposed special event is to take place.

Event Name: _____

Event Address: _____

Applicant Name: _____ Phone: _____

Email: _____ Mobile: _____

Applicant Address: _____

Organization Name: _____ Phone: _____

Email: _____ Mobile: _____

Headquarters Address: _____

Tax Exempt IRS 501(C)(3)

Copy of Certificate provided (REQUIRED)

EVENT REPRESENTATIVE (If different than the applicant)

Representative Name: _____ Phone: _____

Email: _____ Mobile: _____

Address: _____

EVENT CATEGORY: Private Event Public Event City Sponsored Event

TYPE OF EVENT: (check all that apply)

- | | | | |
|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Community Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Art/Craft Vendors | <input type="checkbox"/> Concert | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Petting Zoo |
| <input type="checkbox"/> Beer Sales | <input type="checkbox"/> Dancing | <input type="checkbox"/> Food Vendors | <input type="checkbox"/> Road Closure |
| <input type="checkbox"/> Block Party | <input type="checkbox"/> Demonstration | <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Running Race |
| <input type="checkbox"/> Circus | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Inflatables | <input type="checkbox"/> Other _____ |

Describe in detail the event activities and the purpose of the event:

Setup Date: _____ Start Date: _____ End Date: _____ Total Days: _____

Event Activities Schedule: _____ Start Time: _____ End Time: _____

Expected number of spectators & participants per day: _____

EVENT LOCATION: City Facility Private Residence Commercial Location

Exact Location Address: _____ Parking Lot Only

Name of the Facility/Location: _____

SIGNAGE: (check all that apply)

Temporary Directional Signs @ \$5.00 per sign: _____ x \$5.00 = \$ _____

Sports Sign-Ups Banners Flags Streamers Balloons Others _____

EVENT INFORMATION: (check all that apply)

Will sound amplification be used? Date: _____ Time: _____

Describe type of sound equipment: _____

Does your event have tents, canopies, music stages? _____

Size(s): _____ Quantity of each: _____

Will there be open flame cooking? Describe: _____

Will you be providing portable restrooms and handwashing stations? Number of Units: _____

Number of: ADA accessible restrooms: _____

Clean up after event: Describe: _____

Will the event use power generators? Describe: _____

Will you be providing Road Closure Barricades? Describe: _____

Will any part of the event be held in the parking lot? Describe: _____

Exact location for public parking: _____

PARADES:

State Roadway Permit (if applicable): _____

Exact Location of Marshalling & Staging Area: _____

Time at which units of Parade – Begin to arrive: _____ To be Dispersed: _____

Time at which units of Parade will be dispersed: _____

Route Map must indicate the exact route to be traveled _____

Number of vehicles/floats participating: _____

Approximate number of participants & spectators: _____

Number and type of animals participating: _____

Will Parade occupy all of the width of the street, road or sidewalk? Describe: _____

FIREWORKS (the following shall be attached to the application):

Itemized listing of the type and quantity of the fireworks to be used

Detailed written statement outlining all appropriate safety procedures which will be used at fireworks display in order to protect the safety of the public and all surrounding property

Detailed written statement describing what facilities and containers will be used to store fireworks.

If applicable, applicants Federal License number for transporting fireworks across state lines

Complete list of names, addresses, occupations and backgrounds of all individuals who will be responsible for the actual display, use or explosion of any fireworks. The Backgrounds statement should include a complete history of the experience of the individuals involved with respect to their use of fireworks, including a detailed list and explanation of each and every accident resulting from the use of fireworks which the individual has been responsible for or involved in.

Map showing the exact launch point and area of fallout

REQUIRED DOCUMENTS:

- Site Plan Map:** Must indicate exact location of activities and equipment: Tents, Portable Restrooms, Stages, Road Closures, Vendors, Power Generators, Barricades, Parking Areas, Staging Areas, and Trash Bins etc.
- Building Permits & Fire Permits:** Tents, Flame Cooking, Fireworks, and other activities may require a permit.
- Certificate of Insurance:** Events held within City of Ocoee property must provide Commercial General Liability Coverage. Please contact the Risk Management Division for requirement details: (407) 905-3154
- State Licenses/Permits:** Must provide copies of current licenses for activities regulated by any state agency. Including and not limited to: Beer Sales, fireworks, pyrotechnics, food, amusement rides, petting zoo etc.
- Local Business Tax:** Must provide copies of current Local Business Tax Receipts applicable to outside businesses.
- Department of Health Inspection Report:** Must provide report, applicable to activities regulated by DOH.
- Event Advertisement:** Copies of pamphlets, schedule of activities, flyers, promotional materials, maps, etc.
- Property Owner Notarized Authorization Letter:** Consent by legal property owner where event is to take place.
- Organization Authorization Letter:** Consent must be signed by legal officer/owner of organization, authorizing the Applicant/Agent to sign application.

All information on the permit application must be provided. Failure to complete may cause a delay in processing or issuing your permit.

Applicant Signature: _____ **Date:** _____

I, _____, the legal property owner/property manager of the above
(Property Owner)
referenced address, hereby authorize _____ to apply for a Special Event
(Applicant Name)
permit for _____, which is to be held on _____ day(s) of _____, 20____.
(Name of Event)

Property Address Property Owner Signature Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____ by _____ who is personally known to me, or has produced _____ as identification and who did not take an oath.

Signature of Notary Public

(Seal)