



5800 Melalueca Lane, Greenacres, Florida 33463

## APPLICATION FOR TEMPORARY USE PERMIT

*Submittal of this application does not guarantee approval for the event.*

Please make sure that you fill out this application completely. **Do not forget to include a check for \$\_\_\_\_\_ (non- refundable application fee) payable to the City of Greenacres.**

### Applicant Information

Applicant: \_\_\_\_\_ Website: \_\_\_\_\_  
*Organization/Corporation DBA*

Address: \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event Producer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*First Last*

Type of Event (**check event type and circle organization type**):

Commercial (For-Profit/Non-Profit)     Community (For-Profit/Non-Profit)

SUNBIZ # \_\_\_\_\_ *Please submit IRS non-profit letter with application.*

### Event Information

Event Name/Title: \_\_\_\_\_

Request Event Location: \_\_\_\_\_

Event Description: \_\_\_\_\_

	EVENT DATE	DAY OF WEEK	START TIME	END TIME
DAY 1				
DAY 2				
DAY 3				

Set-up will begin on: \_\_\_\_\_ at \_\_\_\_\_ AM / PM  
*Date Time*

Breakdown will be completed by: \_\_\_\_\_ at \_\_\_\_\_ AM / PM  
*Date Time*

## Event Details

Attendance Estimates:

Total Event Attendance: \_\_\_\_\_ Daily Attendance: \_\_\_\_\_ Peak Hourly Attendance: \_\_\_\_\_

Is this an Annual Event?  Yes  No

If yes, # of Years Held: \_\_\_\_\_ If yes, # of Years Held in Greenacres: \_\_\_\_\_ Last Held: \_\_\_\_\_

Is this event produced in other cities:  Yes  No

If yes, please list what cities: \_\_\_\_\_

Is the event open to the public?  Yes  No

Is there an Admission Fee/Ticket Fee?  Yes  No

If yes, provide fees/ticket prices: Adult/General Admission: \$ \_\_\_\_\_ Senior: \$ \_\_\_\_\_ Child: \$ \_\_\_\_\_

Is fencing to be used (i.e. gated event)?  Yes  No

### **ROAD CLOSURES**

Will your event require road closures?  Yes  No

If YES, please describe the streets and intersection you are requesting to be closed

STREET/INTERSECTION	CLOSURE	RE-OPEN OF ROAD
	Date / Time	Date / Time
<i>Example: Melalueca Lane from Jog Road to Sherwood Forest.</i>	<i>Nov 21, 2021 / 7:00am</i>	<i>Nov 21, 2021 / 4:00pm</i>
	/	/
	/	/

## GENERAL EVENT COMPONENTS WHICH MAY REQUIRE A TEMP USE PERMIT/WAIVER

**General Event Components which may require a Temporary Permit or Code/LDR waiver (please select all that may apply and add others as needed)**

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol                    | <input type="checkbox"/> Live Music /Amplified Music / Sounds |
| <input type="checkbox"/> Animals                    | <input type="checkbox"/> Merchandise Vendors                  |
| <input type="checkbox"/> Cooking on Site/Open Flame | <input type="checkbox"/> Offsite Parking                      |
| <input type="checkbox"/> Fireworks                  | <input type="checkbox"/> Road Closure                         |
| <input type="checkbox"/> Food Trucks                | <input type="checkbox"/> Signs & Banners                      |

Amusement Games/Rides/Carnival (including inflatables/climbing walls, etc.)

*Please note that if approved, Amusement Rides must be inspected on-site after installation by the Florida Department of Agriculture and Consumer Services (FDACS) and a copy of the temporary amusement ride inspection letter must be provided to the City.*

Other \_\_\_\_\_

**Tents:**  Yes  No If yes, how many total tents? \_\_\_\_\_ Size of tents: \_\_\_\_\_

*Please note that a tent permit is required for any tent that is over 10'x10'. Tent Permits are available through the City of Greenacres Building Department and may take up to 30 days to process.*

**Consumption/Sale of Alcoholic Beverages:**  Yes  No

If yes, what entity is obtaining the Alcohol License permit? List below. *(Copy of License and Alcohol Liability Insurance required 30 days prior to event. License holder must provide Certificate of Insurance listing City of Greenacres as Certificate Holder and Additional Insured.)* \_\_\_\_\_

**Onsite Cooking:**  Yes  No

Please specify method: **(Fire Marshal inspections are required)**

\_\_\_\_\_ Gas/Compressed Gas

\_\_\_\_\_ Electric

\_\_\_\_\_ Fryers

➤ Name of grease removal contractor: \_\_\_\_\_ Date & time of pickup at end of event: \_\_\_\_\_

**Fireworks / Pyrotechnics:**  Yes  No

If yes, specify exact location on the site map of the pyrotechnics will be set-up and fall zone. *(City Commission approval is required.)*

**Food and Beverage Vendors:**  Yes  No If yes, number of vendors anticipated at event: \_\_\_\_\_

*(Health Department approval required along with City Business Tax Receipt or Vendor License. Full list will be required prior to event. Each vendor must provide Certificate of Insurance listing City of Greenacres as Certificate Holder and Additional Insured.)*

**Food Trucks:**  Yes  No If yes, number of food trucks \_\_\_\_\_

*(Food trucks must have current Florida and Health Department permits and inspections and provide Certificate of Insurance listing City of Greenacres as Certificate Holder and Additional Insured.)*

**Live Performances & Music:**  Yes  No

If yes, applicant agrees all entertainment will be family-friendly and contain no obscenities. List of all performers and DJs required before event permit is issued. \_\_\_\_\_

**Merchandise Vendors:**  Yes  No If yes, number of vendors anticipated at the event: \_\_\_\_\_

*(City Business Tax Receipt or Vendor License required. Each vendor must provide Certificate of Insurance listing City of Greenacres as Certificate Holder and Additional Insured.)*

**Performance Platform (30" high or less):**  Yes  No

If yes, number of platforms: \_\_\_\_\_ *(An additional stage permit may be required for anything over 30")*

**Portable Toilets:**  Yes  No

If yes, how many? \_\_\_\_\_ Vendor providing service? \_\_\_\_\_ *(Note locations on submitted site map)*

**Use of Onsite City Restrooms during event:**  Yes  No

If yes, location of requested restrooms & times being used: \_\_\_\_\_  
*(Please note that an additional cost may be incurred for use of City Restrooms which require an attendant.)*

**Roadway Signage/Pole Banners:**  Yes  No *(City fees and charges will be incurred with this request).*

**Trash Boxes & Bags:**  Yes  No If yes, the City will determine number needed / staffing.

**Access to City Power:**  Yes  No If yes, where: \_\_\_\_\_

## EVENT SITE MAP AND PARKING PLAN

- Please attach a clear and detailed map depicting your event site set-up and include start/finish lines, stages, performance platforms, portable toilets, tents, vendors, food trucks, activities, first aid stations, emergency access points, etc. Also include:

**Parking Plan for Attendees, Vendors, etc.:**

Yes     No *(If yes, please indicate locations on site map)*

3. Site Plan (Maximum Size of 8 ½" X 11" including the following information):

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Location of food vendor area(s)</li> <li><input type="checkbox"/> Canopy/Tent Locations w/ sizes</li> <li><input type="checkbox"/> Fuel storage/dispensing areas</li> <li><input type="checkbox"/> Emergency Access Route for EMS &amp; Fire</li> <li><input type="checkbox"/> Location of vendor booths &amp; games</li> <li><input type="checkbox"/> Residential trailers for crews (carnivals)</li> <li><input type="checkbox"/> Cable covers for electrical lines &amp; hoses that are in path of egress for patrons</li> <li><input type="checkbox"/> Location of hazards on property such as canals, lakes, construction, etc.</li> <li><input type="checkbox"/> Location of fire extinguishers &amp; other required life safety equipment</li> <li><input type="checkbox"/> Description of sound amplification facilities or equipment to be utilized</li> <li><input type="checkbox"/> Location and description of Attention Getting Devices (Balloons, etc.)</li> </ul> | <ul style="list-style-type: none"> <li>Location of generator(s)</li> <li>Location of temp power drop</li> <li>Rides w/ descriptions</li> <li>Identify any fences/gates around event</li> <li>Stage locations</li> <li>Table, chair, and equipment layout</li> <li>Location of portable restrooms</li> <br/> <li>Traffic routing, road closures, separation ditches, of parking area from event</li> <li>City facilities/equipment to be utilized</li> <br/> <li>Location and description of banners or signage (not permitted in ROW)</li> </ul> |
|--|--|

## APPLICATION CHECK LIST & DEADLINES

To ensure timely processing of your event application, the following must be submitted at time of application. Please ensure that you have included all the following items with your application:

- Completed Application
- Site Map
- Non-Refundable \$ Applicable Fee
- Detailed COVID-19 Safety Plan

<p>Deadline to Submit Application (days prior to event date)</p> <p style="font-size: 1.2em;">90 days</p> <p>LDS Processing Time (days prior to event date)</p> <p style="font-size: 1.2em;">60 days</p>
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### Signature

I certify that I have read the City of Greenacres Temporary Use Policy and Guide and the answers provided above are true to the best of my knowledge and intentions. I also understand I may be asked for additional information relating to this application. Additionally, I agree to conform to all City, State, Federal laws and regulations. I also accept responsibility for the general cleaning and removal of trash, recycling, and all other items from the premises and agree to be accountable for any damage to the event site. Finally, I understand that all necessary fees, insurance, outside permits, and other requirements must be submitted before the issuance of the final event permit.

**ADA Compliance:** I am prepared and willing to grant all reasonable requests for accommodations for this event.  
 \_\_\_\_\_(Please initial here)

Signature: \_\_\_\_\_ Date: \_\_