SPECIAL EVENT PERMIT

MUST SUBMIT COMPLETED APPLICATION, FEE AND OTHER REQUIRED DOCUMENTS NO LESS THAN 10 BUSINESS DAYS PRIOR TO AN EVENT NOT REQUIRING BCC APPROVAL OR 45 BUSINESS DAYS PRIOR TO AN EVENT REQUIRING BCC APPROVAL.

APPLICATION TYPE/FEE

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL EVENT PERMIT (NOT REQUIRING BCC APPROVAL)</td>
<td>$75.00</td>
</tr>
<tr>
<td>SPECIAL EVENT PERMIT (REQUIRING BCC APPROVAL)</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

EVENT INFORMATION

EVENT NAME:
LOCATION ADDRESS:
LOCATION PARCEL ID #:
DATE(S) & HOURS OF EVENT: # OF ATTENDEES/DAY:
ACREAGE OF PROPERTY: ZONING: SECURITY: ☐ YES ☐ NO

DESCRIPTION OF EVENT (TYPE OF PERFORMANCES, RECORDING AND/OR SOUND AMPLIFICATION EQUIPMENT, SIGNS OR OTHER DEVICES FOR ATTRACTING ATTENTION, HOW SECURITY AND TRAFFIC CONTROL WILL BE PROVIDED, ETC.):

PROPERTY OWNER

NAME: COMPANY:
ADDRESS:
CITY: STATE: ZIP:
PHONE: EMAIL:
AUTHORIZED AGENT

<table>
<thead>
<tr>
<th>NAME:</th>
<th>COMPANY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>PHONE:</td>
<td>EMAIL:</td>
</tr>
</tbody>
</table>

ATTACHMENT CHECKLIST

- [ ] APPLICATION
- [ ] APPLICATION FEE
- [ ] SITE PLAN SHOWING THE LOCATION(S) OF: ALL PERMANENT AND/OR TEMPORARY STRUCTURES, SIGN(S) (ON SITE AND OFF SITE – MUST INCLUDE SIZE & LOCATION), LIGHTING, FOOD/BEVERAGE SERVING LOCATIONS, MUSIC OR OTHER AMPLIFIED NOISE SOURCE(S), INCLUDING FIREWORKS, IN RELATION TO RESIDENTIAL AREAS, SANITATION FACILITIES, TRASH RECEPTACLES, INGRESS AND EGRESS LOCATIONS, PARKING PLAN, PEDESTRIAN CIRCULATION PLAN AND MEDICAL FACILITIES, IF REQUIRED BY THE PUBLIC SAFETY DIRECTOR.
- [ ] APPLICANT AUTHORIZATION FORM, IF APPLICABLE
- [ ] APPLICANT AUTHORIZATION FORM FOR ANY OFF-SITE SIGNS AND/OR PARKING, IF APPLICABLE
- [ ] LICENSES FOR THE SERVING OF FOOD AND/OR BEVERAGES, IF APPLICABLE

INFORMATIONAL: EVENTS THAT PROPOSE BARRICADING ANY STREET(S) WILL REQUIRE A PERMIT FROM THE PUBLIC WORKS DEPARTMENT. THEY CAN BE REACHED AT (407) 665-5678

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and / or revocation of any approval based upon this application. I also represent that I have the lawful right and authority to file this application.

SIGNATURE OF OWNER/AUTHORIZED APPLICANT
(Proof of owner’s authorization is required with submittal if signed by agent)  

DATE