

City of Venice Florida Special Event Timeline

Special event applications may be submitted <u>no less</u> than 120 days prior to your event date. First time events require city council approval so the earlier the better. A <u>Special Event</u> is an organized activity taking place on public property that invites or is open to the public **and** involves ANY of the following

- city services beyond gazebo electrical access
- involves alcohol
- includes activities that require a certificate of insurance
- Involves cooking, grilling, reheating of food, or a food truck (excludes everyday use of county/city installed park grills).

EVENT TIMELINES

Minimum 120 Days Prior	 New and Renewal Applications Include all relevant documents and: Florida tax exemption certificate and active no-profit, charitable status. Planning meeting with city staff (if needed) Reserve/confirm dates/space 		
Minimum 90 Days Prior	 Events with an approved application Final event details/amendments General Liability Policy listing the City of Venice as certificate holder and named as additionally insured. General aggregate of 1,000,000. Verification of VPD details Possible supplemental permits/licenses Tent Permit/Certificates of Flame Resistance Proof of Utility account if using water Liquor Liability Policy & License (1,000,000 coverage and naming the City of Venice as certificate holder and as additionally insured) Firework Permit Coastguard/FDOT permits if applicable 		
Minimum 30 Days Prior	 On Site Contacts if changed/updated since application Verification of Fraternal Order of Police details Final Permit/Special Event Agreement Signed 		
Post Event-Within 30 days	 Final Payments Invoice from City of Venice Fraternal Order of Police Complete Post Special Event Review Form Request dates and space for next year 		



City of Venice Florida Special Event Application

Event Name:	
Event Location:	
Organization:No If yes (attach documentation/pr	
Is this your first year in Venice?YesNo If No what was y	
Do you have heritage status?YesNo If yes what is your r	
If this is a reoccurring event please describe what is new/changed this	s year
Sponsor Name:	
Sponsor Address:	
On Site Contact:cell pho	one:
Email:	
Estimated staff/volunteers/vendors (do not include the public) daily	
Estimated attendance of the public (do not include staff/volunteers/ve	endors) dailyTotal
Event Type: Athletic Event/Competition Parade/Ma	arch/Procession Festival/Carnival
Concert/Performance Fireworks Auto Show	other:
Event summary description: Attach additional detailed narrative, daily	•
Note: Races/Runs may be required to follow preapproved routes for sa	afety and preservation of city functions
Set up date(s):T	Time(s):
Event open to Public date(s):	
Tear down date(s): What is your inclement weather plan?	

B. Public Works							
2. 3. 4. 5.	Electricity: Explain needs: Irrigation to be turned off:Yes Fire Ant Treatment:YesNo City Garbage Cans:YesNo How Many?YOU SUPPLY BAGS City Garbage Roll Offs:YesNo SizeQuantitySizeQuantity Recycling Receptacles:YesNo How Many?						
7.	No Parking After Midnight Signs:YesNo How Many? Locations:						
	Will your event include the use of city restrooms?YesNo If yes, specify where:						
9.	Does your event require you to provide Port-O-Lets according to Florida Regulation 64E-6.0101/Sarasota County Health Department (941) 861-3310YesNo If yes: How Many will be ADA How many standard?						
	Will you have handwashing stations:YesNo How Many?						
	you are in need of cones/barricades please see section D. Venice Police Department ditional information:						

<u>C.</u>	Building & Fire Departments						
1.	Will there be 10x10 or smaller tents or canopies?YesNo						
2.	Will there be tents larger than 10x10?YesNo If yes please list all sizes on line below:						
3.	For all tents over 10x10 please provide:						
4. 5.	Will there be large commercial generators for electric?YesNo Does your event include fireworks?YesNo						
6.	Will there be open cooking Equipment?YesNo If yes, please explain the type and location of the cooking:						
7.	Will there be ANY food or Mobile Food Vendors:YesNo How Many :						
	Temporary public food service establishments are required to be licensed and inspected by the Division of Hotels and Restaurants of the Florida Department of Business and Professional Regulation (DBPR) per Florida Administrative Code Rule 61C-1.002.						
8.	3. Explain the process for disposing of cooking grease (method, frequency, and contact if contracted						
Ado	ditional Information:						

D. Venice Police Department:
1. Is alcohol being served or consumed?YesNo If yes you will need to hire City of Venice Police officers to staff the event for the times of service plus at least 30 minutes after. This service is contracted and paid directly with the Fraternal Order of Police/FOP not the city; it is not eligible for sponsorship. You will need a Liquor License from Department of Alcohol, Beverages and Tobacco and liquor liability insurance in the amount of \$1,000,000 added to your General Liability Policy. 2. Is alcohol being limited to 2 drinks or less?No Days & Times of service:No
3. Will you have exchanges in currency/cash?YesNo 4. Are there any areas of sensitivity (gates, ATM, beer tents)YesNo 5. Will there be private security for the event?YesNo Times: If yes, provide: security name and number:*You may be asked to send a photo to PD of those on duty 6. Do you need overnight security?YesNo 7. Are you requesting street closures or will there be disruptions to the flow of traffic?YesNo Explain:
8. Who will design the MOT?Who will implement & provide materials?MOT Contact name:number(s):
14. Do you need security for money drops?YesNo 15. Will amplified sound, live/recorded music, or public-address system be used?YesNo 16. What hours might your event create noise and/or require an exception to our code? 17. Other requests:
Additional Information

E. City Manager's Office				
1.Are there fair/carnival rides?	Yes No	If ves provide the fo	ollowing:	
Carnival Operator Name:				
On-SiteContact Name:			Cell:	
Email Address:			:ato:	
BusinessAddress:			.ate	zıp
2. Will you need the use of water/ut	ilities?Ye	sNo		
If yes: Do you have an account wi	th the Cashier? _	YesNo	If no: you ma	ay need to set one up
3. Provide your website				
4. Provide your event Facebook Link	·			
5. Other Social Media/Marketing/Ac	lvertising Informa	tion		
6. Do you plan to have any signs, Po acceptable locations)	sters, and Banne	rs?Yes	No (see sign pol	icy for map for
7. Specify where you intend to place restrictions). Signs may not be place			gn policy for app	roved locations and
The Event Holder agrees, at its sole cost and employees, agents and representatives from upon, incurred by, or be asserted against the in any way connected with this Special Even general liability insurance in the amount of Event, unless by exception authorized by the \$1,000,000; naming the City as an additionathe City and placed with insurance carriers a minimum financial AM Best and Company rewritten specific approval by the City.	n and against any a e City of Venice and it. Unless by except \$1,000,000; naming e City Manager, the al insured. The polic approved and licens	nd all liability, damages, its officials, employees ion authorized by the Conditional the Conditional Event Holder shall provines of insurance shall be sed by the Insurance De	claims and deman , agents and repre ity Manager, the E al insured. If alcoh vide liquor liability primary and writt partment in the St	nds which may be imposed esentatives as a result of or Event Holder shall provide nol is to be provided at the insurance in the amount of ten on forms acceptable to cate of Florida and meet a
By signing this application you certify you un accurate to the best of your knowledge. Yo named in this agreement.				· · · · · · · · · · · · · · · · · · ·
Event Holder Name				
Signature			Date	
City of Venice contingency appro	oval/Denial of	Initial Proposal		
Approval of this application does not guara steps of the planning process and is conting Permit Conditions, and any other stipulatio	ent upon adherenc	e to the Agreement and	Special Condition	
Approved Denied	_ City Staff Name:			 -
Title:		Date:		Revised 8/12/2