



Public Safety Department

Special Event Application Part I of II

Date of Application: _____

Name of Special Event: _____

Date of Special Event: _____

- Part I and Part II of the Special Event Application must be completed and submitted concurrently.
- **This application shall be submitted at least ninety (90) days in advance** of the commencement of the event for which the application is filed.
- If the Special Event boundary limits is located within a City / Town / Public Land(s), Part II is not required. Please contact the local municipality.

Are the owners, agents and operators the same as listed on Part II of this application: ____ Yes ____ No.

If no, please update the information below:

Owner(s) of the property: _____

Address: _____

Phone No.: _____ Email Address: _____

Agent's Name: _____

Address: _____

Phone No.: _____ Email Address: _____

Operator's Name: _____

Address: _____

Phone No.: _____ Email Address: _____

What are the exact times and dates of the commencement and conclusion of the event, including setup and clean-up: _____

Please provide the following items and information; detailed descriptions of requirements are attached to this application:

1. Adequate plans, which includes: site construction, sanitation facilities, sewage disposal, garbage and refuse disposal, drainage, floodlighting during darkness, insect and rodent control, water supply and food service.
2. An adequate geographic description and scale map or plan of the event site, showing the location of all required facilities, all points of ingress and egress and designated parking area(s) outside the performance area and designated safe pedestrian routes that indicate travel between the designated parking area(s) and the performance area.
3. An adequate plan that addresses all appropriate public safety requirements (see specific requirements on attachment).
4. An Incident Action Plan may be required; after review of the application, you will be notified if it is required.
5. A statement identifying that you are in full and complete compliance with all beverage license laws and other laws, ordinances and regulations applicable to the county.
6. A written public liability insurance policy (see specific requirements on the attachment).
7. The actual admission ticket to be used at said event (see specific requirements on the attachment).
8. If event parking will encompass public right-of-way and advanced written approval from the entity having jurisdiction over such right-of-way shall be required.
9. If the event requires temporary closing of a county road, you must make application through the Department of Public Works.

Rescheduling of Event:

If the event is cancelled due to causes outside the control of the applicant, such as unfavorable weather, the applicant shall notify the County Manager or designee no later than 24 hours prior to the approved start date. Upon receipt of timely notice of cancellation of the event, the permit shall remain valid for 30 days beyond the approved start date to allow for rescheduling of the event. The applicant shall provide the County Manager or designee a minimum of five (5) days' notice prior to the start of the rescheduled event. The permit shall expire if the event is not rescheduled within the time frame stated herein.

Other Reviews and Approvals:

For special events that include federal, state, adjacent counties and/or municipal jurisdictions in addition to unincorporated Lake County, the County Manager or designee may include the federal, state and/or municipal jurisdictions to participate in the review and approval of the appropriate section for the public safety requirements.

Deviation or Violation of Conditions and Plans:

If there are any deviations or violations of or from the conditions and plans submitted under this section or violation of other provisions of the Special Event Code, or any material misrepresentation in the application for the permit, the County Manager or designee may revoke the special event permit.

To be completed by County staff:

Special Event # _____

Environmental Health review: ___ APPROVE ___ NOT APPROVED ___ NOT REQUIRED

_____ Date: _____
(Print name and signature of staff)

Public Works review: ___ APPROVE ___ NOT APPROVED ___ NOT REQUIRED

_____ Date: _____
(Print name and signature of staff)

Sheriff's Office review: ___ APPROVE ___ NOT APPROVED ___ NOT REQUIRED

_____ Date: _____
(Print name and signature of staff)

Fire Rescue review: ___ APPROVE ___ NOT APPROVED ___ NOT REQUIRED

_____ Date: _____
(Print name and signature of staff)

Emergency Medical Services review: ___ APPROVE ___ NOT APPROVED ___ NOT REQUIRED

_____ Date: _____
(Print name and signature of staff)

Growth Management Dept. review: ___ APPROVE ___ NOT APPROVED ___ NOT REQUIRED

** _____ Date: _____
(Print name and signature of staff from Planning & Community Design Division)

** _____ Date: _____
(Print name and signature of staff from Building Division)

County Manager or designee review: ___ APPROVE ___ NOT APPROVED

_____ Date: _____
(Print name and signature of County representative)

Staff notes: _____

OWNER'S AFFIDAVIT

STATE OF FLORIDA
COUNTY OF LAKE

BEFORE ME, the undersigned authority personally appeared _____,
who being by me first duly sworn on oath, deposes and says:

1. That he/she is the fee-simple owner of the property legally described and attached to this application;
AND
2. That he/she desires a Special Event on their parcel as described on the days and times provided as
part of this application; AND
3. That he/she has appointed _____ to act as
agent in his/her behalf to accomplish the above.
4. Permission is granted for staff to conduct a site visit for purposes of review of this Special Event
Application. Event Name: _____

(Owner's Signature)

(Owner's Signature)

State of Florida

County of Lake

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

(Seal)

Notary Public (Signature)

My Commission Expires

NOTE:

All Applications shall be signed by all of the Owner(s) of the Property or some person duly authorized by the
Owner to sign. The authority authorizing such person other than the Owner to sign must be attached.

AGENT'S AFFIDAVIT

STATE OF FLORIDA
COUNTY OF LAKE

BEFORE ME, the undersigned authority personally appeared _____,
who being by me first duly sworn on oath, deposes and says:

- 1. That he/she affirms and Certifies that he/she understands and will comply with all Ordinances, Regulations, and Provisions of Lake County, Florida, and that all statements, drawings and diagrams submitted herewith are true and accurate to the best of his/her knowledge and belief, and further, that this application and attachments shall become part of the Official records of Lake County, Florida, and are not returnable.

(AGENT'S SIGNATURE)

**State of Florida
County of Lake**

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

(Seal)

Notary Public (Signature)

My Commission Expires