



City of St. Augustine Beach, 2200 A1A South, St. Augustine Beach, FL 32080

APPLICATION FOR SPECIAL EVENTS OF MINOR IMPACT

1. Applicant's Name: _____

Contact Person (if different from above): _____

Applicant's Address: _____

Applicant's Phone #: _____ Email: _____

2. Event Name: _____

Type of Event: ☐ Wedding ☐ Race ☐ Surf/Volleyball/Sport ☐ Beach Cleanup

☐ Other: _____

3. Event Location: _____

4. Date: _____

Time: (include set-up and break-down): _____ to _____

5. Number of Anticipated Participants/Guests: _____

*** If event consists of more than 100 participants/guests, law enforcement may be required ***

6. Event Will Have: (check all that apply)

- | | | |
|--|------------------------------|-----------------------------|
| a. Music, live and/or recorded | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Tents or temporary structures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Furnishings, such as chairs or tables | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Food prepared or served on site | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Live animals (if yes, type: _____) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Business selling goods or services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Signs for advertising and/or identification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Alcohol being served or permitted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Requesting Law Enforcement Officer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***Required for Races*:** (5K or 10Ks, Bike Rides, parades, etc.):

- | | | |
|--|------------------------------|-----------------------------|
| a. Maintenance of Traffic (MOT) Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Approved Event Route | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Notification plan (Message Boards, signs) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Notes: _____

PERMIT MUST BE WITH YOU AT ALL TIMES DURING THE EVENT

Are you requesting to install structures from Number 6 above before or after the time indicated in Number 4? [] Yes (explain below) [] No

NOTE: Items cannot be installed prior to 8:00 a.m. or remain after 7:30 p.m.

7. By signing this contract, the applicant agrees to the following:

- a. Abide by all applicable laws and regulations on the beach, including regulations protecting sea turtles and the prohibition of alcoholic beverages, glass containers, fireworks, and open fires.
- b. Abide by any reasonable conditions required by City staff on the following page.
- c. Remove all litter, trash, temporary structures, furniture, etc. from the property immediately after the conclusion of the event. Restore the property to the same condition as before the event. Fill any holes left in the sand.
- d. No helium balloons are allowed on the beach or the surrounding area. Helium balloons are ingested by the marine mammals, which can cause their death.

Signature: _____ Date: _____

St. Augustine Beach Police Department Special Requirements:

1. Event organizers shall provide clear expectations, intent and timely information regarding their event and any changes to the event that could impact the normal functions of the city.
2. Any event that may impact a public roadway including but not limited to 5k, bike rides, parades will require the use of a SABPD approved route. The event organizer is responsible for providing a maintenance of traffic (MOT)/temporary traffic control (TTC) plan. If required, this plan is due 30 days prior to the event.
3. Requester may cancel their request in writing or email no less than 48 hours prior to the event without penalty. Request canceled within 48 hours of the scheduled event time will be subject to the hourly minimum per officer assigned at the discretion of the Chief of Police. Cancellations for weather will not be penalized.

SABPD officers require a 3 hour minimum and will be paid at the following rates:

- a. Officers will be at a rate of \$55.00 per hour.
- b. Supervisors, required for any event requiring 4 or more officers, will be at a rate of \$65.00 per hour.
- c. Incident Commander, required for any event requiring 2 or more supervisors, will be at a rate of \$75 per hour.

***** *City Use Only******

Permit fee of \$100 paid? ☐ Yes ☐ N/A

Application has been reviewed by:

Police Department: ☐ Approve ☐ Approve with Conditions ☐ Deny
Conditions/Comments: _____

Signed: _____ Date: _____

City Manager: ☐ Approve ☐ Approve with Conditions ☐ Deny
Conditions/Comments: _____

Signed: _____ Date: _____

- Persons who wish to appeal the decision to approve or deny a permit for a special event of minor impact shall make that request to the Commission through the City Manager's Office.
- Special events which will require the use of any public street (City, County, or State) within the City's limits shall automatically be defined as events of significant impact and shall require City Commission approval.



HOLD HARMLESS AGREEMENT

The undersigned agrees to protect, defend, reimburse, indemnify and hold harmless the City of St. Augustine Beach, Florida, its agents, employees, and officers and each of them, free, and harmless at all times from and against any and all claims, liability, expense, loss, cost, fine, and damages (including reasonable attorney's fees) and causes of action of every kind and character to the fullest extent allowed by law by reason of any damage to property or the environment, including any contamination of City property, or bodily injury (including death) incurred or sustained by any party hereto, any agent or employee of any party hereto, or any other person whomsoever, arising out of or incident to any acts, omissions or operations related to the use authorized by this Special Event Permit, and the undersigned expressly recognizes the broad nature of this indemnification and hold harmless clause, and voluntarily makes this covenant.

(Name of Event)

sponsored or arranged for by _____

(Applicant)

which will occur on _____

(Date/Dates)

Dated this _____ day of _____, 20____

Signed: _____

Print Name: _____