

City of Key West

Special Event Permit Application

For assistance in filling out this application, please refer to the City's Special Event Guide.
Weblinks to other resources will also be supplied throughout the document.

Event Name: _____

Location: _____

Set Up Date: _____ Set up Time: _____

Event Date: _____ Event Time: _____

Break Down Date: _____ Break Down Time: _____

Number of Expected Attendees: _____

Description: Provide a narrative description of the full scope of your event with as much detail as possible in the box below. If this event has multiple sub events, specify date and time range of each.

PRIMARY ORGANIZER INFORMATION

Name _____ Phone number _____

Company or Organization Name (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

SECONDARY CONTACT INFORMATION

Name _____ Phone number _____

Company or Organization Name (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

LOCATION OWNER INFORMATION (if different from Contact)

Name _____ Phone number _____

Company or Organization Name (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

PROMOTER INFORMATION (if applicable)

Name _____ Phone number _____

Company or Organization Name (if applicable) _____

Tax ID / EIN# _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

Last Three Events Promoted:

Event Name	Venue Contact	Phone Number
1.		
2.		
3.		

ATTACHMENT REQUIRED: EVENT FINANCIALS

	Reoccurring Event	If event is a reoccurring event, upload the full expenses/revenues from last year.
	New Event	If event is new event, upload most recent estimation of full expenses/revenues.

INITIALS REQUIRED

- _____ 1. **Application Form:** All Applicant(s) must fill out the City of Key West (City) application form provided to you by the Office of the City Manager. All applications are subject to approval at the discretion of the City Manager and/or City Commission.

INITIALS REQUIRED, continued.

- _____ 2. **Deadlines:** Application(s) for special events must be in the Office of the City Manager 60 days prior to the event.
- _____ 3. **Liability Insurance:** Application(s) must provide comprehensive liability insurance itself and the City against all claims of damages or injury to persons or property arising for any reason as a result of the activities associated with the special event permitted by the City. The insurance policy shall provide a minimum of \$1 million general liability. The policy shall show the City of Key West as an additional named insured.
- _____ 3. **Indemnification:** The applicant shall indemnify and hold the City to harmless from all losses, claims, damages, liabilities, and expenses which maybe incurred by the City or which may be claimed against the City by any person, firm to the person or property f any person, firm, corporation, or entity which are consequent or arise from the activities of the permit holder activities or which damages/injuries are consequent or arise from permit holders failure to comply with all applicable laws, statutes, ordinances and regulations.
- _____ 4. **ADA:** All special events are required to comply with the Federal Americans with Disabilities Act which requires access to all areas in services provided by the special events. Organizers must ensure that all aspects of their event meet the requirements.
- _____ 5. **Notifying:** Notice of the city commission's proposed action on an application for a special event permit shall be mailed prior to the meeting at which the matter is to be considered to all property owners and occupants of property located within a 100-foot radius of the proposed special event. Notice of such proposed action also shall be published in a newspaper of general circulation in the city at least five days prior to the date of the city commission decision. The notice shall identify a contact person and phone number for complaints. The applicant shall pay for the newspaper advertisement.
- _____ 6. **City Services Pricing:** The organizer or sponsor of any special event which requires the provision of additional extraordinary support services by police, fire, and administration or other city department shall pay to the city the cost of such services. A down payment of 10% of all cost, as estimated by the city manager, shall be made to the city either by certified check or credit card at least 10 days prior to the special event.
- _____ 7. **Payment Terms:** The City Manager is authorized to provide reasonable terms for time and manner of payment. If the event sponsor fails to pay the full costs at the time determined by the City Manager, or if no such deadline is established, then within 30 days after the event the City may impose an interest charge on the amount due at the rate of one and one half percent (1.5%) per month.
- _____ 8. **Accidental Special Events:** Where a person has not applied for a special event permit and an event at its location spills into a street, causing the police department to close all or a portion of the street, the person sponsoring the event shall pay all such extraordinary service cost incurred by the city. On each anniversary of this occurrence, if the person can reasonably anticipate an

overflow of people into the street, a special event permit must be applied for. Violation of this requirement may be grounds for revocation of an occupation license.

Event Screening Questionnaire

Please answer every single question on this page.

Event Name: _____
Event Date: _____

The following question will determine the correct application supplements that will be required for your event to be fully permitted. Any permit or license may be revoked if there has been misrepresentation in the permit or license application with respect to the nature and location of the activity. If you answer "Yes" to any question next to a Supplement, that Supplement must be submitted with this application.

SALES & ADMISSION	IF YES, COMPLETE REQUIRED FORMS
1. Will ANY food, arts, crafts, or cultural items be sold? Vendors (Food/Art/Cultural)? <i>If you wish to be a VENDOR at a specific event, contact that Event organizer for the Sub-Vendor form.</i>	<input type="checkbox"/> Yes, Supplement A <input type="checkbox"/> No*

NON-PROFIT	IF YES, COMPLETE REQUIRED FORMS
2. Is the applicant a registered as a State non-profit and/or an IRS 501 (c)(3)?	<input type="checkbox"/> Yes, Supplement B <input type="checkbox"/> No*
3. Will a non-profit organization benefit from your event?	<input type="checkbox"/> Yes, Supplement B <input type="checkbox"/> No*

STREETS & SIDEWALKS	IF YES, COMPLETE REQUIRED FORMS
4. Will your event require a stationary street closure (Block Party, etc.) or block side walk?	<input type="checkbox"/> Yes, Supplement C <input type="checkbox"/> No*
5. Will your event require a moving street closure (e.g. Race, Bike Rally, Parade)?	<input type="checkbox"/> Yes, Supplement C <input type="checkbox"/> No*
6. Will your event require parking restrictions (i.e. clearing cars for parade)?	<input type="checkbox"/> Yes, Supplement C <input type="checkbox"/> No*

CITY PROPERTY	IF YES, COMPLETE REQUIRED FORMS
7. Will your event take place in a City-owned Park or Rec Center?	<input type="checkbox"/> Yes, Supplement D-1 <input type="checkbox"/> No*
8. Will your event take place in the Truman Waterfront Amphitheater?	<input type="checkbox"/> Yes, Supplement D-2 <input type="checkbox"/> No*
9. Will your event involve Commercial Filming?	<input type="checkbox"/> Yes <input type="checkbox"/> No*

NOISE	IF YES, COMPLETE REQUIRED FORMS
10. Will your event involve ANY KIND of the following: (If yes, select all that apply) <input type="checkbox"/> Live performance(s) <input type="checkbox"/> DJ and/or Recording Music <input type="checkbox"/> Loud Speakers and Amplifiers	<input type="checkbox"/> Yes, Supplement E <input type="checkbox"/> No*

**If any Supplement was checked as not needed, it's entire page will appear empty in the Supplements Section. This feature was inserted so that applicants only fill out the sections that they need.*

DRAFT

SAFTEY		IF YES, COMPLETE REQUIRED FORMS	
11. Will Alcohol be given away or sold?		<input type="checkbox"/>	Yes, Supplement F
		<input type="checkbox"/>	No*
12. Will your event involve ANY of the following structures:		<input type="checkbox"/>	Yes, Supplement F
<ul style="list-style-type: none"> • Booths • Canopies Podiums • Viewing Stands and/or Bracing • Stages and/or Risers Tents • Air Support Structures 		<input type="checkbox"/>	No*
13. Will your event involve ANY of the following?		<input type="checkbox"/>	Yes, Supplement F
Cooking Onsite, Compressed Gases or Flammable Liquid (used or stored), Fog Machine / Smoke Machine / Bubble Machine Generators, Open Flame (fire juggling, bonfire, etc.) Pyrotechnics/Special Effects, Lasers, Confetti, Vehicle or Motorcycle demonstration		<input type="checkbox"/>	No*

**If any Supplement was checked as not needed, it's entire page will appear empty in the Supplements Section. This feature was inserted on purpose so that applicants only fill out the sections that they need.*

SIGNATURE REQUIRED

The applicant does acknowledge and hereby affirms that any and all information of this application and all of its supplements are accurate to the best of his/her knowledge. The applicant(s)/permittee agrees to assume full responsibility and liability for and indemnify and hold the City of Key West harmless from and against all liability, claims for damages, and suits for or by reason for an injury to any person or damages to any property of the parties hereto or of the third persons for any and all cause or causes whatsoever or in any way connected with the holding of said event or any act or omission or thing in any manner related to said event and its operation irrespective of negligence, actual or claimed, upon the part of the city their agents or employees.

Applicant Signature

Date

Required – Recycling Plan

Attachments will be required for this supplement. Please attach them when submitting application, and submit any follow up documents after event is completed. For more information, refer to the Special Events Guide.

Event Name: _____
Event Date: _____

RECYCLING POINT OF CONTACT

Name _____

Phone Number _____ Email _____

Number of people dedicated to recycling duties _____

Please check all materials that will be generated during your event:

- | | | |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Beads | <input type="checkbox"/> Food Waste | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Candy | <input type="checkbox"/> Glass Containers | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Plastic Bags | <input type="checkbox"/> Plastic Containers | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paper bags | <input type="checkbox"/> Cardboard | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Styrofoam | <input type="checkbox"/> Other: _____ | |

INITIALS REQUIRED

- _____ 1. **RECYCLING DEPOSIT:** A security deposit of \$1,000.00 must be submitted prior to the event
- _____ 2. **ACCEPTABLE RECYCLABLES:** The Recycling Point of Contact is responsible to make sure only the recyclables listed on the right are allowed in recycle bins.
- _____ 3. **CONTAMINATION:** I understand that recycle bins with contamination above 15% will result in a loss of our recycling deposit.

RECYCLING DELIVERABLES TIMELINE:

Two Weeks
(Self filling)

BEFORE EVENT: (1) Arrange Trash/Recycling through Community Services (tstansbury@cityofkeywest-fl.gov). (2) Get approval for educational signage is needed to inform customers/event goers of recycling and garbage rules/locations during the event. Request signage or submit unique designs for approval via dgreen@cityofkeywest-fl.gov

Due Date
(Self filling)

DAY OF EVENT: Place Recycling/Garbage containers in pairs throughout venue, at a minimum of every 30 feet throughout the event. During the event ensure that recycle bins are free from contamination. Pull full bags, replace with a new liner, and stage full bags only at pre-arranged sites. At end of event, remove all signage, and return if borrowed from City. Place all trash/recycling containers pre-arranged pick-up location.

Due Date
(Self filling)

TRASH/RECYCLING REPORT: Community Services will supply a report detailing the amount of materials collected for recycling by weight, volume, or count and report on contamination levels. After report is generated, share the results with the event organizer, event vendors, and the City at dgreen@cityofkeywest-fl.gov.

Required – Transportation Plan

Parking and traffic congestion are consistently in the top 3 concerns of Key West residents. It is the City's goal to involve all event planners in traffic reduction as well as management. For more information, consult the Special Events Guide.

Event Name: _____
Event Date: _____

INITIALS REQUIRED

_____ **Communications:** Every event is required to provide minimum communications about modes of transportation that will reduce single occupancy vehicle traffic. These actions include:

- | | |
|----------------|-------------------|
| (1) Website(s) | (3) Ticketholders |
| (2) Email | (4) Social Media |

_____ **Incentives:** Large Events are required to utilize additional incentives, 1 per every 500 expected attendees. Check which incentives you plan to use:

- | | |
|--------------------------------------|---------------------------------------|
| Bike security and/or Bike Valet | Partner with Transit Friendly |
| Include ride service with VIP Passes | Restaurants/Bars |
| Pre-Sale parking only | Partner with Rideshare/Taxi Companies |
| Premium parking prices | Other: _____ |
| Partner with Transit Friendly Hotels | |

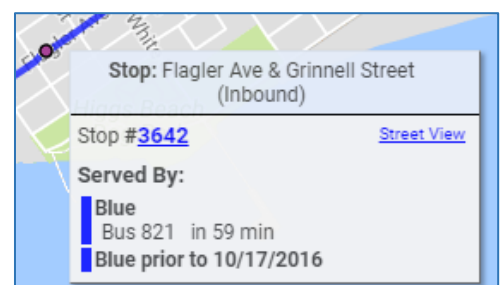
CAPACITY AT VENUE

Arrival Type	# Available	Arrival Type	# Available
1) Car Parking: Onsite		3) Scooter Parking: Onsite	
A) Regular Lot*		4) Scooter Parking: Within 3 blocks	
B) ADA		5) Bike Parking: Onsite	
C) Overflow, if any		6) Bike Parking: Within 3 blocks	
2) Car Parking: Within 3 blocks			
A) Residential Permit			
B) Non-Marked			
C) ADA			
D) Metered*			

**If parking spots are public and metered, and you would like to reserve them for your event, you will need to note so in Section X, Parking Needs at the end of this Supplement.*

Three Closest Bus Stops (Use <https://www.kwtransit.com/map>)

Route Name	Stop # and Street Name



DRAFT

MODES OF TRANSPORTATION

Use the table below to enter in your total attendance expected, as well as the % expected travel mode. This is your best guess, and will help you plan how much space you may need to provide. The table will calculate the actual numbers needed to plan for / market toward.

Total Attendance Expected	Table will calculate total % here

Attendee Arrival Modes	Fill in % expected here	Table will calculate # here
Arrivals by Personal Car		
Arrivals by Scooter/Motorcycle		
Arrivals by Transportation Network Companies		
Arrivals by Transit / Loop		
Arrivals by Walking		
Arrivals by Bicycle		
Other		

PARKING PRICING

Vendors and Event Organizers must pay for metered parking used outside of Event Zone. All existing [parking ordinances](#) apply to special events. For events that wish to remove parking areas or reserve parking areas, the following rules and fees apply*.

Parking Type	Fees and Rules	# of Parking Spots Requested	# Hours/Days Needed	Total Cost For Parking
Residential Permit Spaces	Not allowed			
Unmarked Street Parking	No Cost			
Park N Ride Garage	\$3/hour or \$18/day max			
Metered Street Parking	\$3/hour or \$20/day max			
TW – Building 103 Lot	\$3/hour or \$20/day max			
TW – The Curve Lot	\$3/hour or \$20/day max			
Angela Firehouse Parking Lot	\$3/hour or \$20/day max			
Simonton Beach Parking Lot	\$3/hour or \$20/day max			
Ferry Terminal Parking Lot	\$3/hour or \$20/day max			
Historic Bight Parking Lot	\$3.50/ hour or \$20/day max			
Mallory Square Parking Lot	\$4/hour or \$32/day max			

*Modification of rates or parking waivers can only be approved by City Commission.

Parking needs shall be accounted for via the Fee Schedule, on Page 19 of this application.

For more information, contact John Wilkins, Parking Manager at jwilkins@cityofkeywest-fl.gov

Required: EVENT SITEMAP / LAYOUT

Event Name: _____

Event Date: _____

Using the legend below, please illustrate your event to the best of your ability.

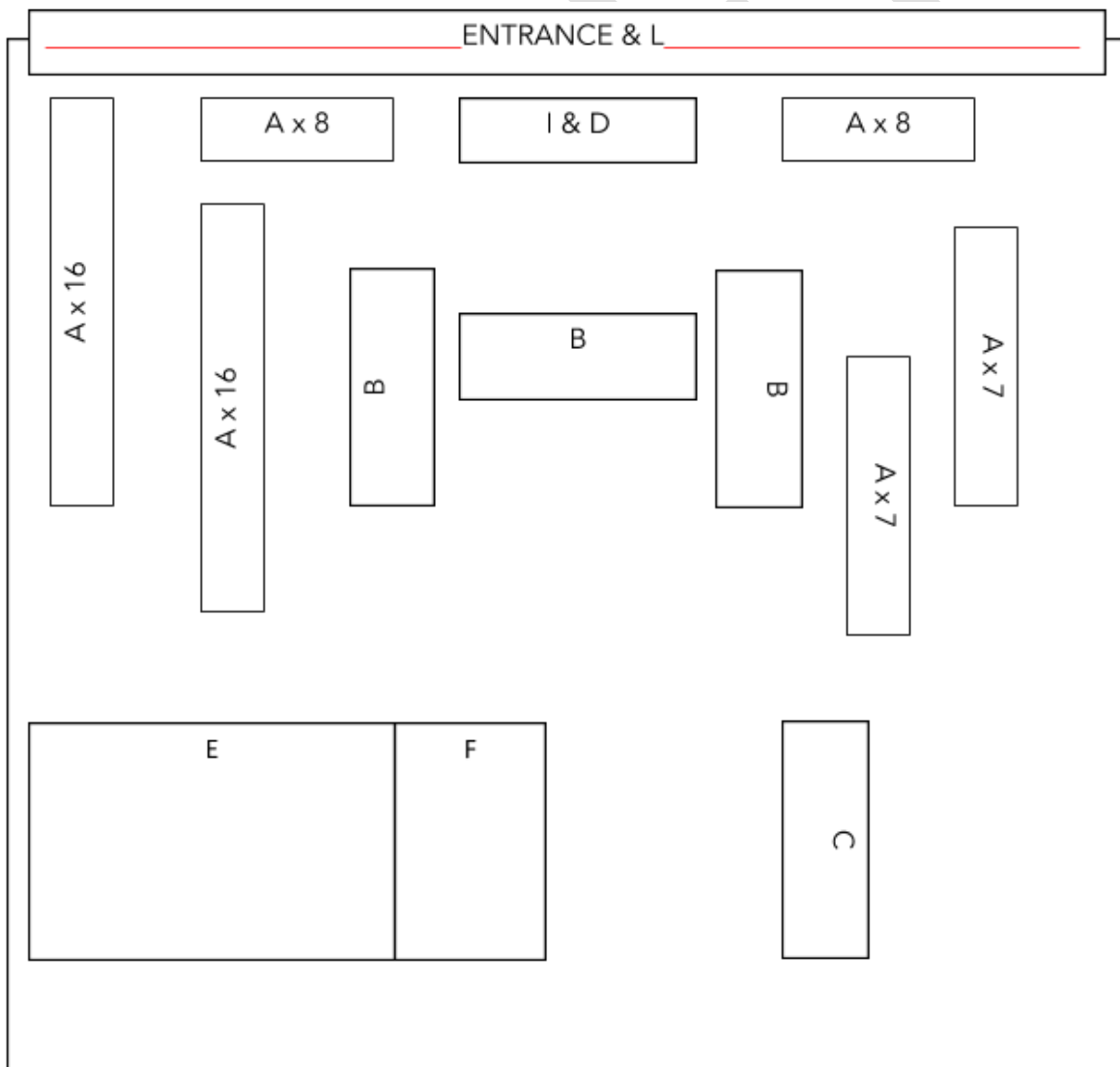
If it is a single site event only one site layout is needed.

If the event includes multiple streets, a second site map showing the entire area is needed.

	Attach Site Layout
	Attach Streets Layout

Event Key Layout:

A. Vendors	F. Bike Parking	K. Fire Lane (RED LINE)
B. Tents	G. Roads Closed	L. Other: _____
C. Toilets	H. Stage Area	M. Other: _____
D. Amplified Music	I. Bounce House	N. Other: _____
E. Car Parking	J. Podiums	



Supplement A: Vendor Sales & Admissions Revenue

Event Name: _____
Event Date: _____

If you checked no to Screening Question #1 on page 4 of this application, this section will be blank because you do not need it. This supplement is only for the actual organizer of Vendor Sales or Admissions. Individual vendors should contact the organizer for their Event Specific Sub-Vendor Form.

Attachments will be required for this supplement. Please attach them when submitting application, and submit any follow up documents after event is completed. For more info, refer to the Special Events Guide.

INITIALS REQUIRED

1. **Sub Vendors:** A Sub-Vendor List of all vendors must be turned in by the Event Organizer one week before the event. Sub-Vendor Forms for each vendor must be turned in within 7 days after the event. Both the List and Forms can be turned into dgreen@cityofkeywest-fl.gov
2. **Vendor Placement:** Except for [Major Festivals as defined in Section 6-58](#), no special event booth serving any amount or type of food and/or beverage, or selling merchandise, shall be placed directly in front of, or within five (5) feet of the property line of a restaurant/bar/retail store selling primarily the same or similar merchandise, unless the owner of the restaurant, the bar or the store consents.

SUB-VENDOR ESTIMATES

In the table below please write down your approximate number and type of vendors that will be at the event, if you do not see your vendor type listed below please utilize the black spaces given below. The official Vendor List is due one week prior to the start of the event.

VENDOR TYPE	NUMBER OF VENDORS
Beverage (non-alcoholic)	
Beverage (alcoholic)	
Food	
Food & Beverage	
Other:	
Other:	
Total Vendors Estimated:	

Supplement B: Non Profit Verification

If you checked "No" to Screening Question #2 or 3 on page 4 of this application, this section will be blank because you do not need it.

Event Name: _____

Event Date: _____

Organization Name _____

Tax ID/EIN # _____ Representative _____

Purpose of Organization _____

Phone _____ Email _____

How will the nonprofit proceeds/donations, after payments of direct necessary expenses be used?

INITIALS REQUIRED

- _____ 1. **Monies Received:** Within 30 days of the events completion the City Commission will receive a letter from the not for profit organization stating the amount of monetary donation received from the event.
- _____ 2. **Services Waived:** The first \$1,000.00 of costs as specified in subsection (a) of the ordinance may be waived for any organizer or sponsor, which qualifies as a tax-exempt nonprofit organization according to state or federal law. Acceptance of this waiver by such sponsor shall render the special event a public accommodation subject to human rights provision of the section 38-225.
- _____ 3. **Approval:** Supplement B must be reviewed and approved for non-profit waivers to be granted. Neither Completion nor Submission of this form guarantees a waiver will be granted.
- _____ 4. **Accounting:** Any nonprofit organization excepting the waiver provided for by subsection (b) of the ordinance shall, within 90 days following the special event, submitted to the city commission in accounting of expenses and revenues incurred and generated during the special event.

ATTACHMENT REQUIRED

I hereby certify that the above-named organization is a bonafide, in good standing, domestic civic, educational, charitable, fraternal, or religious organization under the laws of the State of Florida or with proper tax exemption status with the Internal Revenue Service; that the organization is the actual sponsor of the event described and that all the proceeds from the event, after necessary direct expenses, will be used for civic, educational, charitable or religious purpose.

I further certify that the answers to the above questions are correct and complete to the best of my knowledge and belief. I also understand that any organizations who fraudulently seek exemption under section 150-521 (17), 150-970 © (1), and/or 110-246 © or the code of the City of Key West shall be subjected to civil and criminal penalties provided for in Florida Statutes.

Upload a copy of your organization letter issued by the I.R.S. or Secretary of State verifying tax exempt status.

Officer Signature _____ Officer Title: _____ Date _____

DRAFT

Supplement C:

Street Closures (parades, races, block parties)

If you checked "No" to Screening Questions #4, 5 or 6 on page 4 of this application, this section will be blank because you do not need it.

Event Name: _____

Event Date: _____

STREET CLOSURE INFORMATION

Street(s) to be closed _____ Block/Address Number(s) _____

Cross-Streets: between _____ and _____

Closure Date(s) _____ Time _____ AM/PM to _____ AM/PM

INITIALS REQUIRED

- _____ 1. **Non-Profit Inclusion:** Applicant(s) who are businesses or private persons who wish to close a City street must make an application jointly with a non-profit entity. When a sponsor proposes a special event that will cause the closing of a city street or other public right-of-way, the sponsor must donate at least 25% of the sponsor's gross revenues or \$1000.00, whichever is greater, to at least one nonprofit organization. The sponsor must designate the nonprofit organization(s) on the application for the event. Each named nonprofit organization must provide the city manager with a letter of assent.
- _____ 2. **Consent:** Applicant(s) must have neighboring businesses sign a petition of no objection to the street closure. A template consent form can be found in the Special Events Guide.
- _____ 3. **ADA Restrooms:** Whenever the sponsor of a special event provides temporary bathroom facilities on the public right-of-way, at least five percent of those facilities or one of those facilities, whichever is the greater number, shall be accessible to persons with physical disability.
- _____ 4. **Insurance:** Typical insurance policies may not provide coverage for accidents that may occur off private property and in the public right-of-way.
- _____ 5. **Public access:** Pedestrians must be allowed access to the closed area free of charge.
- _____ 6. **Emergency Access:** The closed street/roadway will immediately available for emergency vehicles and vehicles within the close block.

SIGNATURE REQUIRED

We undersigned, agree to save and hold harmless, the City of Key West from all cost and damage to any person and/or property which is caused by any activity, condition, or event arising out of temporary used of the above street, for the purpose of (event)

Applicant Signature

Date

Supplement D – City Property Use

If you checked "No" to Screening Questions #7, 8 or 9 on page 4 of this application, this section will be blank because you do not need it.

Event Name: _____

Event Date: _____

A list of all City Properties, their amenities and prices are listed in the Special Event Guide.

Which Park or Facility do you wish to use? _____

Which part(s) of the Park/Facility do you wish to use? _____

Is this event open to the public? Y / N

Will Cooking Occur? Y / N

Will refreshments be served? Y / N

Will you need electricity? Y / N

Will refreshments be sold? Y / N

INITIALS REQUIRED

- _____ 1. The City makes no guarantees that the requested Park or Recreation Area will be available on the dates requested. Submitting this application acts as a request, not a guarantee.
- _____ 2. Events taking place on City property require insurance in the amount of \$1M – liability and \$2M – aggregate.
- _____ 3. Applicants wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission via Resolution and must hire an extra-duty police officer(s) for crowd control and safety as determined by the Key West Police Department of City Manager's Office. Applicant must first have obtained a [liquor license](#) and liquor liability insurance.
- _____ 4. Prior to use of the requested facility, the applicant must provide a refundable deposit and a nonrefundable payment for use of the facility, as determined by the Rate Fee Schedule on page 18. This payment shall be delivered to the City Manager's Office at 1300 White St., Key West, FL 33040 at time of application. All checks shall be made payable to City of Key West.
- _____ 5. All utility use must be coordinated through City of Key West. Any modification to utilities to support the activity will be at the sole cost of the Organizer. Utilities used by Organizer will be charged at current rates or other agreed upon method.
- _____ 6. Ingress/egress by the Organizer shall be coordinated with the City of Key West.
- _____ 7. The City property used must be maintained in an orderly and neat condition. City of Key West may request Organizer to improve conditions of site within reason if conditions become unacceptable.
- _____ 8. No trash may be left on site. Use of City of Key West dumpsters is not authorized unless prior approval is obtained.

- 9. No alcoholic beverages/non-prescription drugs or food may be brought onto or sold on Truman Waterfront without prior approval from the City Commission.
- 10. No hazardous material or waste shall be used or stored on the premises without submitting a Hazardous Waste Handling and Spill Plan to the City of Key West.
- 11. Organizer is responsible for any and all environmental cleanup, restoration, fees, fines, etc. associated with the activity and shall put in place any and all measures to eliminate environmental contamination to the City Property that may be caused by the activity.
- 12. All trash (including waste oil) and equipment including portable toilets and trailers shall be removed no later than close out of business of the last day of this event. Organizer should plan accordingly. City of Key West's may impose additional fees for use of City property beyond usage dates.

INITIALS REQUIRED for Truman Waterfront Leasing

For Use of Truman Waterfront, the Organizer is subject to the following additional provisions:

- 13. Organizer is responsible for obtaining necessary permits required by any other agencies pertaining to this event such as Federal, State, Local, Coast Guard, Navy, Marine Sanctuary, etc. and is responsible of providing proof of permit prior to entering into an agreement with the City of Key West.
- 14. Organizer must take part in pre- and post-activity walk-through inspections with the City of Key West's point of contact, or designee.
- 15. Organizer must provide the City of Key West with a detailed schedule for activities.
- 16. City of Key West personnel shall be allowed access to the site at all times.
- 17. Organizer shall provide sufficient personnel to ensure proper and safe operation of the activity.
- 18. Organizer may not stay overnight on Truman Waterfront without prior approval by City of Key West.
- 19. Any use of NOAA's property or seawall must be coordinated with NOAA.
- 20. Unfettered access to Navy, NOAA's and State Park property must be maintained at all time
- 21. Use of the inner basin to anchor boats is not authorized.

Supplement E - NOISE

If you checked "No" to Screening Question #10 on page 4 of this application, this section will be blank because you do not need it.

Event Name: _____

Event Date: _____

Events that exceed decibel levels set for their area must get a Noise Exemption from the City Commission.

Noise Exemptions cannot be issued for the same location within 60 days of the last noise exemption approval. For more information on Noise and Noise Exemptions, consult the Special Event Guide, and/or read the [City Code Section 26-192](#)

All Potential Noise Sources: (Check all that apply)

PA System

DJ and/or Recorded Music

Live Performances

Sound Amplification (speakers)

Crowd

Where will entertainment take place?

Outdoors

Indoors

Both

What is the average expected sound level? _____ (in dBA's)
_____ (in dBC's)

What is the maximum expected sound level? _____ (in dBA's)
_____ (in dBC's)

Do you wish to apply for a Noise Exemption? Yes / No

Please describe the type(s) of entertainment being provided:

INITIALS REQUIRED

- _____ 1. Applicant(s) wishing to have an exemption from the noise control ordinance must obtain approval from the City Commission. Applications for noise exemptions must be received 30 days before the event
- _____ 2. The processing fee for the application is \$50.00, due upon submission of application. Note this fee in the Fee Schedule on Page 18.
- _____ 3. Notice of the City Commission's proposed action on a Noise Exemption shall be published in a newspaper of general circulation at least five days prior to the date of the Commission meeting,

as well as mailed to all property owners and occupants located within a 100-foot radius of the proposed event. The applicant shall pay for the newspaper advertisement.

Supplement F: SAFETY

Event Name: _____
Event Date: _____

If you checked "No" to Screening Questions #11, 12 or 13 on page 5 of this application, this section will be blank because you do not need it.

This section is reviewed by the Key West Fire and Police Departments. They will determine what safety checks and security needs you may need and update the Rate Fee Section with that information, possibly raising or lowering your estimate. To better estimate your needs, contact Steve Torrance (Police) storrance@cityofkeywest-fl.gov and Alan Averette (Fire/EMS) aaverette@cityofkeywest-fl.gov before turning in your application. More information on this section can be found in the Special Event Guide.

EVENT ACTIVITIES

Please Check all that Apply to Event:

Cooking:

Deep Frying / Open Flame
Charcoal Grill
Gas Grill
Food Warming Only
Catered Food
No Cooking On Site

Electrical Power

Generator
110AC / Extension Cords
DC Power

Other

Road Closure
Fog/Smoke Machine
Bubble Machine
Pyrotechnics/Special Effects
Open Flame
Lasers
Confetti
Vehicle/Motorcycle Demo

Alcohol, Provided By:

Existing Establishment
Commercial Vendors
Non-profit Vendors

Structures:

Stages / Risers
Viewing Stands / Bracing
Seating
Canopies
Air Supported (Bounce House)
Tents Greater than 200 Sq feet

INITIALS REQUIRED

-
- 1) **Alcohol:** Applicant(s) wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission via Resolution and must hire an extra-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or City Manager's Office. Applicant must have a [liquor license](#) and provide liquor liability insurance.
-
- 2) **Cooking Safety:** If cooking, a KWFD fire watch must be provided and fire extinguisher(s) with a minimum rating of 3A40BC shall be provided near cooking equipment.
-
- 3) **Sidewalks:** Structures must not interfere with pedestrian movement on the sidewalk. The plot plan must show a minimum setback of six (6) feet from the property lines.
-
- 4) **The Layout (Supplement X):** shall indicate where any structures, tents, stages, cooking equipment, etc. will be located. The layout will also note distances to the nearest buildings, and property line. If seating will be provided, show seating/chair arrangement).
-
- 5) **Cooking Oil:** Cooking oil must be disposed of properly. Vendors found dumping cooking oil improperly will cost the event organizer a portion of their deposit.
-

DRAFT

TENTS & OTHER STRUCTURES

Food Booths: _____

Vendor Booths: _____

Total: _____

Size & Type of Tents:

--

Tent Vendor / Owner Name _____ Contact Number _____

	Attach Certificate of Flame Resistance/Retardant for tent fabric.
--	---

Will there be any combustibles or flammable liquids under the tent? Yes / No

Will the sides of the tent be used? Yes* / No

**Exit plans must be indicated on plot plan.*

What other structures will be erected?

--

Will these structures be erected on any part of a street or sidewalk? Yes / No

For each structure, note number of footings, weight and dimensions (L/W/H) below:

--

City of Key West Fee Schedule

Event Name: _____
 Event Date: _____

Deposits and Fees	Unit Cost	Units Needed	Estimated Cost		Actual Hours	Final Cost
Recycling Deposit	\$1,000 Refundable Deposit	1	1,000			
Application Fee		1				
Noise Permit	\$50 for one event permit.					
Security Deposit						

Due at time of application:
Final Deposits/Fees:

Contact Richard Sarver, Community Services Superintendent at 305-809-3757 to discuss needs before filling out this section.

Services Needed	Unit Cost	Units Needed	Estimated Cost		Actual Hours	Final Cost

Due at time of application:
Final Services Bill:

Total Due at time
of Application:

City Initials
confirming receipt:

Staff Needed	# staff needed	Hours Estimated	Estimated Cost		Actual Hours	Final Cost
Community Services Crew (street closure, no parking signage, trash pickup, etc)	Speak to Richard Sarver, Community Services Superintendent for estimate. 305-809-3757					
Fire Inspectors	__ Staff @ \$40/hour. Minimum of 4 hours. __ Supervisor @ \$45/hour. 4 hrs minimum.					
Emergency Management Services*	__ Staff @ \$40/hour. 4 hour minimum.					
Police* (traffic and crowd control, etc)	__ Staff @ \$45/hour. 4 hours minimum. __ Supervisor @ \$50/hour. 4 hrs minimum.					
Traffic Detail**	\$50 per hour. 4 hour minimum.					
Code Noise monitors	__ Staff @ \$__ / hour.					

10% due 10 days
before event

Final Staffing
Bill:

In the event of cancellation, at least 48 hours' notice must be given to avoid charges.

*Payments for Police and EMS staff are to be made individually to each staffer, due no more than one week after the special event.

City Initials & Date confirming
receipt of 10%:

Event Name: _____
Event Date: _____

Subtotal of Final
Deposits/Services/Staffing:

Minus Individual
Staffing Payments:

Minus 10%
deposit:

Total Due within 30
days after event:

City Initials & Date
confirming receipt:

Special Event Checklist

Everything must be checked off before submitting special events application

X	TITLE	COMMENTS
	Special Event Main Application & Screening Questions	
	Financials of Previous Event	
	Insurance naming the City of Key West as additionally insured	
	Release and Indemnification Form	
	Recycling Plan	
	\$1,000.00 Recycling deposit	
	Transportation Plan	
	Vendors, Supplement A	
	Non-Profit, Supplement B	
	Non-Profit Letter of Exemption	
	Streets & Sidewalks, Supplement C	
	Signatures of No Objection of Street closure	
	City Property, Supplement D	
	Noise Exemption, Supplement E	
	\$50.00 Noise Exemption Fee	
	Site Map, Supplement F	
	Completed Fee Schedule	

FINAL SIGNATURE

The applicant does acknowledge and hereby affirms that any and all information of this application and all of its supplements are accurate to the best of his/her knowledge. The applicant(s)/permittee agrees to assume full responsibility and liability for and indemnify and hold the City of Key West harmless from and against all liability, claims for damages, and suits for or by reason for an injury to any person or damages to any property of the parties hereto or of the third persons for any and all cause or causes whatsoever or in any way connected with the holding of said event or any act or omission or thing in any manner related to said event and its operation irrespective of negligence, actual or claimed, upon the part of the city their agents or employees.

Applicant Signature
Application Submittal

Date of

Department Approvals

Event Name: _____

Event Date: _____

Department Signoff / Date	Restrictions / Conditions
Events Coordinator	
Code Compliance	
Engineering	
Fire Department	
KW DOT	
Parking	
Police Department	
Port & Marine Services	
Property Management	
Public Works	
Recycling/Solid Waste	
Utilities	
Other:	
Other:	

DRAFT