

City of Flagler Beach
SPECIAL EVENTS APPLICATION



105 South 2nd Street,
Post Office Box 70
Flagler Beach, Florida 32136
Phone (386) 517-2000 Fax (386) 517-2008

INSTRUCTIONS:

Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification.

If you have a 5013 C exemption certificate please attach a copy to this application for the application fee waiver.

OFFICE USE ONLY

DATE REC'D _____

FEE REC'D \$ _____

INITIALS: _____

APPROVED ☐

DISAPPROVED ☐

REASONS:

PX _____

BY: _____

CITY SPONSOR: ☐ YES

☐ NO

Please type or print legibly
Required Information

Name of Event _____
Producer/Promoter: Hang 8 Dog Surfing Presented by Flagler Surf Series and Flagler Strong

Type of Organization: ☒ non-profit ☐ profit ☐ charitable ☐ government

Will the City be asked to sponsor or co-sponsor? ☒ Yes ☐ No

Contact Person: Suzie Johnston

Address: 1776 North Central Ave. Flagler Beach, FL 32136

Work Phone: 386-338-4110 Home Phone: _____ Zip: _____

Fax: _____ Mobile Phone: _____

E-Mail Address: JohnstonSuzie01@gmail.com

Billing Information

Is the party responsible for billing same as above? ☒ Yes ☐ No

If No, please provide the proper information below:

Attention: _____

Address: _____

City _____ State _____ Zip _____

Work Phone: _____ Fax: _____

EVENT INFORMATION

Event Name: Hang 8 Dog Surfing

Date(s) Requested: May 17th 2025

Location: Flagler Beach Boardwalk and Beach (would prefer 1/2 of 4th to 1/2 of 5th, but flexible due to pier)

We can work together for how close to Pier 5th/6th

Brief Description of

Event: Dog Surfing, Pet Vendors, DJ Vern, Pet Costume Contest

Site Plan Attached? ☐ Yes ☐ No

If No, explain here:

Vendors in Parking Spots with Pop Up Tents, aprox 30 tents. Surfing on Beach with Spectators

Will admission fee be charged for event? ☒ Yes ☐ No Just Contestents,
Not Spectators

Event Time: Date May 17th 2025 Start 8 End 2

Date _____ Start _____ End _____

Date _____ Start _____ End _____

Set Up: Date May 17th Start 6am End _____

Break Down: Date May 17th Start _____ End 3pm

Rain Date: Date N/A Start _____ End _____

Total Number of Expected attendees\participants: 1,000

Age Breakdown: 50 1-10 50 11-18 200 19-25 200 26-40 500 Over 40

Have you held this event previously? ☐ No ☒ Yes

If Yes, Previous Date(s): June 8th 2024, May 27th 2023

Location: Same Location 4th to 5th South Beach Block

Does this event differ from previous years? ☒ No ☐ Yes

If Yes, explain how: _____

SIGNS\BANNERS

Will you require signs and banners at your event? ☐ No ☒ Yes

If Yes, list # and dimensions of each:

12x24 Signs Showing Contest Area and to Clean Up after your pet. We have 10 of Each to Create a Border

Proposed locations:

Signs located at either side of the contest area going East to West on the Beach

ENTERTAINMENT

Will there be entertainment? _____ No ☒ Yes

If Yes, a complete detailed listing of names and times must be provided for all entertainment.

Will you be using a sound system? _____ No ☒ Yes

If Yes,

Contractor: Surfin Vern Type System Dj Sound System with 2 Speakers and Wireless Microphone

Note: City ordinances require

Sound Times Date: May 17th Start 7:30am am\pm End 2pm am\pm

Date: _____ Start _____ am\pm End _____ am\pm

Will there be games or rides? ☒ No _____ Yes

If Yes, list all: _____

(Including but not limited to: carnival ride, bounce house or other inflatable, rock wall, etc.)

SPECIAL EFFECTS

Will there be special effects used? ☒ No _____ Yes

If Yes, complete the rest of this section:

Type of Effects: Fireworks _____ Laser light show _____ Other _____

**Note: Flagler Beach Fire Department will issue a permit contingent upon separate insurance being provided for fireworks*

Time(s) of Date: _____ Start _____ am\pm End _____ am\pm

Special Effects

Date: _____ Start _____ am\pm End _____ am\pm

Location: _____

Effects Producer\Company: _____

Address: _____

Phone: _____ Fax: _____

PARADES

Parade permits for SR A1A or SR 100 are provided by FDOT. The City will apply for the permit but can not guarantee approval. A map of the route designating requested street closures must be attached.

Estimated number of parade units in each category:

_____ Bands	_____ Floats	_____ Cars	_____ Marching units	_____ Miscellaneous
Parade time	Date:_____	Start _____am\pm	End _____am\pm	
Set-up time	Date:_____	Start _____am\pm	End _____am\pm	
Break down	Date:_____	Start _____am\pm	End _____am\pm	
Rain date	Date:_____	Start _____am\pm	End _____am\pm	

TRAFFIC

Will normal traffic patterns be altered by the event? _____No

If Yes, explain: Yes, Traffic due to congestion of where parking lots are located. We have info posted of where to park.

Will public parking, streets, sidewalks, etc. be restricted or obstructed?

_____No ☒ Yes (If yes, designate on site sketch)

Does your plan include on-site parking? _____No _____Yes (If yes, designate on site sketch)

Does your plan include off-site parking? ☒ No _____Yes (If yes, designate on site sketch)

Will shuttles be used to transport? ☒ No _____Yes

FACILITY REQUIREMENTS

Will you utilize temporary structures at event? ☒ No _____Yes

If yes, indicate # of each: _____ Stages _____ Tents _____ Scaffolding _____ Booths _____ Fences
_____ Concession Stands _____ Miscellaneous

Location of these structures on site sketch required.

Note: Special Permits are required for tents exceeding 200 sq.ft. Special Building permits are required for temporary structures 700 or more sq.ft in area and those that are four feet above grade.

How many tents exceeding 200 sq.ft. will be used? _____ List tent location and size: _____

Will you need electric? ☒ No _____Yes

If yes, type of equipment: _____ # of Amps needed: _____

Will you employ an electrician? ☒ No _____Yes

If yes, provide name & phone number: _____

PROPOSED RETAIL SALES

*** Note: All vendors are required to complete an Itinerant Merchants License application**

Estimated total number of vendors: 30 Estimated # of each type of vending: ____ Crafts
____ Clothing ____ Food/Beverage ____ Jewelry ____ Misc (Describe in detail below.)
____ Pet Vendors, Crafts, and Event Merchandise

Prepared Food and Alcoholic Beverages\Liquor Liability

Will food\beverage be prepared\sold at this event? ☒ No ____ Yes (If yes, see below.)

Note: Fire extinguishers are required and will be inspected by the Flagler Beach Fire Department, Department of Business & Professional Regulation or Department of Agriculture licenses are required and copies must be provided to the City, additional liability insurance required as set by Special Events Ordinance.

Will alcoholic beverages be dispensed, provided or served? ☒ No ____ Yes (If yes, see below.)

Note: Liquor Liability Coverage required.

Name of Organization licensed to serve alcohol at this event: _____

This organization is _____ for profit _____ not for profit

RESTROOM FACILITIES

Toilet Facilities available?* ☒ No ____ If Yes, how many: ____

Will you provide Port-o-lets?* ☒ No ____ If Yes, how many: ____ (Designate on site plan.)

**Note: ADA requires one handicapped restroom in each group of restrooms*

AMERICANS WITH DISABILITIES ACT

ADA requires with accessibility guidelines as adopted by the State of Florida are now in effect.

SANITATION

Please review the Special Events Ordinance, and Resolution 2008-32 regarding fees for sanitary requirements.

POLICE SERVICES\CROWD CONTROL

Please review the Special Events Ordinance for Police\Security requirements.

LIABILITY INSURANCE WILL BE REQUIRED

See Special Events Ordinance for insurance\indemnity requirements

SIGNATURE(S)

I understand this is an application only and does not obligate the City in any fashion to reserve any facility location or approve an event. I also understand that if application is approved, non-compliance with event ordinances and agreements within these pages, could impact future event terms or approvals.

Signature of Applicant Suzie Johnston Date February 3rd 2025

Title of Applicant Event Organizer

Affiliation _____

CITY OFFICIALS

To be signed after review of application by department heads
or at Special Event Planning Meeting, if required.

Chief of Police _____ Date _____

Fire Chief _____ Date _____

Sanitation _____ Date _____

City Manager _____ Date _____

City Commission Chair _____ Date _____