

**DATE/TIME RECEIVED:** 

March 31, 2023

SN

## TOWN OF LAKE PARK SPECIAL EVENTS DEPARTMENT SPECIAL EVENT PERMIT APPLICATION

For Events being held on Town Property, Town services may be requested for an additional fee(s). Please schedule a pre-submittal meeting with the Special Events Director at least 60 days in advance of your event by calling 561-840-0160.

\*This Application must be completed and submitted by the Event Organizer

("Applicant")\*

If this Event requires a Town facility rental, please contact our Special Events Department at 561-840-0160 regarding the completion of the Facility Usage Application PRIOR to submitting this application.

#### **Instructions:**

This completed Special Event Permit Application and all relevant attachments must be submitted to the Special Events Department not less than thirty (30) calendar days prior to the date of the proposed Event. For events being proposed wholly or partially on Town Property, the deadline to submit is sixty (60) calendar days prior to the date of the proposed Event.

Application Fee Due and Payable Upon Submittal: \$100.00 (\$50.00 for individuals or Non-profit organizations). Note: Application Fees are Non-Refundable.

Non-Profit IRS Tax Identification Number (required if Applicant is a non-profit):
59-0192430
(If applicable)
Name of Applicant (i.e. Event Organizer):
Name of Applicant (i.e. Event Organizer): Children's Home Society of Florida - Bridges @ Lake Park
Name of Event: Haitigo FLACT DAY
Address/Location of Event: Kelsey Park - 1001 Tecleral HWY Lake Park FL 33403
A so you interested in engagorable from the Town of Lake Book 2 Ver. No.

535 PARK AVENUE, LAKE PARK, FLORIDA • Phone 561-881-3318 • Fax 561-881-3323

Special Event Permit Application

Revised: January 2023 Previous Editions Obsolete

Dates/Times of the event (as applicable):	Regin Time	End Time
Event Day 1 5.18.23 Thanking 5:30	•	
Event Day 2	_() AM () PM _	() AM () PM
Event Day 3	_() AM () PM _	( ) AM ( ) PM
Event Day 4	_() AM() PM _	() AM () PM
Event Day 5	_() AM() PM _	() AM () PM
Event Day 6	_() AM() PM _	() AM () PM
Additional Applicant Information:		
Name: Aniska Hepburg	$\cap$	
Address: 1411 10th street		-
State/Zip_FL 33403		
CONTACT PHONE: 501-881-50L	0	
Alternate Phone # 501-814-3020	501-77	7-0404
Fax:		
E-mail: Anishka. Hepturen@	ochsfl o	Ry
Description and Purpose of the Event  A Celebration of Hart we will with members with resource Alone Members of backyes and Comm	have 4 Com	munity portners to engage
Members of backyes And Comm	unity are w	refrome to CELEDIAte
Estimated number of participants?	-	
Has this event ever occurred in the Town of Lak	ke Park?	YesNo
Has this site had a Special Event Permit this cale	endar year?	Yes No
Will there be an admission fee for the Event? If	yes, how much?	Yes(\$)No

## \*\*THE FOLLOWING SECTIONS MAY NOT APPLY TO NON-COMMERCIAL EVENTS\*\*

Will your event require road closure?	Yes	_ No
If YES, describe the requested street segment closure and time Circulation Plan prepared by a Traffic Engineer, including a description You are responsible for notifying affected businesses/entities, it regarding affected routes: (Initial to acknowledge statement)	detour sign	age plan.
<b>EVENT COMPONENTS</b> (Check the items that will be associated	with your	event.)
Road closure  Electric service hook-up required Water service hook-up required Sidewalks blocked Municipal park(s) prepared Booths or other temporary structures Parking lots to be partially or completely closed Food Vendors (Liquid Propane Gas Log) Town litter pick-up or street sweeping Tents (if yes, describe type and size long) Barricades ordered Alcohol served Security/Law Enforcement  Music, bands, DJ Rides or other amusements Animals Fireworks Bleachers Designated parking area  Town Restroom (if yes, please describe Portable Restrooms (if yes, please describe Dumpsters/Trash Receptacles Portable stage Other (e.g., bounce house, etc.)  EVENT VENDOR(S) LIST ALL NAMES (identify which ones all the latter to the latter t	Rastroo	_)

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**Special Event Permit Application Revised: January 2023** 

**Previous Editions Obsolete** 

Will the event require the use of electricity?	Yes	No		
Will the event require water hook-up?	Yes	No		
*Will food and/or beverages be served?	Yes	No		
*Will the event have vendors or concession sales, including food?	Yes	No		
*If the answer to the above question is YES, the Applica responsible for securing all respective Palm Beach County and Securificates for food vendors, as well as copies of all other comm	State of F	lorida Health		
WILL THE EVENT INCLUDE FOOD TRUCKS?	Yes	No		
*If the answer to the above question is YES, all food trucks mus license, PBC Business Tax Receipt, and a current PBC Fire Re Report. Copies of these documents must be provided to the Town (14) calendar days prior to the event.	escue Safe	ety Inspection		
For events on Town property, the Liquid Propane Gas tanks we of the event for leaks prior to operating any gas appliances. A staff with their LPG Log at each event to ensure proper safe followed.	pplicants	must provide		
For events on Town property, Applicants must also provide to the Insurance issued no more than thirty (30) days prior to the date naming the Town of Lake Park (and the CRA, if the event is take CRA area) as certificate holder and an additional insured with r general liability. The required limits are \$1 million per occurrent aggregate. \$100,000 damage to rented premises must also be proposed and to have attempted to circumventusing another person/entity for the purposes of obtaining the	of the eve ing place espect to o nce and \$2 ovided. t this rec he requir	nt and within the commercial million quirement by ced insurance		
coverage shall be barred from obtaining another special ev Town for three years.	ent perm	it within the		
(Applicant initial to		/		
The Applicant holds full responsibility and liability for its vendo	rs. <u>~</u> ial to acknow	vledge statement)		
**Will alcoholic beverages be served?		No		
**If the answer to the above question is YES, additional liquor legal liability insurance usual to the insured's operations with a \$1 million limit must be included on the Certificate of Insurance.				
***Are you proposing signage?	Yes	No _		
***If the answer to the above question is YES, please fill out the Signage Pet the Community Development Department. An additional \$100.00 application signage application. This application will be deemed incomplete if signage is application is not submitted.	n fee is requ	uired for this		

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Will the event have an official "Flyer" and/or promotional materials? Yes\_\_\_\_No\_\_\_\_ If yes, please provide a copy of the "Flyer".

Please provide a sketch of the Special Event site including: Proposed location of parking, tent(s), concession stand(s), booth(s), stage(s), etc.

	OR provide an attachment:	
ı		

# **NOTE:** Public parking spaces are on a first-come, first-serve basis, and may be metered depending on where your event is being held.

#### IF TENTS ARE BEING UTILIZED: MAXIMUM ALLOWABLE TENT SIZE IS 35' X 45'

For ALL tents larger than 10 ft. x 10 ft. (pop-up style), a Certificate of Flame Resistance is required and must accompany this Special Event Permit Application.



**Kelsey Park** 

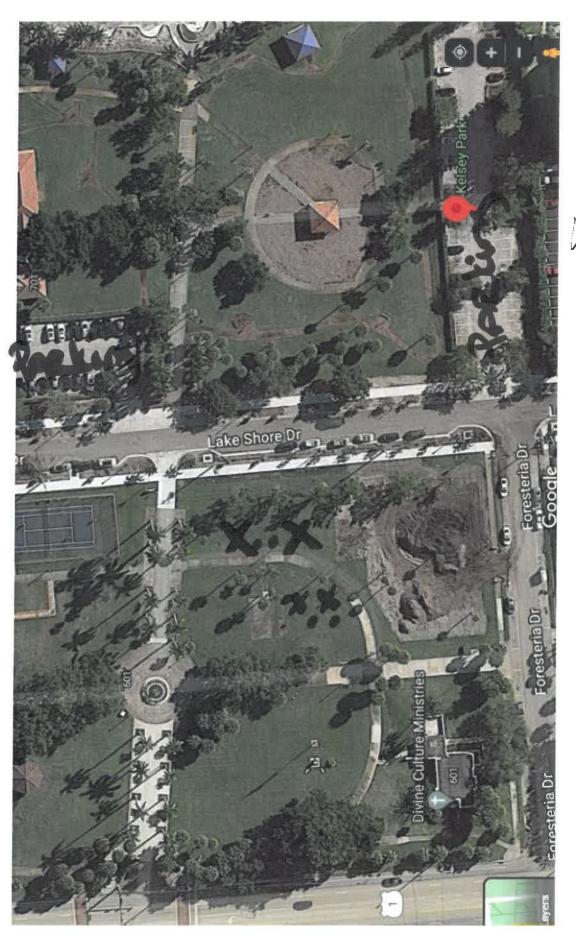
**601 FEDERAL HWY LAKE PARK** 

FL 33403



Families Empowered, Communities Connected

FOR MORE INFORMATION, CALL 561-881-5060



X=20X2 X=10X10 Space For verdor set up. (All requirements imposed by any of the reviewing entities below, will be communicated to the Applicant early-on and must be secured no later than 14 calendar days in advance of the event, with verification provided to the Town prior to the issuance of the Special Events permit)

### (FOR OFFICE USE ONLY) SIGNATURES/APPROVALS:

Please Sign and Date

SPECIAL EVENTS DIRECTOR:		
	DATE:	
PUBLIC WORKS DIRECTOR:		
	DATE:	
MARINA DIRECTOR:		
·	DATE:	-
PALM BEACH COUNTY SHERIFF:		
	DATE:	
PALM BEACH COUNTY FIRE-RESCUE:		
	DATE:	
RISK MANAGEMENT:		ADA Requirements
	DATE:	Insurance Requirements
		requirements
COMMUNITY DEVELOPMENT DIRECTOR:		
5	DATE:	_
A copy will be provided to the Staff Member and/o	or Code Officer if on duty.	1

#### Additional Comments (reviewers may include attachments):

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APPLICANT SIGNATURE: Anishka Hepburn  APPLICANT PRINTED NAME:	DATE:3/31/20	023
PROPERTY OWNER: (If Property Owner is not the Applicant)		
	DATE:	
PROPERTY OWNER PRINTED NAME:		
	DATE:	