

**CITY OF ARCHER**

**APPLICATION FOR SPECIAL EVENT**

<b>Applicant Information</b>	
Name of Organization:	
Point of Contact:	
Address:	
Phone:	

<b>Event Information</b>			
Type of Event:			
Date:		Day:	
Start Time:		End Time:	
Location:		Owner of Location*:	

\* Provide written permission from owner of location.

**Insurance:**

This application shall have attached a copy of an insurance policy issued by an insurance agency authorized to do business in the State of Florida showing general comprehensive liability insurance coverage with policy limits not less than \$100,000 for each individual and \$200,000 per accident or occurrence. The City of Archer shall be named as a co-insured on the policy. These insurance limits may be increased upon review of this application.

**Certification/Indemnification:**

I hereby certify that I have read this application and that all information contained herein is true and correct to the best of my knowledge. I agree to comply with all City ordinances; that I am authorized by the organization named herein to act as its agent for the herein-described activity. That I, and the organization on whose behalf I make this application, by filing this application, shall represent, stipulate, contract and agree (a) that we hereby waive and release City of Archer, Florida, from any and all claims for loss, damage, or injury to persons or property arising out of or resulting from the issuance of this application or the conduct of the activity of any of the participants, and (b) that we will jointly and severally defend and indemnify and hold the City harmless against any liability, including court costs and attorneys' fees, for any and all claims for damage to property, or injury to, or death of persons arising out of or resulting from the issuance of the application or the conduct of the activity or any of its participants.

Nothing herein shall be interpreted as a waiver of the City's sovereign immunity provided for under Section 768.28 Florida Statutes.

Name of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ and has produced identification of \_\_\_\_\_ or is personally known.

\_\_\_\_\_ Notary Public

USE ADDITIONAL PAGES AS NECESSARY:

Traffic Control Plan	Security/Law Enforcement Plan
Sanitation Facilities Plan	Off-Site Parking and Pedestrian Route Plan
Fire and General Safety Plan	Clean-Up Plan
City Utilities and Facilities Requested	Expected number of Participants
Any Special Needs or Circumstances Affecting Choice of Locations or Routes	Vehicle/Parade Route

**OFFICE USE ONLY**

- |   |  |
|---|--|
| <input type="checkbox"/> Proof of Liability Insurance Naming City as Co-Insured | <input type="checkbox"/> Security/Law Enforcement      |
| <input type="checkbox"/> Proof of Location Owner Permission                     | <input type="checkbox"/> Traffic Control               |
| <input type="checkbox"/> Summary Report(s) Attached                             | <input type="checkbox"/> Electricity/Lighting Required |
| <input type="checkbox"/> Security Deposit (or bond) for Cleanup and Damage      | <input type="checkbox"/> Water Required                |
| <input type="checkbox"/> Provision of Toilet Facilities                         | <input type="checkbox"/> Barricade/Monitor Streets     |

- will not unreasonably interfere with the flow of vehicular or pedestrian traffic, such as when alternative routes for such traffic are unavailable or impractical;
- will not restrict access to any area, street or location within the city to emergency service personnel or equipment;
- will not unreasonably deny access to any properties or areas of the city to either vehicular or pedestrian traffic;
- will not cause any danger or health hazard;
- will not damage any public or private property;
- will not create an unreasonable demand upon emergency services and equipment, so as to cause potential deficiencies in such services at any location in the city; and
- is not reasonably likely to imminently cause or occasion violence, criminal activity, or civil disorder.

Approved                       Disapproved

\_\_\_\_\_  
City Manager

Date \_\_\_\_\_

Services to be provided by the City:

Number of:	Hours	Rate	Cost
Personnel	_____	_____	_____
Equipment	_____	_____	_____
Total	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fee:		Deposit:	
Bond:			