

ATTACHMENTS

1. Park Permit Application
2. Special Event Permit Application
3. Alcohol Permit Application
4. Tallahassee Police Department Special Event Permit Application
5. Mobile Vendor Permit Application
6. Sidewalk Café Permit Application with Table Service/Sidewalk Café Lease Agreement
7. Sidewalk Café Permit Application without Table Service

Permit Only – No Reservation:	
Reservation:	

TALLAHASSEE PARKS, RECREATION & NEIGHBORHOOD AFFAIRS DEPARTMENT PARK PERMIT APPLICATION

Tallahassee Parks, Recreation & Neighborhood Affairs Department park sites are available for use by individuals, families, organizations, and companies, when not in use for Parks, Recreation & Neighborhood Affairs Department organized activities, by following the park permit application guidelines. Park Permit Applications for any Parks, Recreation & Neighborhood Affairs Department park site must be made not less than 15 working days in advance, in person, by mail or by fax (891-3850) at the 912 Myers Park Drive business office. No phone applications will be accepted. All applications are taken on a first come-first serve basis. No refunds will be given due to weather conditions. All other refund requests must be made at least seven business days prior to the reservation date. If any problems arise on site, please call TPD at 891-4200.

Date Submitted:	
Requested By: <small>(Specify Individual/Group/ Organization)</small>	
Address: <small>(Street/City/State/Zip Code)</small>	
Telephone: <small>(Home/Work/Cell/Fax)</small>	
Email:	
Facility Requested: <small>(Please specify park and exact location within park)</small>	
Date and Time of Event:	
Type of Event: <small>(Be specific and include details of activities that will occur)</small>	
Number of Participants <small>(Include spectators)</small>	
Is the Event Open to the Public?	
Additional Comments: <small>(Other than use of the facility as is, do you require any additional accommodations? i.e. electric, water)</small>	

INDEMNIFICATION: User agrees to Indemnify fully and save and hold harmless the City of Tallahassee, its officers, employees and agents, against all damages, claims, liabilities and causes of action of every kind and nature, to the extent they are caused by the conduct of the user, its visitors, agents of employees. City shall give users prompt and reasonable notice of any such claims or actions and user shall have the right to investigate, compromise and defend the same to the extent of sponsor's own interest.

WAIVER OF CLAIMS: City and its agents, employees and contractors shall not be liable for, and user hereby releases all claims for damage to or loss of personal property sustained by user or any person claiming through user resulting from any fire, accident, occurrence, theft or condition in or upon the City premises/facility or which they shall be a part of, or if adjoining or contiguous property or buildings, provided same are not due to negligence of City, its agents, or employees.

I understand that I must abide by the Regulations as set forth in City of Tallahassee Ordinance #88-0-0167 and the Guidelines of The Tallahassee Parks, Recreation & Neighborhood Affairs Department.

SIGNATURE OF USER

DATE

Date Received: _____ Referred to Special Events: _____ Date: _____ Approved: Yes ___ No ___ Approved By: _____	Reviewed by Athletic/Other: _____ Fee Required: Yes _____ No _____ Amount Paid: _____ Date: _____ Receipt #: _____ Check/Cash: _____
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PARK PERMIT APPLICATION GUIDELINES AND FEE SCHEDULE

Tallahassee Parks, Recreation & Neighborhood Affairs Department park sites are available for use by individuals, families, organizations, and companies, when not in use for Parks, Recreation & Neighborhood Affairs Department organized activities, by following the park permit application guidelines. Park Permit Applications for any Parks, Recreation & Neighborhood Affairs Department park site must be made not less than 15 working days in advance, in person, by mail or by fax (891-3850) at the 912 Myers Park Drive business office. No phone applications will be accepted. All applications are taken on a first come-first serve basis. No refunds will be given due to weather conditions. All other refund requests must be made at least seven business days prior to the reservation date.

Although permits are not normally required for groups of less than 20, it is recommended that the Parks, Recreation & Neighborhood Affairs Department Office be notified of such usage. For groups larger than 20, a permit is issued and a fee may be assessed. Permits do not guarantee exclusive use except for sites where fee based reservations apply. Park usage for special events, festivals or commercial purposes may require additional fees, park-use agreements and other special permits.

RULES AND REGULATIONS:

1. All regulations set forth in City Ordinance #88-0-0167 apply.
2. The Tallahassee Parks, Recreation & Neighborhood Affairs Department has the authority to determine the appropriateness of the site based on the requested activity. Tallahassee Parks, Recreation & Neighborhood Affairs Department programs and activities scheduled in a park take priority over park permit requests.
3. Groups using the sites are responsible for cleaning of the site and will be responsible for damages incurred as a result of the event.
4. Alcoholic beverages are not permitted in City parks except as noted in City's Alcohol Policy.
5. Amplified music/sound systems must be kept to a reasonable level in accord with the City of Tallahassee Ordinance #88-0-0167.
6. No fires allowed except in grills. Cooking must be confined to park grills or appropriate portable grills.
7. Food vendors and concessionaires in a park must be approved by the Tallahassee Parks, Recreation & Neighborhood Affairs Department and be properly permitted by the City of Tallahassee and Leon County Health Department.
8. Tents/canopies may be erected in certain park sites as designated and approved by the Tallahassee Parks, Recreation & Neighborhood Affairs Department. A tent permit application is required only if proposed tent (with sides) is in excess of 200 square feet (10 x 20) or canopy is in excess of 400 square feet (20 x 20).
9. Other special facility arrangements must be approved by the Tallahassee Parks, Recreation & Neighborhood Affairs Department.
10. All fund raising events must be conducted by a bona-fide charitable organization. Verification of the organizations' status must accompany the park permit and be approved by the Tallahassee Parks, Recreation & Neighborhood Affairs Department prior to the group's promotion of the event by invitations, tickets, flyers, or posters.

FEE SCHEDULE: (Fees apply to these locations only. Additional fees may be required at other locations, based upon review of your request.) Payment is to be made payable to The City of Tallahassee.

TOM BROWN PARK:	\$129.25 (includes tax) per time block
Site #13 (Largest Pavilion)	Sunrise-2:00 pm
Holds 80-100 people	2:00 pm to Sunset

TOM BROWN PARK:	\$64.75 (includes tax) per time block
Playground Site # 7A	9:00 am – 12:00 noon
(Pavilion at Rotary Playground)	12:00 noon – 3:00 pm
Holds approximately 20 people	3:00 pm – 6:00 pm

TOM BROWN PARK	\$96.75 (includes tax) per time block
Playground Site #8A	9:00 am – 12:00 noon
(near Rotary Playground)	12:00 noon – 3:00 pm
Holds approximately 40 people	3:00 pm – 6:00 pm

OPTIMIST PARK:	\$50.00 refundable deposit
Use of Building (Capacity 163)	\$30.50 (includes tax) per hour (8:00 am – 10:00 pm)

Please note that if the facility is reserved during the preceding time block you will not be able to access the facility for set up prior to the start of your reserved time. You must clean up and vacate the facility by the end of your reserved time to allow for the next group's reservation to start on time. Please contact the Parks, Recreation & Neighborhood Affairs Department Office at 891-3866 for more information. Taxes can only be waived with proof of Certificate of Exemption from the Department of Revenue. Additional fees may be required at other locations, based upon review of your request.



Special Event Permit Application Form

Date of Application: _____

A. General Information

1. Name of Event: _____ Date of Event: _____
Start Time: _____ End Time: _____ Hours for Setup: _____ Hours for Teardown: _____
Location of Event: _____

2. Name of Applicant or Applying Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (H): _____ (W): _____ (Mobile): _____
Fax: _____ Web Site: _____
Non-Profit Status ID# _____

3. Name of Event Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (H): _____ (W): _____ (Mobile): _____
Fax: _____ E-mail Address: _____

B. Event Information

1. Type of Event: (Please check all that apply)
Festival ___ Block Party ___ Foot Race ___ Benefit Walk ___
Public Assembly ___ Concert ___ Carnival/Circus ___ Parade ___
Performing Arts ___ Reception ___ Party ___ Animal Event ___
Other (Please List) _____

2. Estimated attendance: (Please check one)
100 or less ___ 100-500 ___ 500-1,000 ___ 1,000-2,000 ___
2,000-5,000 ___ 5,000-10,000 ___ 10,000-25,000 ___ 25,000-50,000 ___
50,000-100,000 ___ 100,000-150,000 ___ 150,000-more ___
Other (Please List) _____

3. Will fireworks be a part of the event? No _____ Yes _____
If yes, who is responsible for displaying them: _____

4. What type of entertainment will take place? Please check all that apply:
Musical _____ Dance (No Music) _____ Speakers _____ Other (Please List) _____

**Note: A permit from the Tallahassee Fire Department is required prior to any fireworks display.
Note: Sound level and noise disturbances will be monitored and handled by the Tallahassee Police Department.**

C. Fees

1. Will there be an admission fee charged to the participants? No _____ Yes _____ Amount \$ _____
2. Will there be an admission fee charged to the spectators? No _____ Yes _____ Amount \$ _____
3. Will fees be charged to exhibitors/concessionaires? No _____ Yes _____ Amount \$ _____
4. Will there be an activity fee charged? No _____ Yes _____ Amount \$ _____

Please list all activities: _____

5. Will there be charge for parking? No _____ Yes _____ Amount \$ _____

Please list parking lots to be used: _____

Please list areas for handicap parking: _____

D. Vending

1. Will vendors and/or concessionaires be a part of this event? No _____ Yes _____
2. What type of vending will be present? Arts/Crafts _____ Food _____ Exhibits _____

Please list any other vendor types: _____

3. Will you be requesting additional electrical services for vendors? No _____ Yes _____

Will you be requesting additional water services for vendors? No _____ Yes _____

4. Are your vendors using generators? No _____ Yes _____ If yes, how many? _____

5. Will the event require trash receptacles with dumping services? No _____ Yes _____

Number of receptacles needed: _____

Note: One (1) recycling container per five (5) trash receptacles will be required. Five (5) trash receptacles will be recommended for an event of about 300 patrons including alcohol or food.

E. Catering Services

1. Will food and/or non-alcoholic beverages be served and/or sold? No _____ Yes _____

2. Will alcoholic beverages be served and/or sold? No _____ Yes _____

3. Who will dispense the food or beverage (i.e.: caterers, staff, etc.)? _____

4. If caterers are being used, please list the names and DBPR license number of each caterer:

i. _____

ii. _____

iii. _____

Note: That all sales tax is to be reported by the Vendor and is not the City of Tallahassee's responsibility to report sales tax.

F. Restroom Facilities:

1. How many port-o-lets will you have? _____ Where will they be located?

i. _____

ii. _____

iii. _____

F. Restroom Facilities (Continued):

2. Who will be the vendor providing the restrooms? _____
3. How many handicap port-o-lets will you have? _____
4. How many wash sinks will you have? _____
5. If port-o-lets are not used, what restroom facilities with your event be utilizing?

G. Medical Arrangement:

1. Will there be ambulatory services on site? No _____ Yes _____
 - i. Service provided by: _____
2. Will there be first aid services on site? No _____ Yes _____
 - i. Service provided by: _____
3. Please describe the placement of any and all first aid stations and/or vehicles:
 - i. _____
 - ii. _____

H. Equipment

1. Will the event include tents? No _____ Yes _____ Please specify quantity of tents per each size.
10 x 10 _____ 10 x 15 _____ 10 x 20 _____ 15 x 15 _____ 20 x 20 _____
Please list any other sizes and their quantity: _____

Note: Any tent (or grouping of tents) larger that a 20 x 10, including vendor tents, must obtain a permit from the City of Tallahassee's Growth Management Department. Please refer to the tent guidelines.

2. Will you be placing banners and/or signs at your event? No _____ Yes _____
 - i. How many? _____ Sizes? _____
Verbiage: _____
3. Please list the number and location of stages: _____
4. Please list the location of staff management command center: _____
5. Please list your plan for public transportation access and service:

I. Sound and Lighting

1. Who will provide your audio and lighting: _____
2. Will additional electrical services be needed? No _____ Yes _____ Please list locations:
 - i. _____
 - ii. _____

J. Street Closures and Security

1. Will the event require security (alcohol, monetary, overnight, etc.)? No _____ Yes _____
2. Will the event require street closures? No _____ Yes _____
 - i. Please indicate what streets will be closed and the times of closure and re-opening:

Street Closed	Time Closed	Time Re-Opened
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
3. Will the event include a parade? No _____ Yes _____ Number of Entries: _____
4. Will the parade have a reviewing stand? No _____ Yes _____ An announcer? No _____ Yes _____
5. What will be the start time of the parade? _____ End time? _____ Setup time? _____

Note: The sponsor/event planner will be required to provide police barricade service for events that require street closures. Also, in the event a state road is involved, the event planner must secure a permit from the Florida Department of Transportation through the Tallahassee Police Department.

Prohibited Practices:

Games of Chance, Gambling, and Raffles are prohibited.

K. Cancellations

In the event of inclement weather, is a rain date scheduled? No _____ Yes _____ Date: _____

Note: there may be times when city personnel cannot accommodate a date change due to overlapping events. This will be handled on a case-by-case basis. Permit refunds are not available and additional fees may be assessed for rain date changes.

The City of Tallahassee reserves the right to cancel or relocate an event due to special circumstances including but not limited to the following: weather conditions, misuse or abuse of facilities, non-compliance with City of Tallahassee event guidelines, and unpermitted/prohibited events.

L. Site Plans, Maps and Accessible Planner

Please attach with your application a 1) detailed site plan to reflect all venues, exhibits, activities, equipment, trash receptacles, restrooms, street closures, staging, beer gardens, etc. 2) Accessible Planner as attached below.

M. Insurance Requirements

General Liability Insurance is required for all public events. The insurance limits are \$1,000,000 per occurrence and listing the City of Tallahassee as additionally insured for the date(s) of the event. The certificate holder must be listed as City of Tallahassee, 300 S. Adams Street, Tallahassee, FL 32301. Additional insurance is required for any event involving the consumption of alcohol. All food vendors and caterers are also required to provide a copy of their current General Liability Insurance Certificate.

N. Additional Terms

The City reserves the right to revoke any permit granted for an activity, which is found to be in violation of any ordinance, law, or condition of approval. Failure of the City to timely invoke this right will act as a waiver to exercise such rights in the future.



Accessibility Planner

Date of Application: _____

This form is to be used in planning events or activities sponsored by the City of Tallahassee or held on property owned by the City. The purpose of this checklist is to assure that persons with disabilities have access to all functions and events open to the public.

Event / Activity Name: _____

Date(s) of Event / Activity: _____

Location: _____

Contact Name: _____ Contact Primary Phone: _____

Facility

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are routes and site entrances accessible (i.e. curb cuts, ramps, elevators, etc)?

Corrective Action to be taken: _____

Are pathways through the site accessible (i.e. width of paths, surfaces, protrusions)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Corrective Action to be taken: _____

Are designated parking places nearby?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Corrective Action to be taken: _____

Are the following items accessible:

1. Restrooms?
2. Restrooms (portable)?
3. Water dispensers (if provided)?
4. Public telephone (if provided)?
5. Elevators?
6. Doorways?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrective Action to be taken: _____

Note: At least one (1) restroom per cluster must be accessible. If only one portable is provided, it must be accessible.

Communication

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do event announcements include reasonable accommodations notice?

Corrective Action to be taken: _____

Is signage visible and placed appropriately for:

1. Routes?
2. Entrances?
3. Exits?
4. Function of Locations?
5. Restrooms?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrective Action to be taken: _____

**** Please suggest corrective actions on any items marked NO**



Accessibility Planner

Reasonable Accommodations Notice

The following statement should appear in all printed material, newspaper advertisements, television and radio announcements.

If a person with a disability requires an accommodation to participate or if special seating arrangements are needed, requests should be made to the event coordinator seventy-two (72) hours prior to the event.

Applicant's Signature

Date



Alcohol Permit Application Form

Date of Application: _____

A. General Information

1. Name of Event: _____ Date of Event: _____
Location of Event: _____
2. Name of Applicant or Applying Organization (Serving Alcohol): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (H): _____ (W): _____ (Mobile): _____
Fax: _____ Web Site: _____
Non-Profit Status ID# _____
3. Name of Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (H): _____ (W): _____ (Mobile): _____
Fax: _____ E-mail Address: _____

B. Alcohol Service Information

1. Which alcoholic beverage products will be served and/or sold? Please check all that apply.
Beer__ Wine__ Liquor__ Plastic Cup __ Bottle/Glass __ Other _____
2. What area(s) will alcoholic beverages be served and/or sold? Please check all that apply.
Hospitality/VIP Area __ Entire Venue __ Park __ Street __ Other _____
3. What are the times for consumption and service? _____
4. Will alcohol be advertised? Yes_____ No_____ If yes, how? Please check all that apply.
Banners __ Napkins __ Signs __ Posters/Fliers __ Cups __ Other _____

In addition to standard event forms and requirements, the following will also be required for events serving or selling alcoholic beverages.

- State of Florida 1-3 day alcohol temporary sales permit (or) current and active business license to sell alcoholic beverages.
- Liquor liability insurance from the company, individual or organization serving or selling alcoholic beverages
 - This insurance shall be in the amount of \$1,000,000 per occurrence and is to name the City of Tallahassee as additionally insured for the date of the event. The certificate holder shall be listed as: City of Tallahassee, 300 South Adams Street, Tallahassee, FL 32301. (This may be added to a General Liability policy)

I acknowledge that all of the above information is true and correct and that I will provide all necessary documentation as requested on this application.

Signed: _____ Date: _____



SPECIAL EVENT PERMIT APPLICATION

**To be submitted to the Tallahassee Police Department - Special Operations Division
234 East 7th Avenue, Tallahassee, FL 32303
(850) 891-4261**

FREQUENTLY ASKED QUESTIONS:

- **Do I Need A Special Events Permit?**

Yes! Every special event held on property or in a facility owned, leased, or otherwise controlled by the City of Tallahassee requires a special event permit. For those events held in a city-owned park, a special event permit, to include all associated fees, will have to be issued by the Tallahassee Parks & Recreation Department. All other special event permits, to include temporary road closure and non-profit solicitation are issued by the Tallahassee Police Department. If you are interested in hosting an event, you can use our Special Event Permit Application (PDF) process. A hard copy of the permit can be requested through our Special Events Unit at 891-4261.

- **Planning your Special Event in Tallahassee**

Permit applications, and all required documentation must be received by the Tallahassee Police Department (Special Operations Division) no later than thirty (30) days prior to the actual date of your event and may be submitted as early as one (1) year before your event.

- **Permit Process**

The permit process begins when you submit your completed application. Upon receipt of your application, the Special Event Coordinator will perform an initial screening of the submitted information. Documentation you provided may be forwarded to the appropriate City Departments for review and approval. Throughout the review process you will be notified if your event requires any additional information, permits, licenses or certificates. During the initial screening process you will be allowed time to provide us with any pending documents. All requested information must be received before final approval. Delays in providing these items could result in the denial of your permit.

- **Application Fees**

There is a non-refundable application fee of \$25.00 per event. This non-refundable processing fee will be assessed and collected at the time the special event permit application has been submitted. Additional costs related to the actual event will be determined, as a part of the review process.



EVENT TRACKING NUMBER

SPECIAL EVENT PERMIT APPLICATION

CONTACT INFORMATION

Date of Application: _____

Name of Applicant: _____

Sponsoring Agency: _____

Phone Number

Address (Street, City, ST, Zip)

Fax Number

Email Address

Website

Point of Contact For Event:
Event Coordinator

Name

Phone Number

On-Site Point of Contact:

Name

Phone Number

EVENT INFORMATION

Event Category:	SPECIAL EVENT	ROAD CLOSURE	ROADWAY SOLICITATION
<i>Please check applicable box</i>	Run/Walk	<input type="checkbox"/> Parade	<input type="checkbox"/> Non-Profit
	Community Celebration	<input type="checkbox"/> Procession / March	<input type="checkbox"/> Political
	Concert/Performance	<input type="checkbox"/> Motorcade	<input type="checkbox"/> Religious
	Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

NAME OR TITLE OF EVENT: _____

LOCATION AND DESCRIPTION OF EVENT: _____

EVENT TIMES:

Setup Starts	Date	_____	Time	_____
Event Starts	Date	_____	Time	_____
Event Ends	Date	_____	Time	_____
Dismantle Complete	Date	_____	Time	_____

TOTAL ANTICIPATED ATTENDANCE: _____



EVENT CHECKLIST

Yes/No

- Does this event involve a charge for admission?
- Does this event involve the sale or use of alcoholic beverages?
- Will items or services be sold or given away at the event? If YES, please describe:

- Does this event involve live entertainment? If YES, please describe:

- Does this event involve amplified music (DJ)? If YES, please describe:

- Does this event involve a moving route of any kind along streets, sidewalks or highways? If YES, please attach a detailed map of your proposed route, indicate the direction of travel, and provide a written narrative to explain your route.
- Does this event involve a moving float?
- Does this event involve animals?
- Does this event involve a fixed venue site? If YES, attach a detailed site map showing all streets affected.
- Does this event involve a plan for tents?
- Will there be open flame cooking in booths or trailers?
- Will there be a pyrotechnics display?
- Will Liquefied Petroleum Gas (i.e. Propane) be used?
- Will there be any temporary electrical wiring used?
- Will there be a need for additional Litter Containers?
- Will there be a need for Port-A-Lets?
- Does this event involve hanging a banner?

PARADE / ROAD CLOSURE INFORMATION

LIST ANY STREET (S) REQUIRING ROAD CLOSURE AS A RESULT OF THIS EVENT. INCLUDE **STREET NAME (S), DATE AND TIME** OF CLOSING AND REOPENING:

ROUTE TO BE TRAVELED (If Applicable): _____

DESCRIPTION OF FLOATS (Include Size and Number): _____

DESCRIPTION OF MARCHING UNITS, BANDS, VEHICLES (Include Size and Number): _____

OTHER PERTINENT INFORMATION (Please Attach Diagrams If Necessary): _____

INSURANCE REQUIREMENTS

Insurance requirements depend upon the risk level of the event. As a general rule, the City of Tallahassee requires a minimum of one million dollars (\$1,000,000) in liability coverage for a temporary street closure permit. Events with higher risk levels such as athletic events, pyrotechnic displays, and events that include alcohol may require additional insurance coverage.

Before final permit approval, you will need to submit a **certificate and endorsement** for your commercial general liability insurance policy that names as Additional Insured, the

"City of Tallahassee, its officers, employees, volunteers and agents." Insurance coverage must be maintained for the duration of the event including setup and dismantle dates. The event organizers' current effective insurance policy, or copy, along with necessary endorsements, shall be filed with the City of Tallahassee Risk Management Office at least 14 calendar days before the special event.

RELEASE FROM LIABILITY AND INDEMNIFICATION

(Please read before signing)

INDEMNIFICATION: User agrees to Indemnify fully and save and hold harmless the City of Tallahassee, its officers, employees and agents, against all damages, claims, liabilities and causes of action of every kind and nature, to the extent they are caused by the conduct of the user, its visitors, agents of employees. City shall give users prompt and reasonable notice of any such claims or actions and user shall have the right to investigate, compromise and defend the same to the extent of sponsor's own interest.

WAIVER OF CLAIMS: City and its agents, employees and contractors shall not be liable for, and user hereby releases all claims for damage to or loss of personal property sustained by user or any person claiming through user resulting from any fire, accident, occurrence, theft or condition in or upon the City premises/facility or which they shall be a part of, or if adjoining or contiguous property or buildings, provided same are not due to negligence of City, its agents, or employees. I understand that I must abide by the Regulations as set forth in City of Tallahassee Ordinance #88-0-0167 and the Guidelines of The Tallahassee Police Department.

Print Name of Applicant/Sponsoring Agency	Signature
	Date

.....

OFFICIAL USE ONLY

TO BE COMPLETED BY SPECIAL EVENT AUTHORITIES LISTED BELOW IF REVIEW IS REQUIRED

Authority <i>(If Required)</i>	Review Required		Approved		Date	Signature
Tallahassee Police Dept. Special Events	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Tallahassee Parks & Recreation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Tallahassee Fire Department (Safety)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Downtown Improvement Authority	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
COT Traffic Engineering	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Florida Department of Transportation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
COT Public Works	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
City Attorney's Office	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____

Event Application Fee Required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Amount Paid: <input style="width: 50px;" type="text"/>		
Date Received			Check	Cash	
Receipt Number			<input type="checkbox"/>	<input type="checkbox"/>	





Mobile Vendor Permit Application Form

A. General Information

1. Name of Applicant: _____
 Business Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone (H): _____ (W): _____ (Mobile): _____
 Fax: _____ Web Site: _____
 Email Address: _____

B. Vending Information

1. Requested Vending Location(s) – in order of preference
 a. _____
 b. _____
 c. _____

2. Type of Business: _____

3. Expected Periods of use: Start Date: _____ End Date: _____

4. Proposed Days & Hours of Operation (Must be within regular venue operating hours if applicable)
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

C. Required Documentation

Please attach the following documentation (incomplete applications will not be considered)

- _____ General Liability Insurance listing the City of Tallahassee as additionally insured in the amount of \$1,000,000 per occurrence for the date(s) of the permit. The certificate holder must be listed as City of Tallahassee, 300 S. Adams Street, Tallahassee, FL 32301.
- _____ Accessible Planner (Americans with Disabilities Act Requirements for permitting on City Property).
- _____ Copy of vehicle insurance (if applicable)
- _____ Copy of current City business/occupational license
- _____ Copy of State business license (DBPR or Dept. of Agriculture, Food Safety)
- _____ Complete menu, including pricing information
- _____ Photograph or detailed drawing of vending unit and/or vehicle

As the applicant, I hereby agree and understand that it is my responsibility to oversee all contractors, vendors or parties affiliated with vending operation and to insure compliance with all policies, rules, regulations and guidelines of the City of Tallahassee and other relevant procedures and laws. I understand that any violations may result in immediate cancellation of the reservation and/or revocation of the permit. I understand that the permit is non-transferable and must be displayed at all times.

Signed: _____ Date: _____

<p><u>FOR OFFICE USE ONLY</u></p> <p>PAID ON DATE _____</p> <p>PERMITTED ON DATE _____</p>

Mobile Vendor Permit Guidelines

PERMITTING POLICY

Permit applications for mobile food vehicles and food vendor carts in the areas designated below shall be submitted in writing to the Parks, Recreation and Neighborhood Affairs Department (the "Department") on the Mobile Vendor Permit Application. Permits for mobile food vehicles will be issued on a first come, first serve basis for specific locations designated for such purpose. All permits issued pursuant to this policy shall be effective for the dates designated on a daily, weekly or monthly basis, but under no circumstance can a mobile food vehicle be permitted for the same designated location for more than sixty (60) available consecutive days. All permits issued pursuant to this part shall be effective on the first day of the month of issuance and shall expire one year from the effective date thereof unless sooner revoked. Vendors may request a shorter permit duration. Nothing in these guidelines prohibits the use of properly licensed mobile food vehicles or food vendor carts on private property or non-City owned governmental property. By signing the Mobile Vendor Application, Vendors agree to be self-containing for waste removal and that all waste will be removed from site by the Vendor daily.

Applications and initial fees must be submitted at least two weeks in advance of the requested date(s) for usage. The Department shall coordinate review of the application with appropriate City authorities.

SPECIAL EVENTS

Permits granted under this Policy will not be valid during Special Events approved by the City, Downtown Improvement Authority, or the Department in the downtown area, on City property, on streets and sidewalks adjacent to City property, parks and playgrounds. The Department will notify applicants of scheduled Special Events and of procedures for the vendor to participate in those Special Events. Special Event permits require an application and additional fees to the sponsor of the Special Event separate from the application(s) for a Mobile Vendor Permit.

SUMMARY OF DOCUMENTATION REQUIRED

All fees and documentation will be due at the time of application submittal. The applicant is responsible for securing all required permits and licenses for vending in the City of Tallahassee. Below is a summary of required documentation. Proof of required licenses and permits must be provided in order to receive permit confirmation.

1. Completed Mobile Vendor Permit Application
2. General Liability Insurance (see INSURANCE REQUIREMENTS)
3. Proof of vehicle insurance if utilizing motorized transportation
4. City of Tallahassee Occupational License
5. State of Florida Business License
6. Menu with prices
7. Photograph of cart or vehicle
8. Accessible Planner (ADA Requirements)

AVAILABLE VENDING LOCATIONS

The following areas may be requested as a part of the Mobile Vendor Permit Application as long as the public purpose is compatible with the existing facilities and does not interfere with health, safety, and welfare of the public:

Mobile Food Vehicles (Daily Use Only)

1. Bus pull out at Park Avenue & Adams Street
2. Northwest Corner of College Ave. & Adams St. when available
3. Adjacent to Boulevard & Doug Burnette Parks located at South Martin Luther King Jr. Blvd and Gaines St.
4. Former Johns' Bldg. Property at corner of Bronough, Madison and Gaines Streets
5. City Property, parks, playgrounds and adjacent streets and sidewalks, as approved by the City Manager

Food Vendor Carts

1. Adams Street Commons / Gallie Alley
2. West Jefferson Street, including City Hall Plaza
3. Other Downtown Streets
4. Kleman Plaza
5. City Property, parks, playgrounds and adjacent streets and sidewalks, as approved by the City Manager

FEES

Initial Fees must be paid with the application. Renewal payment is required by the 15th of each month for the following month’s permit or 48 hours prior to a daily permit. The Department currently accepts checks, cash or money orders made payable to: City of Tallahassee.

\$25.00 per day per mobile food vehicle site

\$50.00 per month per food vendor cart

Additional charges may apply during peak seasons for various City property, parks, playgrounds and adjacent streets and sidewalks.

TYPE OF INQUIRY

Tallahassee Occupational License
Permitting / Application
Trash Receptacles

DEPARTMENT TO CONTACT

Revenue
Special Events
Solid Waste Services

PHONE NUMBER

891-6488
891-3887
891-4968

ELECTRICAL REQUIREMENTS

Electricity may available in some locations. For use of electricity at available locations, the cost is \$5.00 for daily mobile vehicle sites or \$40.50 per month for use of one (1) 110 outlet. If more power is needed, rate will be based on cost for power usage. If electricity is not available, vendors need to be self-sufficient for their power needs, but mobile food vehicles cannot use electric generators.

ADA GUIDELINES/ANTI-HARASSMENT POILCY

Applicants under all parts of Policy 106 shall comply with the Americans with Disabilities Act (ADA) and shall complete the City of Tallahassee Accessibility Planner for each permit issued. All ADA routes and ramps must remain clear and cannot be blocked by the mobile food vehicle or cart or associated business. Furthermore, the applicant agrees to comply with the City’s Anti-Discrimination Policy which strictly forbids discrimination on the basis of an individual’s race, color, gender, religion, national origin, age, disability, marital status, pregnancy, sexual orientation and gender identity, or any other characteristic protected by law.

RESTRICTIONS

No vendor permitted under this section will be allowed to do the following:

1. Sell or distribute alcohol
2. Operate an electric generator in any mobile food vehicle site
3. Operate any type of amplified speaker system or play music of any kind
4. Operate during any special event unless a separate permit is obtained
5. Operate in a location where City of Tallahassee provides concessions
6. Leave a vehicle or cart unattended
7. Park at a designated spot overnight

INSURANCE REQUIREMENTS

The City requires an insurance certificate to be submitted for approval to the Special Events office at 891-3887. All policies must list the City of Tallahassee as an additional insured for \$1 million dollars. As well as listing the certificate holder as, City of Tallahassee, 300 South Adams Street, Tallahassee, FL 32301.

VIOLATIONS

Operating without the proper permit, in violation of City Commission Policy 106, or in violation of these guidelines may result in fines and/or additional penalties. The City of Tallahassee may revoke a permit granted for any activity, which is found to be in violation of any ordinance, law or conditions of approval. In the event that the applicant is not ready to vend at the designated time, or if vital vending individuals is/are not present, or if the applicant arrives in such a condition as to appear to a reasonable person to be incapable of vending in a reasonably acceptable manner, then the applicant shall be deemed to have violated these terms and the City of Tallahassee has the absolute right at its sole discretion to revoke a granted permit and to withhold any fees paid.

CANCELLATION OF REQUESTS AND REFUNDS

Notice of cancellation by approved applicants must be submitted in writing by the authorized representative a minimum of five (5) business days prior to the start of vending. The Department may cancel any permit, in which a vendor fails to meet mandatory criteria, such as obtaining necessary permits and licenses, non-compliance to rules and regulations and lack of payment. Refunds will not be issued for inclement weather.

www.talgov.com

Find us on facebook! [facebook.com/COTparks](https://www.facebook.com/COTparks)



Accessibility Planner

Date of Application: _____

This form is to be used in planning events or activities sponsored by the City of Tallahassee or held on property owned by the City. The purpose of this checklist is to assure that persons with disabilities have access to all functions and events open to the public.

Event / Activity Name: _____

Date(s) of Event / Activity: _____

Location: _____

Contact Name: _____ Contact Primary Phone: _____

Facility

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are routes and site entrances accessible (i.e. curb cuts, ramps, elevators, etc)?

Corrective Action to be taken: _____

Are pathways through the site accessible (i.e. width of paths, surfaces, protrusions)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Corrective Action to be taken: _____

Are designated parking places nearby?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Corrective Action to be taken: _____

Are the following items accessible:

1. Restrooms?
2. Restrooms (portable)?
3. Water dispensers (if provided)?
4. Public telephone (if provided)?
5. Elevators?
6. Doorways?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrective Action to be taken: _____

Note: At least one (1) restroom per cluster must be accessible. If only one portable is provided, it must be accessible.

Communication

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do event announcements include reasonable accommodations notice?

Corrective Action to be taken: _____

Is signage visible and placed appropriately for:

1. Routes?
2. Entrances?
3. Exits?
4. Function of Locations?
5. Restrooms?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrective Action to be taken: _____

**** Please suggest corrective actions on any items marked NO**



Accessibility Planner

Reasonable Accommodations Notice

The following statement should appear in all printed material, newspaper advertisements, television and radio announcements.

If a person with a disability requires an accommodation to participate or if special seating arrangements are needed, requests should be made to the event coordinator seventy-two (72) hours prior to the event.

Applicant's Signature

Date

APPLICATION
FOR A SIDEWALK CAFÉ PERMIT WITH TABLE SERVICE AND
SIDEWALK CAFÉ LEASE AGREEMENT

INSTRUCTIONS: Complete Part I, the Application, and submit it to the Downtown Improvement Authority located in the Guaranty National Bank Building at 111 S. Monroe Street. (Telephone number 224-3252). After it is reviewed and approved, a representative of the Downtown Improvement Authority will arrange a meeting for the applicant with the City's Real Estate Administrator to complete Part II, the Sidewalk Café Lease Agreement. This permit is applicable to restaurants desiring to use adjacent sidewalks for a sidewalk café with waiter/waitress service.

APPLICATION - PART I

Restaurant Information

1. Restaurant: _____
Address: _____
Zip Code: _____
2. Name of Manager: _____

Corporation Information

If corporation, please complete the following:

1. Name of corporation: _____
Address of principal officer: _____
2. State of incorporation: _____
3. Name of registered agent: _____

Current License Information

1. Food dispensing license number: _____
 2. Liquor license number: _____
 3. Are your licenses (food and liquor) currently valid? Yes _____ No _____
 4. Have you ever had a license revoked or suspended? Yes _____ No _____
- If yes, explain: _____

Description of Request

Please describe the nature of your business, how many tables, etc. Provide sketch of area to be used if necessary: _____

Risk Management Officer

Approve _____ Do Not Approve _____

Comments and Signature _____

Property Management Division

Approve _____ Do Not Approve _____

Comments and Signature _____

Police Department

Approve _____ Do Not Approve _____

Comments and Signature _____

Fire Department

Approve _____ Do Not Approve _____

Comments and Signature _____

Growth Management Department

Approve _____ Do Not Approve _____

Comments and Signature _____

Downtown Improvement Authority

Approve _____ Do Not Approve _____

Comments and Signature _____

Traffic Engineering

Approve _____ Do Not Approve _____

Comments and Signature _____

Economic and Community Development

Approve _____ Do Not Approve _____

Comments and Signature _____

**CITY OF TALLAHASSEE
SIDEWALK CAFE LEASE AGREEMENT FOR USE INVOLVING TABLE SERVICE
PART II OF APPLICATION**

This Sidewalk Cafe Agreement (Agreement) is made and entered into this _____ day of _____, 2011, by and between the City of Tallahassee, a Florida municipal corporation (City), 300 South Adams Street, Tallahassee, Florida 32301, and _____ (Restaurant), whose address is _____.

1. Restaurant, located at _____, has applied for the right to use the sidewalk in front of the restaurant (which sidewalk area shall be referred to hereinafter as the Premises) for the purpose of outside service of food and beverages for the dates and hours shown on the Restaurant's Application for a Sidewalk Cafe Agreement, attached hereto as Exhibit A and by reference incorporated herein. The City hereby agrees to allow the use of the Premises for outdoor service of food and beverages by Restaurant in accordance with the information provided on Exhibit A and this Agreement.

2. This Agreement shall be terminable at will by the City with or without cause. Otherwise, the term of this Agreement shall be for one (1) year from the date of this Agreement. Restaurant has an option to renew this Agreement from year to year, so long as the City receives written notice prior to termination of the Agreement. Any extensions under this provision shall be terminable at will by the City with or without cause.

3. For the term of this Agreement, Restaurant shall pay rent to the City in the amount of _____ per year, which amount shall be paid in advance.

4. The Restaurant shall have the right to use the Premises as an extension of the Restaurant's property for the service of food and beverages to Restaurant customers. In furtherance of effecting this use, Restaurant shall be permitted to place tables and chairs on the Premises. The Premises shall remain open to the public and unobstructed for access, passage, and use by the public, even though such members of the public may not be Restaurant customers. The boundaries of the Premises shall be clearly marked for purposes of compliance with Section 4-10 of the City Code of Ordinances.

5. Restaurant shall be responsible for maintenance of personalty placed on the Premises by Restaurant and for cleanliness of the Premises. Restaurant will restrict the use of glass for service of food and beverages on the Premises.

6. The Restaurant shall properly comply with all laws, ordinances, orders, rules, regulations, and requirements of federal, state, and local governments in its use of the Premises. Signs in compliance with Section 4-10 of the City Code of Ordinances shall be prominently posted on the Premises.

7. Restaurant shall not create, permit, or suffer any mechanics lien, other liens, or any encumbrances to be imposed on the Premises or to affect the City's title thereto.

8. Restaurant shall be responsible for all damage to City property arising out of Restaurant's use of the Premises, providing such damage is caused by Restaurant, its employees, or its customers.

9. Prior to service of any alcoholic beverages on the Premises, the Restaurant must insure that it has a proper license for such outdoor service.

10. Restaurant shall maintain at least a(n) _____ foot pedestrian way on the sidewalk.

11. Food preparation on the Premises is prohibited.

12. At all times during the term of this Agreement, Restaurant shall maintain, at its sole cost and expense, commercial general liability insurance in an amount not less than \$1 million (\$1,000,000) combined single limits which shall provide coverage for claims for injuries to persons or property resulting from or arising out of Restaurant's use of the Premises. Such insurance shall be issued by an insurer acceptable to the City, shall name the City as an insured (as its interest may appear), and shall not be canceled or modified during the term of this Agreement without first providing thirty (30) days prior written notice to the City. Proof of compliance with this paragraph shall be provided within seven (7) days of the approval of this Agreement by the City and with any written request for an extension of the term of the Agreement under paragraph 2 herein. Failure to provide such proof shall result in termination of the Agreement.

13. Restaurant shall indemnify and hold harmless the City, its officials, employees, contractors, and agents from and against all claims, damages, actions and causes of action and resultant costs, including attorneys' fees and costs, which, in any manner, have arisen, or may hereafter arise, from or out of the Restaurant's use of the Premises. This obligation shall survive termination of this Agreement.

14. This Agreement is not assignable without the City's prior written consent.

15. Payments and notices required by this Agreement shall be mailed to the following:

For the City:

James O. Cooke, IV
Interim City Treasurer-Clerk
City Hall
300 South Adams Street
Tallahassee, Florida 32301

For the Restaurant:

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives effective the day and year first written above.

ATTEST:

CITY OF TALLAHASSEE

By: _____
James O. Cooke, IV
Interim City Treasurer-Clerk

By: _____
Anita Favors Thompson
City Manager

Date: _____

The foregoing instrument was acknowledged, before me this ____ day of _____ 20__, by Anita Favors Thompson, City Manager, well known to me to be the City Manager of the City of Tallahassee, a Florida municipal corporation, on behalf of and under the authority duly vested in him by said municipal corporation.

NOTARY PUBLIC State of Florida at Large

Print Notary Name
My Commission Expires:

Approved as to Form

James R. English, City Attorney

RESTAURANT

Name of Restaurant

By: _____

Name: _____

Title: _____

THE FOREGOING instrument was acknowledged before me this __ day of _____ 20__, by _____, who is personally known to me, or who has produced _____ (type of identification) as identification, and who did (did not) take an oath.

NOTARY PUBLIC State of Florida at Large

Print Notary Name
My Commission Expires:

APPLICATION

FOR A SIDEWALK CAFÉ PERMIT WITHOUT TABLE SERVICE

INSTRUCTIONS: Complete Part I, the application, and submit it to the Downtown Improvement Authority located in the Guaranty National Bank Building at 111 S. Monroe Street. (Telephone number 224-3252). This application is for placement of tables outside an existing business without waiter/waitress provided.

PART I APPLICATION

Restaurant Information

1. Restaurant: _____
Address: _____
Zip Code: _____
2. Name of Manager: _____

Corporation Information

If corporation, please complete the following:

1. Name of corporation: _____
Address of principal officer: _____
2. State of incorporation: _____
3. Name of registered agent: _____

Current License Information

1. Food dispensing license number: _____
2. Liquor license number: _____
3. Are your licenses (food and liquor) currently valid? Yes _____ No _____
4. Have you ever had a license revoked or suspended? Yes _____ No _____
If yes, explain: _____

Description of Request

Please describe the nature of your business, how many tables, etc. Provide sketch of area to be used if necessary: _____

Risk Management Officer

Approve _____ Do Not Approve _____

Comments and Signature _____

Property Management Division

Approve _____ Do Not Approve _____

Comments and Signature _____

Police Department

Approve _____ Do Not Approve _____

Comments and Signature _____

Fire Department

Approve _____ Do Not Approve _____

Comments and Signature _____

Growth Management Department

Approve _____ Do Not Approve _____

Comments and Signature _____

Downtown Improvement Authority

Approve _____ Do Not Approve _____

Comments and Signature _____

Traffic Engineering

Approve _____ Do Not Approve _____

Comments and Signature _____

Economic and Community Development

Approve _____ Do Not Approve _____

Comments and Signature _____
