

SPECIAL EVENT APPLICATION

PLEASE FILL IN ALL BLANKS.

Applicant/Business Name: _____ Phone: (____) _____

Business Owner/agent: _____

Address: _____

City, State, Zip: _____

Date(s) of special event: _____ Hours of Operation: _____

Location for special event: _____

Nature (or description) of special event: _____

Number of expected attendees (vendors and support staff included) _____

Security provided by: _____ Parking Capacity: _____

Submit the following with this form.

(1) A copy of your LIABILITY INSURANCE certificate.

(2) Submit (2) two drawings to illustrate the layout for this event.

Answer the following questions.

If you answer yes to (1) one or more of the questions below contact the Building Dept @ (954) 966-4600 ext. 211 for permits.

Is additional lighting needed? ____ yes ____ no Is additional power source needed? ____ yes ____ no

Tent(s) or canopies required? ____ yes ____ no Temporary bathroom facilities needed? ____ yes ____ no

Advertising via signs, balloon, etc. this event? ____ yes ____ no

Will you have outside cooking and/or serving of food ____ yes ____ no?

If yes, contact the Dept. of Hotel and Restaurant Admin. for a temporary Event Application @ (850) 487-1395.

Are you the owner of the building/property? _____

If yes, complete Section 1 below. If no, have owner/agent complete Section 1 & 2 below.

I certify that all information stated by me is complete, factual and true.

Applicant's Signature _____ Date _____

Section 1 - Property Owner Information

Owner Name: _____ Phone: (____) _____

Address, City, State, Zip: _____

Section 2 - Property Owner's Authorization

I, _____, certify that I am the owner/agent and hereby consent to use of my property for the purpose of _____.

I understand that this special event will be reviewed and/or inspected by the Town of Pembroke Park's Inspectors, and I agree that any violations shall be corrected by (owner/lessee) _____.

I understand that unless the proper permits are applied for and received that this special event will not be approved.

Owner/Agent's Signature _____ Date _____

Sworn and subscribed before me this day _____, 20 _____

Notary Signature _____

Notary Seal

Date(s) of special event: _____ Hours of Operation: _____
Location for special event: _____
Nature (or description) of special event: _____

OFFICE USE ONLY

Accepted by: _____ Date: _____

Departmental Review
Fire Department ___ Approved ___ Denied Initial/Date _____
Building Department ___ Approved ___ Denied Initial/Date _____
Zoning Department ___ Approved ___ Denied Initial/Date _____

Administration
Approval: _____ Date: _____

License Number: _____ Date License Issued: _____

Cc: ___ State of Florida, DBP – Division of Hotels & Restaurants
 ___ Broward Sheriff's Office – District One



DEPARTMENT OF FIRE RESCUE AND EMERGENCY SERVICES
FIRE MARSHAL'S BUREAU Main Office 954-831-8210

Pembroke Park District Office

Phone: 954-966-4600 Ext. 225

Fax: 954-985-0537

APPLICATION FOR SPECIAL EVENT PERMIT

Name of Event: _____ Setup Date & Hrs: ____/____/20____ (____:____ - ____:____)

Event Date & Hours: ____/____/20____ (____:____ to ____:____) & ____/____/20____ (____:____ - ____:____)

Event Site Address: _____ City : _____

Site Manager/Supervisor: _____ Cell # : _____

Business Name: _____ Work#: _____

Business Owner/Agent: _____ Cell # : _____

Business Address: _____

City, State, Zip: _____ Fax # : _____

Canopy Use : ☐ Yes ☐ No If Yes, subject to permits as required by the Building Dept.

Electrical Use: ☐ Yes ☐ No If Yes, subject to permits as required by the Building Dept.

Electrical Power Provided With: ☐ Generator ☐ Temporary Power Drop ☐ Property power

Gas Fueled Equipment: ☐ Yes ☐ No If Yes, subject to permits as required by the Building Dept.

Fuel Sources: ☐ Propane gas ☐ Natural gas ☐ Diesel Fuel ☐ Gasoline

Cooking Equipment Use: ☐ Yes ☐ No If Yes, subject to permits as required by the Building Dept.

Types: ☐ Fryers ☐ Propane Grills ☐ Charcoal Grills ☐ Concession Trailer ☐ Warmers ☐ Sterno

Rides: ☐ Yes ☐ No If Yes, may require State inspection depending on the type of ride

Type: ☐ Mechanical ☐ Inflatables (bounce house, slides, etc.) ☐ Manual (not power driven)

Pyrotechnic/Fireworks Displays: ☐ Yes ☐ No If Yes, requires separate approval process completed by Company or Technician.

Documents to be presented to Fire Marshal's Bureau with completed application:

☐ **Site Plan (Include the following):**

- | | |
|--|---|
| ___ Location of cooking area and barrier being used to separate from the public. | ___ Location of generators and barrier Being used to separate from the public |
| ___ Canopy Locations w/ sizes-Quantity ___ | ___ Location of temp power drop |
| ___ Fuel storage/dispensing areas | ___ Rides w/ descriptions-Quantity ___ |
| ___ Emergency Access Area for EMS & Fire | ___ Identify any fences/gates around event |
| ___ Location of vendor booths & games | ___ Stage locations |
| ___ Residential trailers for crews (carnivals) show barrier from general public | ___ Table, chair, and equipment layout under gathering canopies |
| ___ Cable covers for electrical lines & hoses that are in path of egress for patrons | ___ Distances of structures, roadways, cooking equipment, canopies, etc. |
| ___ Location of hazards on property such as ditches, canals, lakes, construction, etc. | ___ Traffic routing, road closures, separation of parking area from event |
| ___ Location of fire extinguishers & other required life safety equipment | ___ No smoking signs for large canopy gathering areas |
| ___ Provide 2 copies of the site plan for Fire Marshal's Bureau and a minimum of 2 copies for the Building Department. | |

- ☐ Copy of written permission from the property owner, allowing the event on their property.
- ☐ Copy of proof of public premises liability insurance in the amount of \$1,000,000, naming the Broward Sheriff's Office as an additional insured.
- ☐ Copy of proof of public premises liability insurance in the amount of \$1,000,000, naming the applicable Municipality and/or Broward County Commission, as additional insured.
- ☐ Canopy use: provide copy of building permit, including flame retardant certificate for canopy material, schematic of canopy structure with anchors to ground.
- ☐ Electrical use: provide copy of electrical permit, generator specifications, temporary power drop circuit info.

- ☐ Gas (LP/Natural) fueled equipment use: provide copy of plumbing permit, provide piping schematic.
- ☐ Cooking equipment use: provide vendor information sheet. If using a residential grill must provide certification that equipment is safe to use. Equipment checked in place at event and must be a certified company/technician that works with gas.
- ☐ Mechanical carnival ride use: contact the Florida Dept. of Agriculture, Fair Ride Inspection, to schedule the ride inspector. Contact number 850-488-9790.
- ☐ Food preparation & sale (excluding non-profit agencies): contact the Florida Dept. of Business & Professional Regulation, Division of Hotels and Restaurants to schedule an inspector. Contact number 850-487-1395

• **Permit Fee Break Down: (to be completed by BSO Fire Marshal's Bureau and/or City)**

- ☐ Permit/Inspection Fee(s) * \$_____ Reinspection Fee(s) * \$_____

Note: Check to be made payable to the Town of Pembroke Park.

- ☐ Standby Firewatch Fee(s) * \$_____/hr. x _____ hrs. x _____ = \$_____

Standby Rescue Service Fee(s) * \$_____/hr. x _____ hrs. x _____ = \$_____

Note: Check to be made payable to the Broward Sheriff's Office.

All fees for Permits, Inspections, Firewatch and Rescue Services shall be paid in full *prior* to event permit processing and approval. In the event that you will require additional fire watch hours due to extended hours, once the approval has been issued, please contact the Fire Marshal's main office during regular business hours. After hours, contact our Dispatch Center (954-765-5100) to contact the On Duty Fire Marshal.

NOTE:

- (a) Separate permit required for each event site.
- (b) Application must be submitted with all required attachments 30 days prior to event period starting date.

The Broward Sheriff's Office, Fire Marshal's Bureau, reserves the right to revoke this permit at any time for non-compliance of applicable codes and/or unsafe conditions or acts.

I have completed the above information and certify that the information provided as components of the event permit are factual and accurate to the best of my knowledge.

Printed Name

Applicant's Signature

Date

BSO FM
Approval
Stamp Here: