

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

(updated 02.12.2026)

Name of Event _____

Producer\Promoter: _____

Type of Organization: _____ non-profit _____ profit _____ charitable _____ government

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

Contact Person: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Work Phone: _____ Home Phone: _____

Billing Information

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

If No, please provide the proper information below:

Attention: _____

Fax: _____ Mobile Phone: _____

Address: _____

E-Mail Address: _____

City _____ State _____ Zip _____

Work Phone: _____ Fax: _____

EVENT INFORMATION

Event Name: _____

Date(s) Requested: _____

Location: _____

Brief Description of Event: _____

Site Plan Required: Attached? Yes No

If No, explain here: _____

Will admission fee be charged for event? Yes No

Event Time: Date _____ Start _____ End _____

Date _____ Start _____ End _____

Date _____ Start _____ End _____

Set Up: Date _____ Start _____ End _____

Break Down: Date _____ Start _____ End _____

Rain Date: Date _____ Start _____ End _____

Total Number of Expected attendees\participants: _____

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

Have you held this event previously? No Yes

If Yes, Previous Date(s): _____

Location: _____

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:

Proposed locations: _____

ENTERTAINMENT

Applicants Must Follow All City Ordinances

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

Contractor: _____ Type System: _____

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

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:

<input type="text"/>	Bands	<input type="text"/>	Floats	<input type="text"/>	Cars	<input type="text"/>	Marching units	<input type="text"/>	Miscellaneous
Parade time	Date:	<input type="text"/>	Start	<input type="text"/>	am/pm	End	<input type="text"/>	am/pm	
Set-up time	Date:	<input type="text"/>	Start	<input type="text"/>	am/pm	End	<input type="text"/>	am/pm	
Break down	Date:	<input type="text"/>	Start	<input type="text"/>	am/pm	End	<input type="text"/>	am/pm	
Rain date	Date:	<input type="text"/>	Start	<input type="text"/>	am/pm	End	<input type="text"/>	am/pm	

TRAFFIC

Will normal traffic patterns be altered by the event? No

If Yes, explain: _____

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

Location of these structures are required to be on Site Plan.

Will you utilize temporary structures at event? No Yes

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

Note: Special Permits are required for tents exceeding 200 SF. Special Building permits are required for temporary structures 700 SF or more 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: _____ Estimated # of each type of vending: ____ Crafts
____ Clothing ____ Food/Beverage ____ Jewelry ____ Misc (Describe in detail below.)

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 the current fiscal year Fee and Fine Schedule.

POLICE SERVICES\CROWD CONTROL

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

LIABILITY INSURANCE WILL BE REQUIRED

See Special Events Ordinance for insurancelindemnity 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 _____ Date _____

Title of Applicant _____

Affiliation _____

CITY OFFICIALS

Review of City Services Required by Department Heads

Chief of Police:

Fire Chief:

Sanitation:

Parks & Recreation:

Public Works:

Engineering:

Building:

Planning:

APPLICANTS WHO REQUEST ROAD CLOSURES, CITY CO-SPONSORSHIP, USE OF THE CITY SEAL, AND/OR A WAIVER OF APPLICANT FEES MUST SUBMIT THEIR SPECIAL EVENT APPLICATION NO LESS THAN 60-DAYS IN ADVANCE AND REQUIRE CITY COMMISSION APPROVAL.

Sign off by City Commission Chair if required:

_____ Date _____