



**CITY OF ORMOND BEACH**  
 Planning Department, Building Division  
 22 South Beach Street, Room 104  
 Ormond Beach, FL 32174  
 Tel: (386) 676-3233

www.ormondbeach.org

v12.2021

bponline@ormondbeach.org

**SPECIAL EVENT PERMIT APPLICATION**

**APPLICANT INFORMATION**

Name	<input type="text"/>	Phone No.	<input type="text"/>
E-mail	<input type="text"/>	Name of Business or Non-Profit Represented	<input type="text"/>

**NOTE: Non-profit applicants must submit proof of non-profit status.**

**EVENT INFORMATION**

Name of Business/Facility (located at address below)	<input type="text"/>		
Street Address of Event	<input type="text"/>		
Date(s) of Event	<input type="text"/>	Time(s) of Event	<input type="text"/>
Description of Event	<input type="text"/>		

On city property? (Please check YES\* or NO)      \*(If YES, please provide contract for use of facility.)      YES       NO

Is the applicant the property owner where event is occurring? (Please check YES or NO\*)      YES       NO   
 \*(If NO, please submit a notarized letter from the property owner authorizing event on their property).

**TYPE OF EVENT (please check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Merchant Sidewalk Sale*     | <input type="checkbox"/> Non-Profit Organization Event* |
| <input type="checkbox"/> Merchant Tent Sale*         | <input type="checkbox"/> A-Frame Sign                   |
| <input type="checkbox"/> Civic Event*                | <input type="checkbox"/> Fire Burn Permit               |
| <input type="checkbox"/> Temporary Banner            | <input type="checkbox"/> Private Event*                 |
| <input type="checkbox"/> Temporary Construction Sign |   |

**\*The following items are required for events above indicated by asterisk (\*)**

- A. A scaled sketch detailing the location of the special event area, parking areas, and the location of any planned activities.
- B. Security Plan
- C. Pedestrian and Vehicle Movement Plan
- D. Expected Number of Participants
- E. No. of Tents & Sizes
- F. Number of Portable Toilets Provided

G. Is a temporary alcohol permit being applied for in conjunction with this event? (Please check YES\* or NO).      YES       NO   
 \*(If YES, please provide a copy.)

H. Will there be outdoor cooking onsite in conjunction with this event? (Please check YES\* or NO)      YES       NO

**\*[If YES, please provide a site plan with the names and locations of all outdoor vendors and indicate whether they are under tents/or in food trucks. An active Business Tax Receipt (BTR) is required for each vendor. Please use bottom of next page or additional sheet, if necessary.]**

