



CITY OF WINTER GARDEN
 PARKS & RECREATION DEPARTMENT
 310 NORTH DILLARD STREET
 WINTER GARDEN, FL 34787

PHONE: (407) 656-4155
 WWW.WINTERGARDEN-FL.GOV

WINTER GARDEN • A charming little city with a juicy past.

Official Use Only
 Date Received: _____
 Permit Fee Pd. on: _____ Init. _____

**CITY OF WINTER GARDEN
 SPECIAL EVENT APPLICATION**

SPECIAL EVENTS ON CITY PROPERTY WHERE 500 OR MORE PEOPLE ARE REASONABLY ANTICIPATED TO BE IN ATTENDANCE OR WHERE THERE ARE REQUESTS FOR STREET CLOSURE WILL REQUIRE PRIOR APPROVAL BY THE CITY COMMISSION, AT LEAST FOUR WEEKS PRIOR TO THE SCHEDULED EVENT. THE APPLICANT MUST COMPLETE ALL OF THE FOLLOWING INFORMATION.

ORGANIZATION/GROUP: _____ NON PROFIT _____ CORP. _____ INDIV. _____

NAME OF EVENT _____

CONTACT/REPRESENTATIVE: _____ PHONE # _____

ALT. PHONE: _____ EMAIL: _____

EVENT LOCATION: _____ PROPOSED DATES: _____

HOURS: _____ ESTIMATED DAILY ATTENDANCE: _____

PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY:

TYPE OF EVENT	EVENT DETAILS	EQUIPMENT AT EVENT
<input type="checkbox"/> FESTIVAL	<input type="checkbox"/> ADMISSION CHARGE/TICKET SALES	<input type="checkbox"/> AMPLIFIED SPEAKING/MUSIC
<input type="checkbox"/> EXHIBIT(S)	<input type="checkbox"/> ALCOHOL SERVED	HOURS OF: _____
<input type="checkbox"/> CARNIVAL/CIRCUS/FAIR	<input type="checkbox"/> ALCOHOL SALES	<input type="checkbox"/> PORTABLE RESTROOMS
<input type="checkbox"/> GENERAL MEETING	<input type="checkbox"/> FIREWORKS/PYROTECHNICS	<input type="checkbox"/> SPORTS EQUIPMENT
<input type="checkbox"/> PARADE	<input type="checkbox"/> FOOD VENDORS: # OF _____	<input type="checkbox"/> STAGE/PROPS/PRODUCTION
<input type="checkbox"/> BLOCK PARTY OR PICNIC	<input type="checkbox"/> MERCHANDISE VENDORS: # OF _____	<input type="checkbox"/> TENTS: #OF & SIZE _____
<input type="checkbox"/> SPORTING EVENT/COMPETITION	<input type="checkbox"/> OPEN TO PUBLIC	<input type="checkbox"/> TEMPORARY EVENT SIGNAGE
<input type="checkbox"/> WEDDING/RECEPTION	<input type="checkbox"/> STREET/SIDEWALK CLOSURE-	<input type="checkbox"/> DUMPSTERS/RECEPTACLES
<input type="checkbox"/> REVIVAL	HOURS OF: _____	<input type="checkbox"/> INFLATABLE DEVICES
<input type="checkbox"/> OTHER: (EXPLAIN) _____	<input type="checkbox"/> CITY WATER USED	<input type="checkbox"/> COOKING EQUIP. USED.
_____	<input type="checkbox"/> EVENT HELD PREVIOUSLY	GAS _____ OPEN FLAME _____
_____	<input type="checkbox"/> CITY ELECTRIC USED	<input type="checkbox"/> OTHER: _____



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PLEASE PROVIDE A GENERAL DESCRIPTION OF THE EVENT THAT INCLUDES ALL FEATURES BEING PROPOSED TO TAKE PLACE. ELABORATE ON ANY OF THE ABOVE CHECKED ITEMS IF NECESSARY: (USE BACK IF NECESSARY)

THE FOLLOWING SHOULD ACCOMPANY YOUR APPLICATION: (APPROVAL PROCESS WILL NOT BEGIN UNTIL THESE ARE SUBMITTED)

- COPY OF 501C-3 FORM SIGNIFYING NON-PROFIT STATUS (IF APPLICABLE)
- SITE PLAN INDICATING ALL AFFECTED AREAS, STREETS PROPOSING TO BE CLOSED, TEMPORARY POWER SOURCES TO BE INSTALLED, PORTABLE RESTROOM LOCATIONS, VENDOR PLACEMENT, PARADE ROUTE OR ANY OTHER SIGNIFICANT FEATURES
- COPY OF APPLICANT'S INSURANCE CERTIFICATE NAMING THE CITY OF WINTER GARDEN AS ADDITIONALLY INSURED. (SEE NEXT PAGE FOR INDIVIDUALS AND GROUPS WITHOUT INSURANCE)
- IF ATTENDANCE IS REASONABLY ANTICIPATED TO BE GREATER THAN 100 PEOPLE YOU SHOULD ALSO INCLUDE A PLAN FOR:
- SANITATION - RESTROOMS, PORT-O-LET PLACEMENT, POTABLE WATER, TRASH RECEPTACLES & COLLECTION PLAN, ETC.
- PARKING AND TRAFFIC - REROUTING TRAFFIC AROUND BLOCKED STREETS, PARKING FOR EVENT PATRONS, ETC.
- MEDICAL CARE - FIRST AID STATIONS, EMS SERVICES, AMBULANCE ON SITE, ETC.
- SECURITY – OFF-DUTY OFFICERS SCHEDULED, SECURITY SERVICE UTILIZED, # OF EVENT STAFF IN ATTENDANCE, ETC.

FOR OFFICE USE ONLY

REC.: _____ SCHEDULED FOR MEETING OF: _____

PD: _____

FIRE: _____

PW: _____ OTHER: _____



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CITY OF WINTER GARDEN SPECIAL EVENT POLICIES AND PROCEDURES

FOOD VENDING

THE DEPT. OF BUSINESS AND PROFESSIONAL REGULATION OF THE STATE OF FLORIDA REQUIRES THAT YOU NOTIFY THEIR DIVISION OF HOTELS AND RESTAURANTS OFFICE NO LATER THAN THREE DAYS PRIOR TO ANY TEMPORARY EVENT WHERE FOOD WILL BE SOLD. ALL FOOD VENDORS MUST MEET MINIMUM SAFETY AND SANITATION REQUIREMENTS AND PAY A TEMPORARY EVENT LICENSING FEE IF THEY DO NOT ALREADY HOLD AN ANNUAL LICENSE WITH THE STATE OF FLORIDA. THE DIVISION OF HOTELS AND RESTAURANTS CAN BE REACHED AT 850-487-1395 OR WWW.MYFLORIDA.COM/DBPR FOR MORE INFORMATION.

EVENT INSURANCE

LIMITS WILL IN MOST INSTANCES BE REQUIRED IN THE FOLLOWING AMOUNTS:

GENERAL AGGREGATE 1,000,000 PRODUCTS AGGREGATE 1,000,000

PERSONAL & ADVERTISING INJURY 250,000 EACH OCCURRENCE 250,000

FIRE LEGAL LIABILITY 50,000 MEDICAL PAYMENTS 2,000

CITY STAFF RESERVES THE RIGHT TO REQUEST INCREASED LIMITS DEEMED NECESSARY FOR CERTAIN HIGH-RISK ACTIVITIES. INDIVIDUALS, GROUPS WITHOUT INSURANCE, OR GROUPS THAT DO NOT PRODUCE AN APPROPRIATE CERTIFICATE OF INSURANCE TWO WEEKS PRIOR TO THE EVENT DATE WILL BE REQUIRED TO PURCHASE INDIVIDUAL EVENT POLICIES THROUGH THE CITY INSURANCE CARRIER AT LIMITS DEEMED NECESSARY BY CITY STAFF. PRICES FOR APPROPRIATE POLICIES ARE ESTABLISHED BY THE INSURANCE BROKER AND ARE NON-NEGOTIABLE. IF PROPER INSURANCE IS NOT OBTAINED OR PAID FOR AT LEAST TWO WEEKS PRIOR TO THE SCHEDULED EVENT, THE CITY RESERVES THE RIGHT TO CANCEL THE EVENT REQUEST.

PERMIT FEES (501C-3 NON-PROFITS WILL REQUIRE NO PERMIT FEE BUT MAY INCUR ADDITIONAL SERVICE FEES)

EVENTS WITH LESS THAN 25 IN ATTENDANCE: \$25.00

EVENTS WITH BETWEEN 25-200 IN ATTENDANCE: \$150.00

EVENTS WITH OVER 200 PEOPLE IN ATTENDANCE: \$1,000.00

ADDITIONAL FEES

OTHER FEES WILL BE ASSESSED IF DEEMED NECESSARY BY CERTAIN APPLICABLE DEPARTMENTS. ALTHOUGH NOT AN EXHAUSTIVE LIST, FEES MAY BE ASSESSED FOR POLICE OFFICERS, POLICE SUPERVISORS, FIRE PROTECTION, EMT PERSONNEL, STREET BARRICADING, ELECTRIC USAGE, NECESSARY MAINTENANCE STAFF, TRASH RECEPTACLES & COLLECTION, OTHER NECESSARY STAFF ON SITE DURING EVENT HOURS, ETC. BONDS OF UP TO \$5,000,000 MAY BE REQUIRED AT THE DISCRETION OF CITY STAFF FOR EVENTS WITH ATTENDANCE OVER 500 PEOPLE AND EVENTS HOSTING CERTAIN HIGH-RISK ACTIVITIES. ALL FEES MUST BE PAID IN FULL IN CASH, CERTIFIED CHECK OR MONEY ORDER AT LEAST TWO WEEKS PRIOR TO THE EVENT DATE TO AVOID CANCELLATION.

MISCELLANEOUS POLICIES

- EVENT ADVERTISING WILL NOT INCLUDE ANY REFERENCE OF ENDORSEMENT BY THE CITY OF WINTER GARDEN.
- TEMPORARY EVENT SIGNAGE MUST MEET CITY CODE REQUIREMENTS. CONTACT W.G. CODE ENFORCEMENT FOR INFO.
- THERE ARE OTHER SPECIAL REQUIREMENTS FOR MOTION PHOTOGRAPHY PRODUCTION (SEE NEXT PAGE).
- THERE ARE SPECIAL REQUIREMENTS FOR FIREWORKS (SEE NEXT PAGE).
- ANY EVENT UTILIZING PLANT ST. AND EFFECTIVELY CLOSING THE WEST ORANGE TRAIL MUST NOTIFY ORANGE COUNTY PARKS AND RECREATION AT 407-654-1108.
- IF ANY PORTION OF A STATE ROAD IS TO BE CLOSED, A STATE D.O.T. REQUEST FORM MUST BE OBTAINED FROM THE WINTER GARDEN POLICE DEPT., COMPLETED AND RETURNED TO THE WGPLD TO BE FILED WITH THE STATE OF FLORIDA. SUCH REQUESTS SHOULD BE SUBMITTED AT LEAST SIX WEEKS PRIOR TO THE EVENT DATE.

APPROVAL PROCESS

THE RECREATION, FIRE & POLICE DEPARTMENTS WILL REVIEW ALL REQUESTS AND FORWARD TO ADDITIONAL DEPARTMENTS AS NEEDED. YOU MAY BE CONTACTED TO PROVIDE FURTHER INFORMATION. YOU WILL BE NOTIFIED OF INITIAL APPROVAL, ADDITIONAL FEE REQUIREMENTS AND IF FURTHER COMMISSION APPROVAL WILL BE REQUIRED IN 2 TO 4 WEEKS.