



CITY OF BROOKSVILLE
 201 HOWELL AVENUE
 BROOKSVILLE, FL 34601
 352-540-3810

STREET CLOSURE/SPECIAL EVENT APPLICATION

APPLICANT INFORMATION

Organization Name: _____

Mailing Address: _____

Office Address (if different than mailing): _____

Authorized Representative: _____ Email: _____

Cell Phone #: _____ Work Phone #: _____

Event Coordinator Name: _____ Email: _____

**Event Coordinator Must be on-sight on event day(s)*

Cell Phone #: _____ Work Phone #: _____

**Event Coordinator must be on-site day of event*

Nonprofit 501(c)3 tax exempt organization? Yes No Type of Legal Entity: Non-Profit For-Profit

**If yes, please provide copy of 501(c)3*

EVENT INFORMATION

Name of Event: _____

Type of Event: _____

Purpose/Goal of Event: _____

Facility or Location of Event: _____

	BEGIN	END	SET-UP TIME		ACTUAL EVENT TIME		BREAKDOWN TIME	
	DATE	DATE	From	To	From	To	From	To
1	12/31/2021	12/31/2021	6:30 AM	8:30 AM	8:00 AM	6:00 PM	6:00 PM	7:00 PM
2								
3								
4								

*Note: Up to four events of the same type held on different days in a month may be listed on one application.

Applications will not be processed if incomplete.



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Anticipated number of: Participants _____ Spectators _____

Is the event open to the public? Yes No

What is your total event budget? \$ _____

Has your organization put on this same event in the past? Yes No

If so, when and where?

If not, has your organization put on other events in the City of Brooksville? Please indicate which ones:

EVENT ACTIVITIES

1. Alcohol: a. Sold Yes No b. Served Yes No

If yes, alcohol is sold, open to the public, and on public property; a State of Florida Alcohol Beverage License or Florida Temporary Beverages permit, or proof of application thereof must be attached. A copy of the actual/issued State Alcoholic Beverage License or Florida Temporary Beverage Permit is required prior to the event.

If yes, but a private event in which alcohol is served, not sold, no permit is required.

Permit Holder: _____

2. Canopy/Tent Use: Yes No

If yes, indicate on site plan the tent size, location and type of surface on which the tent(s) will be installed and intended use of each. Tents are subject to permits as required by the Building/Fire Safety Division. Tents must be properly secured. A separate permit and review will be required for the construction, location, protection and maintenance of tents for those over 900 square feet; F.S. §6332.02(17). Food vendor tents that cook require 10 feet of separation between tents.

3. Electrical Use: Yes No

If Yes, subject to usage fees as required by the Utilities Department

4. Band, Music or Sound Amplification Devices: Yes No

If yes, please include types of entertainment and time(s) of performances on a separate sheet.

If the event includes music or live performances, attach a copy of the music license from BMI and/or ASCAP (unless all music will be original music written by performers present on site).

-BMI (Broadcast Music Inc.) 1-888-689-5264

-ASCAP (American Society of Composers, Authors and Publishers) 1-800-505-4052

PLEASE NOTE: All amplified sound systems shall abide by current City code for noise.

5. Rides: Yes No

If yes, must include on site plan and may require additional City and/or State inspections 1-850-488-9790.



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6. Selling Food: Yes No

If an Applicant intends to sell, serve, give away, or provide samples of food or consumable products, including water or other beverages, all Florida Health Codes must be followed. The Florida Department of Business and Professional Regulation (DBPR) is the regulatory authority for food and beverage concessions at public events. If food or drink is not prepared and handled in a sanitary manner, public health may be at risk. License application requirements and further information can be found by visiting the DBPR webpages for [food trucks](#) and [temporary food service event vendors](#).

The City of Brooksville Fire Department, the Hernando County Health Department and the State of Florida must pre-approve the vendor's equipment. The applicant is responsible for obtaining the approval from the County Health Department and the State of Florida.

7. Cooking Equipment Use: Yes No

- a. *If yes, the Florida Department of Business and Professional Regulation (DBPR) is the regulatory authority for food and beverage concessions at public events. License application requirements and further information can be found by visiting the DBPR webpages for [food trucks](#) and [temporary food service event vendors](#).*
- b. *All food vendors will be required to register and have a fire inspection conducted by the Brooksville Fire Department, annually. Any registration and inspection fees that apply are separate and must be paid by the food vendor. All vendors must comply with the Florida Fire Prevention Code as adopted by the City.*
- c. *An appropriately rated fire and current inspection tag for the Hood Suppression System is required. If the Hood Suppression tag has EXPIRED, the Food Truck will not be allowed to participate in the event.*
- d. *Proper preventative measures shall be taken to prevent grease from dropping onto the ground, streets, sidewalks, paving, etc. Proper arrangements, approved by the City, shall be made for the disposal of grease. All food vendors shall comply with the Florida Fire Codes as adopted by the City and must be inspected by the City of Brooksville Fire Inspector.*

Types: Fryers Propane Grills Charcoal Grills Concession Trailers Food Trucks
 Gas Fueled Equipment Estimated # of vendors: _____

8. Will Exterior Air Conditioning Units or Power Generating Equipment Be Operated from Vehicles Or Trailers: Yes No

If yes, indicate location of equipment on site plan.

9. City Parking Lots to Be Closed: Yes No

Signs indicating City parking lot closure(s) are the responsibility of the applicant and must be posted no later than twenty-four (24) hours prior to the event indicating date and time of closure.

10. Will Private Security Be Provided for The Event: Yes No Daytime and/or Overnight

(If yes, please provide the name of the provider: _____

****Armed security firms must provide proof of license to carry from the State of Florida.***



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11. Other Permits: Yes No

Additional permits may be required for special events.

Contact the Community Development Department at 352-340-3810 for the following:

Special Structures

Event Signage

Contact the Fire Department at 352-540-3840 for the following:

Pyrotechnic

Fireworks

Bonfires/Ceremonial type fires

Special Effects

Permit applications for any/all of the above must be made no less than fifteen (15) business days prior to event set-up. The possibility of a Fire Department unit on a stand-by-basis including the applicable fee may also apply.

PLEASE NOTE: The release of Sky Lanterns is not permitted under state law.

12. Law Enforcement Stand-by Requested: Yes No

If yes, events requesting law enforcement services will be required to complete a separate permit application with Hernando County Sheriff's Office. The Hernando County Sheriff's Office is responsible for the protection of life and constitutional rights of the public by maintaining and promotion community order. The cost for these services is \$30.00 per hour with a three (3) hour minimum for special detail of law enforcement services. This cost may increase if an HCSO Supervisor is required to be present.

13. Fire or EMS Services Requested: Yes No [Note: If requesting Fire/EMS, an additional Fire Department Special Event form is required. Please call the Fire Department at 352-540-3840.]

The Fire Department requires a department-staffed fire service and/or emergency medical on site when daily attendance exceeds 5,000 people. The Fire Department reserves the right to require a fire service and/or medical on-site when daily attendance is less than 1,000 people, when necessary, to help protect the safety and well-being of participants and staff.

If the Fire Department deems it necessary that a fire/medical unit be on-site, Fire Department personnel will provide fire and/or EMS services at the City Council approved rates and fee schedule. If the applicant can demonstrate that a privately hired provider is an authorized participant in the regional response system and can provide parity services including communications, interoperability, medical direction standards, and service delivery capabilities. A private provider is subject to approval by the Fire Chief or designee.

PLEASE NOTE: Law Enforcement or Fire/EMS stand-by may be required by the City for certain events/activities at the applicant's cost and cannot be waived.

14. Will Sanitary Facilities be provided: Yes No

If yes, indicate location of facilities on site plan. The required number of portable restrooms are determined by the Florida Administrative Code R. 64E-6.0101. Please see attached matrix at the end of this packet. Facilities shall be removed within 24 hours after the conclusion of the event. Rental fees are the sole responsibility of the applicant.



CITY OF BROOKSVILLE
STREET CLOSURE/SPECIAL EVENT PACKET
COB POLICY 4-2021

STREET CLOSURE/SPECIAL EVENT SERVICE & EQUIPMENT REQUEST FORM

To Be Completed by applicant for any services being requested.

NAME OF EVENT: _____

Number requested EQUIPMENT	Item / Service Requested	Fee	Unit	Total
	Type II Barricade	\$ 1.00 each	Per Day	
	Type III Barricade	\$ 1.00 each	Per Day	
	28" Cone	\$.10 each	Per Day	
	42" Cone	\$.10 each	Per Day	
	Variable Message Board	\$ 11.50 each	Per Hour	
	Signage	\$.10 each	Per Day	
	Trash/Recycling Can	\$ 5.00 each	Per Day	
	Trash Can Collection/dumping fee	\$ 85.00 each (1-4 hrs)	Per Day	
	Event Dumpster* (<i>delivery, pick-up, dumping</i>)	\$360.00 Per Trip	Per Event	
	Recycling Can (<i>delivery, pick-up, dumping</i>)	\$150.00 Per Trip	Per Event	
	Street Sweeping	\$ 78.80 each	Per Trip	
	Pick-up Truck	\$ 12.78 each	Per Hour	
	Dump Truck	\$ 57.70 each	Per Hour	
	Grapple Truck	\$ 53.22 each	Per Hour	
	Garbage Truck	\$ 49.79 each	Per Hour	
	Staff Vehicle	\$ 35.00 each	Per Hour	
	Rescue Unit	\$ 50.00 each	Per Hour	
	Fire Engine	\$ 75.00 each	Per Hour	
STAFFING *Minimum of 4 hours				
	City of Brooksville - Event Staff	\$35.00 each	Per Hour	
STREET CLOSURE (each street closure includes the required barricades)				
	Zone 1 – Main St. from Liberty St. to Broad St.	\$35.00	Per event	
	Zone 1a – Liberty St. from S. Brooksville Ave. to Main St.	\$35.00	Per event	
	Zone 2 – Main St. from Jefferson St. to Ft. Dade Ave.	\$35.00	Per event	
	Zone 3 – Main St. from Jefferson St. to Broad St.	\$35.00	Per event	
	Zone 4 – Ft. Dade from Bell Ave to Main St.	\$35.00	Per event	
	Other _____	\$150.00	Per Event	

* Required



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EVENT HOSTING (____)

Initial

The issuance of a Street Closure/Special Events Permit from the City shall NOT relieve any person from the duty to secure other City, State or County permits or approvals as may be required to include, but not be limited to, Department of Business and Professional Regulation, Florida Department of Health Department, City of Brooksville tent permits, fireworks permit, or business tax receipt, etc.

INDEMNIFICATION (____)

Initial

I, _____, authorized representative for _____ certify that I have read this application and that all information contained in this application is true and correct. I agree to comply with and be bound by any and all applicable provisions of the city code. I understand that falsehoods or misrepresentations will constitute a violation of the permit and the event may be cancelled by Hernando County Sheriff's Office, the Fire Chief or City Manager, should any conditions/stipulations of the permit or city ordinance or state statute be violated. I certify that I am authorized by the organization named herein to act as its agent for the herein described activity. I also acknowledge the information in regards to my responsibilities and obligations should I cancel the event (*see Provision 28, Cancellation*).

By filing this application, I, the undersigned, and the organization on whose behalf I make this application, shall defend, indemnify and hold harmless the City of Brooksville and all of the City of Brooksville's officers, agents, and employees from and against all claims, liability loss and expense, including reasonable costs, collection expenses, attorneys' fees, and court costs which may arise because of the negligence (whether active or passive), misconduct, or other fault, in whole or in part (whether joint, concurrent, or contributing), of the City of Brooksville, its officers, agents or employees in performance of its obligations under the Agreement. Furthermore, I, and the organization on whose behalf I make this application, recognizes the broad nature of this indemnification and hold harmless clause, as well as the provision of a legal defense to the City of Brooksville when necessary, and voluntarily makes this covenant and expressly acknowledges the receipt of such good and valuable consideration provided by the City of Brooksville in support of these indemnification, legal defense and hold harmless contractual obligations in accordance with the laws of the State of Florida. This clause shall survive the termination of this Agreement. Compliance with any insurance requirements required elsewhere within this Agreement shall not relieve the applicant and the organization on whose behalf they represent of its liability and obligation to defend, hold harmless and indemnify the City of Brooksville as set forth in this article of the Agreement.

Nothing here shall be construed to extend the City of Brooksville's liability beyond that provided in section 768.28, Florida Statutes.

Furthermore, the undersigned has read and voluntarily signed the release and waiver of liability and Indemnity Agreement, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.



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NOTIFICATION (_____)

Initial

I agree to notify the following entities of any/all street and parking lot closures at least thirty (30) days prior to the event date and will provide a copy of the notice and list of residents/businesses as indicated below to the City:

- All businesses along route
- All residents along route
- Hernando County Sheriff's Office

Furthermore, I understand that the City suggests that no advertising or distribution of flyers, brochures, posters, etc. regarding the event take place until the date(s) and time(s) have been approved in writing by the City through the issuance of a Street Closure/Special Event Permit. This is in part to avoid the advertising of events that may conflict in location and time.

REVIEW (_____)

Initial

DURING REVIEW BY VARIOUS CITY DEPARTMENTS AND THE SHERIFF'S OFFICE, ADDITIONAL CONDITIONS MAY BE IMPOSED IF DEEMED NECESSARY TO PROTECT THE SAFETY OF THE PUBLIC. THIS STREET CLOSURE/SPECIAL EVENT PERMIT APPLICATION IS VALID ONLY FOR THE TIME INDICATED ON THIS STREET CLOSURE/SPECIAL EVENT PERMIT APPLICATION. IN THE EVENT THAT THE APPLICANT FAILS TO FULFILL THE REQUIREMENT(S) AS SET FORTH IN THIS PERMIT OR FAILS TO OBTAIN PROPER AUTHORIZATION TO PROCEED, IF CONDITIONS HAVE CHANGED, OR THE EXPECTED OUTCOMES, IMPACTS, OR SPECIFICATIONS, INCLUDING BUT NOT LIMITED TO TIME AND ACTIVITIES, THIS STREET CLOSURE/SPECIAL EVENT PERMIT APPLICATION MAY BE CANCELLED BY THE CITY MANAGER AND THE ACTIVITY SHALL CEASE IMMEDIATELY.

SIGNATURES

Authorized Representative Signature

Date

State of _____ County of _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ (name of person making statement) who, is Personally Known or Produced _____ as identification, and who (did) (did not) take an oath.

[Signature of Notary Public]

[Printed, typed or stamped name of Notary]

[Notary Stamp]



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PROTECTIVE MEASURES ADDENDUM

Effective August 17, 2020 City Council voted to require event coordinators to adhere to protective measures set out by the Centers for Disease Control and Prevention, the State of Florida Plan for Florida’s Recovery and Florida Department of Health Resources during the COVID-19 pandemic.

The risk of COVID-19 spreading increases as more people gather to attend an event. Gathering allows individuals to gather closer than the recommended six feet and when not wearing protective face covering increases the possibility of infection. As the event organizer, please detail your plan on how you will social distance at your event. For example: signs, set up tables/stations with hand sanitizer, purchase of portable toilets/washing stations or have additional personnel available for cleaning common areas used by event attendees.

To address clean up procedures after your event. please detail your clean up procedure after your event.

I _____ agree to adhere as much as possible to the current COVID-19 suggested guidelines while organizing the event of _____.

Signature of Person Organizing Event

Print Name of Organizer

Date