



CITY OF PALATKA PLANNING MEETING PRE-EVENT ASSESSMENT LIST

To be completed by Special Events Coordinator:

Meeting Date: _____ Special Events Coordinator: _____

	Event Classification:	
ρ Site Sketch Provided	Class A	ρ
ρ Tentative Schedule of Events	Class B	ρ
	Class C	ρ

To be completed by applicant with typewriter or print legibly in dark ink.

Name of Special Event/ Production: _____

Type of Event: _____

Type of Event Activities (concerts, street dances, races, contests, competitions, regattas, arts/crafts displays, still motion picture production, etc. – attach separate listing if necessary)

Location of Event: _____

Requested dates and time of events (not including set-up and break down):

	Date	Day	Begin	End
Event Day 1	_____	_____	_____ AM/PM	_____ AM/PM
Event Day 2	_____	_____	_____ AM/PM	_____ AM/PM
Event Day 3	_____	_____	_____ AM/PM	_____ AM/PM
Event Day 4	_____	_____	_____ AM/PM	_____ AM/PM

Set-up for event will begin on (Date) _____ at (time) _____

Break down will be completed by (Date) _____ at (time) _____

Event Sponsor/Organization _____

Name of Promoter: _____ Tax Exempt No.: _____

Fee Worksheet (to be completed by Special Events Coordinator)

“Class A” Event Daily Fees (see fee schedule) Security Fees @ \$23/hr/Officer Green Container Fees @ \$15/container Refundable Deposit \$500.00	“Class B” Event Daily Fees \$100.00/day Security Fees @ \$23/hr/Officer Green Container Fees @ \$15/container Public Works Employees @ \$14.00/hr (no charge during normal working hours)	“Class C” Event Daily Fees \$50/day Security Fees @ \$23/hr/Officer Green Container Fee@\$15/container
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Special Events Permit Fees \$ _____ Per day X _____ Days \$ _____

Law Enforcement (City)
Police Officer(s) \$ 23.00 Per hour X _____ Officers X _____ Hours \$ _____

Fire Personnel \$ 23.00 Per hour X _____ Hours \$ _____

Building Inspector \$ 23.00 Per hour X _____ Hours \$ _____

Public Works Services (Class B only-no charge during regular working hours)

Parks Personnel # Personnel _____ X _____ Hours @ \$14/hour \$ _____

Sanitation Personnel # Personnel _____ X _____ Hours @ \$14/hour \$ _____

Utilities Personnel # Personnel _____ X _____ Hours @ \$14/hour \$ _____

Sanitation Equipment Fee

Green Roll-Out Containers _____ X \$15.00 Per Container \$ _____

Additional Charges (List)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL SPECIAL EVENT FEES (Sponsor/Promoter) \$ _____

*To be completed and submitted by applicant prior to meeting with city staff.
City staff will amend checklist as necessary.*

APPLICANT INFORMATION:

Name: _____
Telephone: _____ Fax: _____ Cellular: _____
Address: _____

Name: _____
Telephone: _____ Fax: _____ Cellular: _____
Address: _____

Other Contacts/ Key Holders:

Name: _____
Telephone: _____ Fax: _____ Cellular: _____

Name: _____
Telephone: _____ Fax: _____ Cellular: _____

ρ Estimated Peak Number of Participants (each day of event): Day 1 _____
Day 2 _____ Day 3 _____ Day 4 _____ Day 5 _____

ρ Type of special effects to include pyrotechnics, explosives, discharging weapons, hazardous materials
and/or incendiary devices to be used: _____

ρ Number and proposed location of fire protection services: _____

ρ Inspection(s)- Date and time requested: _____

ρ Emergency medical services: Ambulance Locations(s) (note on site map): _____

Number of EMS Personnel required: _____

ρ Number and proposed location for portable toilets: (note location on site map) _____

- ρ Carnival location (if any) (note location on site map) _____
- ρ Number of sanitation roll-out containers required _____
- ρ Location of parking/transportation services, if any: _____

- ρ Type Transport Vehicles (Van, Buses, etc.) _____
- ρ Location of security and emergency vehicle parking on site: _____

- ρ Public street barricades/street closures/detours: (note locations on site map) _____

- ρ Temporary Parking, directional Signage needed: _____

- ρ Main emergency vehicle access to site (location-also note on site map): _____

- ρ Location of proposed temporary structures, fences, grandstands, bandstands, judges stands, Bleachers, hospitality tents, booths, etc.: (note on site map): _____

- ρ Number and proposed location of vendors, concessions and/or Sponsor/Promoter(s) stands (note on site map) _____

- ρ Number and location of static/mobile displays (note on site map): _____

- ρ Location of event staff management (headquarters): _____

- ρ Staff Uniform Identification: _____
- ρ Main sound system location: _____
- ρ Number and location of special activities (launching areas, animal attractions, amusements Car shows, parade routes, competition courses, etc.): _____

ρ Number and location of temporary signs/banners: _____

ρ Number and location of promotional visual effects: _____

ρ Watercraft: _____

ρ Aircraft: _____

ρ Types & Location of On-Site Advertising (banners, balloons, posters, flyers, air structures, signs, etc.):

ρ Date(s) and times of setup/ breakdown: _____

ρ Name(s) and Type of Musical Bands to Perform (dates & times of performance): _____

ρ Noise Abatement Requirements: _____

ρ Adjoining Properties Impacted (Notification needed?): _____

ρ Location, Dates and Times for Alcohol Ordinance Open Container Waiver: _____

ρ Alcohol Sale Requirements (Temporary license, commercial establishment license, etc): _____

ρ Handicapped Accessibility: _____

Items Outstanding:

ρ Outstanding Fees: \$ _____

ρ Site Plan Sketch

- ρ 501(C) (3) Certificate of Exemption

- ρ Nonprofit Articles of Incorporation, Charter and Mission Statement

- ρ Consent Letter (event property): property owners on which Special Event location is held (if not held on city property)

- ρ Fire resistive rating certificates (tents, fabrics, etc.)

- ρ Schedule Fire, Building/Electrical Inspections

- ρ Schedule Pre/Post Sanitation Inspections

- ρ Example of Special Event vendor permits provided

- ρ Special Event Certificate of Insurance- City as “Additional Insured”
(if carnival, aircraft or watercraft rides are planned, need certificates from those vendors)
List Certificates required, _____

- ρ Required Permits (federal, state, local): _____

- ρ Alcohol License (copy)

- ρ _____

- ρ _____

- ρ _____

PRE-PLANNING MEETING

Name of Special Event: _____ Date _____

Persons Attending Planning Meeting:

Name	Representing	Position	Phone #

