



Town of Indian Shores
19305 Gulf Boulevard
Indian Shores, FL 33785
(727)-595-4020

TOWN OF INDIAN SHORES SPECIAL EVENT PERMIT APPLICATION
NON-BEACH RELATED EVENTS

Applicant

Name of Applicant: _____

Name of Organization (if applicable): _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Event Information

Event Type (description): _____

Event Location: _____

Event Date & Time (Start & Finish): _____

Anticipated Crowd Size: _____

If music will be used describe: _____

Check all that apply:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Police Dept. assistance for traffic/crowd control will be needed
<input type="checkbox"/>	<input type="checkbox"/>	Tents will be used (Provide fire and wind certification from tent vendor)
<input type="checkbox"/>	<input type="checkbox"/>	Temporary fence/gate(s) will be used. (Show location, height & gate size on site plan)
<input type="checkbox"/>	<input type="checkbox"/>	There will be live music. (show proposed location for DJ or band set-up on site plan)

MUST ATTACH A SITE PLAN OF THE EVENT SITE INCLUDING: SET UP, PARKING, TENTS, TEMPORARY FENCE/GATES & LIVE MUSIC.

The Police Department may visit an event site during the event for purposes of evaluating safety issues/concerns & has the right to shut down an event for safety reasons

SITE PLAN FOR SPECIAL EVENTS
THIS PAGE MUST BE FILLED OUT.

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The applicant BY SIGNING shall also agree to indemnify, defend and hold the town, its officials, employees, agents and assigns harmless from any liability or damage or claims that may occur during or arising out of the permitted special event. The applicant may be required to post an appropriate performance bond to ensure that the proper cleanup, damage, and fees are paid after the completion of the use.

Applicant Initials_____

Should the special event require town or governmental services, the applicant shall pay a reasonable fee for those services. This fee shall be based on the scope of services provided for the special event and no greater than the actual cost to the governmental agency applying the services.

Applicant Initials_____

Applicant signature_____

Date____ / ____ / ____

Once all the required documentation is provided, this event application will be routed to all applicable departments for approval. You will be notified when approved or if additional information is required.

****TOWN STAFF USE ONLY****

Town Staff please mark the applicable box, sign and date and deliver to the next department for review.

Town Clerk's Office: ☐ Approved ☐ Disapproved ☐ N/A

Sign _____ Date _____

Building/Zoning: ☐ Approved ☐ Disapproved ☐ N/A

Sign _____ Date _____

Police Department: ☐ Approved ☐ Disapproved ☐ N/A

Sign _____ Date _____

Fire Department: ☐ Approved ☐ Disapproved ☐ N/A

Sign _____ Date _____