



For Internal Use Only:
Date Received:
Date Permit Issued:
Permit #:

**WAKULLA COUNTY PARKS AND FACILITIES DEPARTMENT
ALCOHOL PERMIT APPLICATION**

1. Applicant Information

Individual's Name: _____ Phone #: _____

Address (city, state, zip): _____

Is Application being filed on behalf of an entity or individual other than the Applicant? (check one)

Yes____ No____

If yes, please provide the name, address, and phone number of such other entity or individual and the attached Authorized Representative Form from the entity or individual for whom Application is filed:

Entity Name: _____ Phone #: _____

Authorized Head of Organization: _____

Address (city, state, zip): _____

2. Event Information:

Location of Event _____ Date(s) of Event _____

Hour(s) of Event _____

Description or Type of Event (including expected audience): _____

Expected number of Participants (volunteers, employees, vendors, etc.): _____

Expected number of Attendees: _____

3. Facilities, Equipment and Services Required for Event to the extent applicable (please attach site plan for layout of facilities for event – site plans available from Wakulla County Parks and Recreation Website)

Structures (i.e., stages, tents, trailers, etc.): _____

Bathroom, Toilet, and other Sanitation Facilities (number and type): _____

Parking (on-site and off-site): _____

Means of Ingress and Egress to Event (include means of pedestrian access and emergency vehicle access):

Buffering for Adjacent Residential Properties: _____

Signage: _____

Electricity and Lighting: _____

Public Safety/Security: _____

Traffic Control: _____

Medical Facilities/Personnel: _____

Solid Waste: _____

Cleanup: _____

Other (attach additional sheets if necessary): _____

I hereby certify and affirm that the above information, along with any additional forms, supplements, and attachments are true and correct. I understand that providing untrue or false statements in this Application may result in the immediate denial or revocation of any Permit that may be issued under the Wakulla County Special Events Ordinance. I agree to indemnify and hold the County, its officers, agents and employees harmless against all liability, including court costs and attorney's fees, and attorney's fees on appeal, for any and all claims for damage to property, or injury to or death of persons arising out of, or resulting from the issuance of the Alcohol Permit or the conduct of the assembly or event or any of its participants.

Signature of Applicant: _____ **Date Application Submitted:** _____

For Internal Use Only:

Necessary Approvals:	<u>Name</u>	<u>Signature</u>	<u>Date</u>
Planning Director:	_____	_____	_____
Sheriff's Department:	_____	_____	_____
Department of Health:	_____	_____	_____
EMS Director:	_____	_____	_____
Parks and Facilities Director:	_____	_____	_____

**Supplement to Special Events Permit Application
For Events Involving Alcoholic Beverages**

1. List any and all alcoholic beverages that will be served or sold at the event:

2. Describe where and how alcoholic beverages will be sold at the event (i.e., in a hospitality or VIP area, the entire venue, or park, and glass, bottle, plastic cup, etc.). Please note the location(s) where alcoholic beverages will be sold and/or consumed should be reflected in the site plan. _____

3. Times during which alcoholic beverages will be served and sold, and may be consumed: _____

4. Describe any advertising for the alcoholic beverages: _____

5. Describe your plan for ensuring that alcoholic beverages are consumed responsibly, including who will be selling and serving beverages, training for such individuals, and steps that will be taken to ensure that alcoholic beverages are only sold, served, and consumed by persons at least 21 years of age or older (use additional sheets if necessary): _____

6. Please attach the following documentation:

- a. A certificate of liquor liability insurance from an insurance company rated "A". This insurance shall be in the amount of at least \$3,000,000.00 per occurrence and shall name Wakulla County as an additional insured for the date(s) of the event.
- b. The damage deposit of \$500.
- c. State of Florida 1-3 day alcohol temporary sales permit or current State of Florida license to sell alcoholic beverages.

**WAKULLA COUNTY
PARKS AND FACILITIES DEPARTMENT**

**SPECIAL EVENT PERMIT APPLICATION
AUTHORIZED REPRESENTATIVE FORM**

I, _____, hereby authorize _____ to serve as the representative of _____, with respect to the Special Event Permit Application Process. _____ has been delegated all necessary authority to file the application and make all representations required in the Wakulla County Special Events Ordinance found at ss. _____, Wakulla County Code of Ordinances. I represent and understand that Wakulla County shall have no liability with respect to the Application or the proposed Special Event based on the filing of the Special Event Permit Application, and shall have no obligation other than the obligation to review the Application as required in the Special Events Ordinance.

Name of Organization or Entity: _____

Organizational Representative Name: _____

Organizational Representative Signature: _____