

TAB 6



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Halloween Social
APPLICANT: Palmetto Hist. Commission
ADDRESS: 515 10th Ave. W. - Palmetto
CONTACT: Mandy Polson

EVENT DATE: Oct 29
EVENT TIME: 5:30 pm
PHONE: _____
PHONE: 723-4991

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Costume Contest
Trick or Treating, Crafts, Alex's Lemonade (sponsored
By PHP), Demetrios pizza food vendor (insurance
to follow)

ANTICIPATED ATTENDANCE: _____

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: Traffic Control: _____ Security: _____ Other: _____
PUBLIC WORKS: Barricades: _____ Clean-up: _____ Set-up: _____ Other:

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
Proposed location(s): _____

INSURANCE REQUIREMENT: Insurance naming the City of Palmetto as an "Additional Insured" must be provided to the City Clerk ten (10) days prior to any event that is part of the Special Function Permit.

Please review Exhibit A for insurance coverage requirements. To purchase insurance policies of appropriate coverage through the City, please complete and submit the Special Events Application Quote Form (Exhibit B).

The Special Function Permit Application must be submitted to City Clerk's office at least 30 days prior to the event.

Sale or consumption of alcoholic beverages on City property is strictly prohibited.

If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

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PLEASE CONTINUE TO PAGE 2.

★ need 6th St. blocked off between 10th Ave + 11th Ave -
@ 4:30 pm - 9 pm

★★ would like to borrow the generator (used it
the last couple of years)

EVENT: Halloween Event Date: Oct. 29

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION
CONDITIONS.

[Signature]
Permitter

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	Date	<u>8-11-10</u>
Risk Management	_____	Date	_____
Parks Department	_____	Date	_____
Police Department	_____	Date	_____
North River Fire	<u>[Signature]</u>	Date	<u>8/9/10</u>
APPROVED BY COMMISSION:	_____	Date	_____

Internal use only
Date Received: _____

Special Function Permit Application
Page 2

EVENT: Halloween

Event Date: Oct. 29

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION
CONDITIONS.

[Signature]
Permittee

CITY APPROVAL:

Public Works Director _____

Date _____

Risk Management _____

Date _____

Parks Department _____

Date _____

Police Department [Signature]

Date 08/09/10

North River Fire _____

Date _____

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: _____