



# CITY OF PANAMA CITY BEACH

116 S Arnold Road, Panama City Beach FL 32413  
850-233-5100, ext 6858 email: specialeventpermit@pcbfl.gov

## SANDY BEACH EVENT PERMIT APPLICATION

### APPLICATION DUE DATE DEADLINES BASED ON DATE and SIZE OF EVENT {Sec 4-20(1)}

**Small Event (<500 persons):** 20 Calendar Days prior to the first day of the event

**Medium Event (500-5000 persons):** 30 Calendar Days prior to the first day of the event or 60 Calendar Days if event is held in whole or in part during the month of March, Memorial Day weekend, 4th of July and its closest weekend or Labor Day weekend.

**Large Event (5000+ persons):** 60 Calendar Days prior to the first day of the event

\*Also REQUIRES Pre-Event Conference with the City

Submittal Date: \_\_\_\_\_  Application is tardy **\*\*Black-Out Dates may apply to events at Aaron Bessant Park**

*If application is tardy, the event promoter must stand willing and able to deposit a sum of money to cover any overtime for City staff to conduct an ordinary review of the application.*

### EVENT INFORMATION

Event Name: \_\_\_\_\_

Date(s) and times of Event each day:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_

**Size of event** - Expected maximum attendance:

Small Event: <500 persons

Medium Event: 500-5000 persons

Large Event: 5000+ persons

**Venue / Event Location Name:** \_\_\_\_\_

Upland Property Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail / Website Address: \_\_\_\_\_

**Estimated max # of patrons at one time:** \_\_\_\_\_ Square Footage of FENCED Event Site: \_\_\_\_\_

How was such attendance estimated (i.e., historical events, ticket sales, etc.)?

**\*Square feet divided by seven determines number of people allowed at a sandy beach event site.**

**\*If the event is to be held on the sandy beach and at any other locations, please attach all location information**

**Type of Event {Sec.4-20}**

Patrons permitted to bring alcohol into event

Alcohol sales event

No alcohol event

**Event Description** - List Activities, Goods, Services and/or Entertainment to be offered at Event

\_\_\_\_\_  
\_\_\_\_\_

**Please provide information for all entertainers {Sec 4-20(2.d.)} \*If more than two, attach additional pages.**

Name: \_\_\_\_\_ Entertainer Type: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Entertainer Type: \_\_\_\_\_

Address: \_\_\_\_\_

**VENUE PROPERTY OWNERSHIP INFORMATION AND USE AUTHORIZATION**

Venue Property Owner Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Acting Agent (if applicable): \_\_\_\_\_ Phone Number: \_\_\_\_\_

*If an agent will be acting on behalf of the property owner with regard to the special event permit application and any associated procedures, the property owner's permission and notarized signature is required:*

\_\_\_\_\_ is a representative of \_\_\_\_\_  
(Acting Agent) (Property Owner - printed name)

and is authorized to act as my agent with regard to this application and associated procedures.

\_\_\_\_\_  
(Property Owner's Signature)

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_ Notary Name \_\_\_\_\_

Seal

Sworn to (or affirmed) and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, Personally known  or I.D. \_\_\_\_\_

*Unless provided in a separate document, the applicant shall provide written notarized permission from the property owner and/or acting agent to conduct the event and associated activities on the property as well as permission for all attendees and participants to use the restrooms of the property. This is required in addition to submittal of the application and a complete site plan. Additional plans, documents, and reports may be required as deemed necessary by the City Manager or his designee.*

\_\_\_\_\_ has permission of \_\_\_\_\_  
(Applicant's Name) (Property Owner or Acting Agent authorized above)

to set up and conduct business on our property. Additionally, patrons will be allowed access and use of existing business restrooms.

\_\_\_\_\_  
(Property Owner's Signature)

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_ Notary Name \_\_\_\_\_

Seal

Sworn to (or affirmed) and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, Personally known  or I.D. \_\_\_\_\_

***\*If part of the special event will be held at Aaron Bessant Park, Frank Brown Park, or on other City of Panama City Beach property, this page may be substituted with a completed and approved special event agreement from the PCB Parks and Recreation Department for that portion of the event.***

**PLANS AND INFORMATION DETAILS FOR SPECIAL EVENT {Sec 4-20(2.v.)}**

**Applicant shall provide to the City detailed plans as required per City Ordinances Chapter 4, Article 2 to allow the City to evaluate and assure that the proposed event will not pose an unreasonable danger to public health and safety and will not excessively burden municipal resources without adequate planning so as to create such a danger. A site map for the event illustrating the location of any tents, stages, viewing platforms, port-a-lets, parking, waste receptacles, etc. shall also be provided.**

**Attendance Plan {Sec 4-20(2.f.)}**

A plan for: (i) determining the actual number of persons in attendance at the event venue as the event progresses; (ii) keeping the City informed in real time of that number; and (iii) a plan to manage and control or disburse the persons desiring to enter the event after capacity is reached.

Who will be responsible for this attendance estimation?

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Prior Experience in estimating attendance: \_\_\_\_\_

Additional information attached: Yes  No

**Sanitation Plan {Sec 4-20(2.g.)}**

Plan for sanitation facilities and sewage: location of restrooms and garbage/litter receptacles including a plan for the disposal (during and after the event) of such generated by the event or by its patrons and the location of any water supply and food service.

Number of portable sanitary facilities provided: Standard \_\_\_\_\_ Handicap \_\_\_\_\_

Included on attached site plan: Yes  No

**Lighting Plan {Sec 4-20(2.h.)}**

A plan for flood-lighting the special event and parking areas if any activities are to be offered during darkness.

Included on attached site plan: Yes  No

**Transportation and Parking Plan {Sec 4-20(2.i.,2.m.)}**

A plan for parking facilities including parking areas, handicap parking spaces, any off-site parking areas and pick up/drop off-sites; plans for transporting patrons from said facilities to the special event venue if applicable. For a sandy beach event, the site plan shall show a cleared east/west corridor on the sandy beach outside the event venue adequate to permit the one-way passage of an emergency vehicle, and a cleared east/west pedestrian corridor at and above the wet sand at the water's edge at least twenty-five (25) feet wide.

Included on attached site plan: Yes  No

**Traffic Control, Security, and Emergency Access Plan {Sec 4-20(2.j.)}**

A plan for the provision of security, on site and off site traffic control, and emergency services communication and access in and around the event venue.

At least one (1) person professionally trained or experienced in vehicular traffic control is required for every five hundred (500) anticipated, maximum attendees.

For a "cooler event" at least five (5) security officers/LEOs shall be on duty for every one thousand (1,000) attendees or portion thereof. For an "alcohol sales event" at least three (3) persons on duty for every one thousand (1,000) attendees or portion thereof and for a "no alcohol event" at least one (1) person for every one thousand (1,000) attendees or portion thereof.

Number of Traffic Control professional(s): \_\_\_\_\_ Number of Security Officers/LEOs: \_\_\_\_\_

**Medical Services Plan {Sec 4-20(2.k.)}**

A plan for medical services to be provided at the special event.

Medical personnel shall be prohibited from working more than one 12-hour shift in any 24-hour period.

For a small event no EMTs are required. For a medium event: two (2) Emergency Medical Technicians / paramedics shall be on site. For a large event: two (2) EMTs / paramedics shall be on site plus an additional two (2) such persons for each eight thousand (8,000) anticipated maximum attendees, or portion thereof, over five thousand (5,000) anticipated maximum attendees.

Number of Medical personnel professionals: \_\_\_\_\_

**Temporary Structures {Sec 4-20(2.l.)}**

A plan for assuring that all stages, booths, tents, scaffoldings or structures of any kind on, under or within which persons may congregate, will conform to applicable building and construction codes and be permitted and inspected as applicable. Any entertainment stage erected on the sandy beach will be guarded by a certified LEO/security officer to prevent unsafe, public use or activity on or about the stage twenty-four (24) hours a day, seven (7) days a week.

Total Number of Tents on Property (Over 10' x 10'): \_\_\_\_\_

Size of Tents: \_\_\_\_\_ of \_\_\_\_\_ ; \_\_\_\_\_ of \_\_\_\_\_ ;  
                  (# of tents)                   (size)                   (# of tents)                   (size)  
\_\_\_\_\_ of \_\_\_\_\_ ; \_\_\_\_\_ of \_\_\_\_\_ ;  
                  (# of tents)                   (size)                   (# of tents)                   (size)

For a large event outdoors, a plan to provide elevated viewing platforms to permit event security and police to oversee the crowd and be able to identify and respond to a disturbance or unusual activity before it escalates.

Will there be any elevated viewing platforms? Yes  No

\_\_\_\_\_ Included on attached site plan: Yes  No

Will there be any other temporary structures to be provided? Yes  No

If yes, please describe the nature/intent: \_\_\_\_\_  
\_\_\_\_\_ Included on attached site plan: Yes  No

**Pedestrian Access Plan {Sec 4-20(2.n.)}**

A plan to provide and control safe pedestrian access between parking area(s) and the event venue. For a sandy beach event a plan to keep the east/west emergency vehicle corridor and the waterfront pedestrian corridor open for traffic at all times must be provided.

\_\_\_\_\_ Included on attached site plan: Yes  No

**Contingency Plans for Excess Persons or Insufficient Parking {Sec 4-20(2.o.)}**

A plan to deal with persons congregating outside the event in public right of ways either seeking entry to the event or attracted to the event.

\_\_\_\_\_ Included on attached site plan: Yes  No

**Controlled Access Points Plan {Sec 4-20(2.p.)}**

A plan to enclose, restrict or control access to all parking at the event venue and to limit the number of persons within the event venue to the maximum number anticipated.

\_\_\_\_\_ Included on attached site plan: Yes  No

**Event Space Enclosure Plan {Sec 4-20(2.q-r.)}**

For a medium or large event held in any part on the sandy gulf beach, the event space on the sandy beach event venue will be enclosed on all sides by fences or other structures adequate to prevent access to the event at any point other than controlled access gates, and will also have adequate egress facilities and routes to clear the event venue in case of an emergency. If any entertainment or activity is provided for the event which is reasonably likely to attract a crowd outside the event venue, the fences or other structures shall be opaque and a minimum of six (6) feet high so as to prevent persons standing on ground level outside the fence or event venue from viewing the entertainment; except that in lieu of a six (6) foot opaque fence on the gulf water side there may be substituted two (2) parallel fences each a minimum of four (4) feet high lying parallel to the gulf water's edge and no less than ten (10) feet apart.

During sea turtle nesting season, the fences are to be removed from the beach daily before 9:00 p.m. and not replaced until after the beach has been inspected for turtle nests the next morning.

\_\_\_\_\_ Included on attached site plan: Yes  No

**Live Animal Plan {Sec 4-20(2.t.)}**

Will live animals be used in connection with the event: Yes  No

If so, a plan for the care and safe keeping of such animals.

\_\_\_\_\_ Additional information attached: Yes  No

**VENDOR INFORMATION FOR BUSINESS TAX RECEIPT**

Promoter/Vendor/Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have a valid City Business Tax Receipt? Yes  No  (Required unless exempted by State law.)  
Do you have a valid Portable Food Vending License? Yes  No  (Required from DBPR)  
Is a Vendor List provided with this application? Yes  No

***\*If multiple vendors will be present, a vendor list and contact information for each vendor will be required no later than 36 hours prior to the event.***

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

If applicant is not a natural person, names and addresses of all persons controlling or owning 5% or more interest in entity named above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Included on attached site plan: Yes  No

The applicant/authorized agent signed below understands that this application is not considered complete unless all applicable questions have been answered and all attachments included in accordance with the PCB Code of Ordinances Chapter 4 and with any other documentation required by the City. Submission of a Special Event Application does not guarantee event approval; a final permit will not be issued until all approvals have been granted and all applicable requisites have been met as determined by the City.

The applicant/authorized agent signed below understands that the City Manager shall accept a tardy application if (i) City staff has the capacity to conduct an ordinary review of the application without causing material neglect of other staff duties or, (ii) the event promoter stands willing and able to pay a sum of money to cover any overtime for City staff to conduct an ordinary review of the application. If staff volunteers such overtime, then the City will use reasonable efforts to process a tardy application in time to allow the event to be held. Applications shall be reviewed in the order received and priority shall be given to timely filed applications.

The applicant understands that any permits allowing for vehicles on the sandy beach are separate from this application and will be handled by the Police Department of the City of Panama City Beach per the PCB Code of Ordinances Chapter 7.

The applicant shall obtain any other required permits and authorizations from all applicable governing agencies or departments as needed independent of this Special Event Application. All events which are accessible to the public, ether as an open event or by the purchase of a ticket, are subject to the requirements of the Americans with Disabilities Act as those requirements may apply to the event. Event holders and vendors are required by to familiarize themselves with and comply with ADA requirements applicable to the venue and event. Any questions should be directed to the City’s ADA coordinator at ADA@pcbfl.gov or 850-233-5100.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Event Name: \_\_\_\_\_

**APPLICATION REVIEW COMMENTS AND DEPARTMENTAL APPROVAL**

- Lighting Plan     Transportation/Parking
- Traffic Control     Security Personnel
- Emergency Access Plan     Pedestrian Access
- Controlled Access     Excess Persons Contingency
- Barricades / Road Closures

Approval: \_\_\_\_\_  
*(Police Chief or Office Official Signature)*

**Police Department Comments:** \_\_\_\_\_  
\_\_\_\_\_

- Emergency Access Plan
- Fire Department Comments:** \_\_\_\_\_  
\_\_\_\_\_

Approval: \_\_\_\_\_  
*(Fire Chief or Office Official Signature)*

\_\_\_\_\_ *Printed Name*                      \_\_\_\_\_ *Date*

- Emergency Access Plan     Medical Personnel
- Medical Services Comments:** \_\_\_\_\_  
\_\_\_\_\_

Approval: \_\_\_\_\_  
*(Bay Co Med Serv Dir or Office Official Signature)*

\_\_\_\_\_ *Printed Name*                      \_\_\_\_\_ *Date*

**Code Enforcement Comments:** \_\_\_\_\_  
\_\_\_\_\_

Approval: \_\_\_\_\_  
*(Code Enforcement Officer Signature)*

\_\_\_\_\_ *Printed Name*                      \_\_\_\_\_ *Date*

**Planning Division Comments:** \_\_\_\_\_  
\_\_\_\_\_

Approval: \_\_\_\_\_  
*(Planning Division Signature)*

\_\_\_\_\_ *Printed Name*                      \_\_\_\_\_ *Date*

- Sanitation Plan     Temporary Structures
- Building Division Comments:** \_\_\_\_\_  
\_\_\_\_\_

Approval: \_\_\_\_\_  
*(Building Code Administrator Signature)*

\_\_\_\_\_ *Printed Name*                      \_\_\_\_\_ *Date*

**SPECIAL EVENT FEES {Sec 4-21(1); Sec 4-20(2); Ch. 14; LDC 5.03.04, 10.14.02}**

|                        |  |
|------------------------|--|
| <b>Application Fee</b> | Small Event \$50 <input type="checkbox"/> Medium Event \$225 <input type="checkbox"/> Large Event \$350 <input type="checkbox"/> |
|                        | <b>Amount Owed:</b> _____ Received on: _____ Received By: _____  |
|                        | <i>(payable to PCB Building Division)</i>  |

|                |  |
|----------------|--|
| <b>Deposit</b> | Medium Event \$1000 per day (\$2000 min, \$5000 max) <input type="checkbox"/> _____ days |
|                | Large Event \$1500 per day (\$3000 min, \$6000 max) <input type="checkbox"/> _____ days  |
|                | <b>Amount Owed:</b> _____ Received on: _____ Received By: _____                          |
|                | <i>(payable to PCB Building Division)</i>  |

|                  |   |
|------------------|---|
| <b>Tent Fees</b> | (tents over 10' by 10' x \$65 per tent) _____ tents             |
|                  | <b>Amount Owed:</b> _____ Received on: _____ Received By: _____ |
|                  | <i>(payable to PCB Building Division)</i>                       |

|                             |   |
|-----------------------------|---|
| <b>Business Tax Receipt</b> | \$50 <input type="checkbox"/> <b>Amount Owed:</b> _____ Received on: _____ Received By: _____ |
|                             | <i>(payable to PCB Business Licensing Division)</i>   |

**CITY MANAGER COMMENTS AND APPROVAL**

City Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_