



City of Alachua Special Event Information Form

FOR OFFICE USE ONLY
 Application Required
 Application Not Required

Special Events, including those that are sponsored or co-sponsored by the City of Alachua, require completion of this form. You must provide all applicable information for the form to be considered complete. Incomplete forms will not be accepted.

A. PROCESS

- Contact the City of Alachua prior to planning your special event to determine whether the proposed special event is consistent with the Comprehensive Plan and Land Development Regulations (LDRs), any other applicable regulations, and to discuss any City services which may be required to serve your event.
- Submit this form to Planning & Community Development Department a minimum of thirty (30) calendar days prior to the commencement of the special event.

B. APPLICANT

- Event Name: _____
- Applicant's Status Owner of Property Tenant (*if tenant, attach property owner authorization letter*)
- Name of Applicant(s) or Contact Person(s): _____ Title: _____
Corporation/Organization Name and/or D.B.A.: _____
State of Incorporation: _____ Tax ID #: _____
City of Alachua Local Business Tax #: _____ Sales Tax #: _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: () FAX: () e-mail: _____
- If the applicant is Tenant:
Name of Owner: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
- List all Promoter/Co-Sponsor of Event (if applicable)*: _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: () FAX: () e-mail: _____

* If there are additional promoters/co-sponsors, you may attach a separate sheet with promoters/co-sponsors information.

- Contact Person for Day of Event: _____ Title: _____
Telephone: () Cellular Phone: ()

C. EVENT LOCATION

- Address of Subject Property: _____
- Tax Parcel Number(s): _____
- Existing Use of Property: _____
- Acreage: _____
- Existing Structures on the Property (Number & Square Footage): _____

- Number of Striped Parking Spaces on Site: _____

D. EVENT INFORMATION

1. Type of Event (check all that apply):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Cultural Event | <input type="checkbox"/> Musical Event | <input type="checkbox"/> Celebration |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Fair | <input type="checkbox"/> Carnival |
| <input type="checkbox"/> Circus | <input type="checkbox"/> Communal Camping | <input type="checkbox"/> Other: _____ |

2. Date(s) of Event: _____

3. Operating Hours of Event: From: _____ To: _____

4. Set-Up Date & Time: _____

5. Breakdown Date & Time: _____

6. Provide a detailed description of the nature of your event (you may attach additional information on a separate sheet): _____

7a. Estimated Attendance: _____

7b. Past Attendance (if applicable): _____

8. Are you requesting City co-sponsorship? Yes No
 If yes, what services and/or contributions are you requesting (you may attach additional information on a separate sheet)? _____

9. Will the event be held on private property? Yes No

10. Will the event be held at a private residence or within common area of a multifamily residential development? Yes No

11. Will the event be held on public property, such as a City park or recreational area? Yes No

12. Will the event take place in whole or in part within public right-of-way? Yes No

13. Are patrol/detail services provided by Alachua Police Department (APD) requested? Yes No

***NOTE:** If yes, you must contact APD to discuss the Department's requirements. In addition, police officers and/or patrol cars may be required by the City, and shall be determined at the City's sole discretion. Any police services will be subject to the Alachua Police Department's Extra Duty Policy.

14. Will this event require the services of any other City Department(s), including, but not limited to, Public Services Department or Recreation Department*? Such services provided by other City Departments may include assistance in the set-up of the event (i.e., road closure), day-of assistance, and/or post-event assistance (i.e., road re-opening). Yes No

***NOTE:** Discuss what services may be required to serve the event with the Planning & Community Development Department prior to submission of this application.

TO BE COMPLETED BY PLANNING STAFF PRIOR TO SUBMISSION OF FORM:		
Reviewed by: _____	Review Date: _____	
Event Occurs on:	<input type="checkbox"/> Private Property	<input type="checkbox"/> Public Property <input type="checkbox"/> Public ROW
APD Patrol/Detail Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Services Department Services Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recreation Department Services Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No