



SPECIAL EVENT PERMIT APPLICATION

APPLICANT INFORMATION

Name: _____ Email: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Telephone Numbers Day: _____ Cell: _____ Fax: _____

EVENT ORGANIZER

(If different than
Applicant)

Name: _____ Email: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Telephone Numbers Day: _____ Cell: _____ Fax: _____

EVENT INFORMATION

Title of
Event: _____

Purpose of
event: _____

Event
Location/Park: _____

Site within park (including
shelter #'s): _____

Event Date /
Time: _____

No of Days: _____

Expected
Attendance: _____

EVENT LOGISTICS

1. Vendors (vendors Must be Approved by Pinellas County):
2. Entertainment (detail typ of entertainment; example: bands, DJ, dancers, clowns, etc):
3. Sound system and hours of amplified sound. Describe Equipment to be used (i.e. PA systems, microphones, speakers, amps):

TERMS OF AGREEMENT

As the applicant, I hereby accept and understand the responsibility to oversee all contractors, vendors or parties affiliated with the event and to insure compliance with all policies, rules and regulations, and guidelines of Pinellas County Parks and Recreation Department and the regulations listed below. I understand that any violations may result in immediate cancellation of the reservation and/or revocation of the permit. I understand the permit is nontransferable and nonrefundable.

- A completed special event application must be submitted a minimum of fifteen working (15) days prior to the event.
- A certificate of insurance for the event and all vendors must be submitted seven (7) days prior to the beginning of the event and should also name the Pinellas County Board of County Commissioners as additional insured. All requirements and payments are due seven (7) days prior to the event.
- I agree to abide by all park rules and regulations. See attachment.

Applicant's
Signature: _____

Date: _____

If you have questions, please call Sand Key Beach Services at (727) 593-3939

Send Completed Application to:

Sand Key Beach Services
1 Causeway Blvd,
Dunedin, FL 34698
Or Email to:
events@weddingsonsandkeybeach.com
Or Fax to: 727-733-1358

FOR OFFICE USE ONLY

Your signature indicates your approval of the event

Park Supervisor

Operation

Comments: _____