



City of Brooksville Parks & Recreation Special Event Application

Date Received: _____

Date: _____ Approved Denied

The submission of this application does NOT guarantee approval. Do not publicize your event until approval has been confirmed with a special permit. If your event is approved, your confirmation will be in the form of an Event Agreement issued to the Applicant. All applicable fees and charges will be invoiced once an Event Agreement is signed by the Applicant and the City.

APPLICATION DEADLINES & LATE FEES

In order to properly review and event application, the City of Brooksville requires adequate time to determine if the event is feasible considering all logistics and details including the size and scope of the event, traffic and pedestrian safety, security, and any other related concerns. In addition, the City of Brooksville reserves the right to deny an application that is not submitted by the deadline date. If a late application is accepted, and the event is approved, the applicant will be assessed a late fee. See page 5 of the Event Policy & Procedure Manual.

Event Attendance	Application Deadline
Up to 250	60 Days prior to proposed event date
250–599 or Existing Major Events without changes*	120 Days prior to proposed event date
New Major Events or Existing Major Events with changes	150 Days prior to proposed event date

**If there is a change in scope (number of days, extended hours, expanded footprint, activities, additional road closure) the review process is the same as a new major event and the application deadline is 5 months prior to the proposed event date.*

APPLICANT

Name of Applicant: _____
(Must be 21 years of age or older)

Title (if applicable): _____

Name of Organization / Business: _____

Tax Exempt? Yes No If yes, please provide documentation. Non-Profit? Yes No If yes, please provide documentation.

Mailing Address Street City State Zip

Daytime Phone Cell Phone E-mail

EVENT INFORMATION

Event Title: _____

Event/Organization Web Address: _____

Event Location(s): _____

Event Date(s) & Time(s):

Date	Day of Week	Start Time	End Time
- -	_____	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM
- -	_____	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM
- -	_____	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM

Setup Dates(s): _____ Time(s): _____ to _____

Cleanup Dates(s): _____ Time(s): _____ to _____

Description of Event: _____

Will this be an Annual Event? Yes No If yes, next year's date(s) _____