

CITY COUNCIL:
Tracey Dickey
Elizabeth Brannon
Eddie Farris
Bud Day
Elizabeth Haffner

CITY MANAGER:
Mark Martin



MAYOR:
Russ Barley

CITY CLERK:
Kathie Gatewood

112 State Hwy 20 West
Freeport, FL 32439
Phone: (850) 835-2822
Fax: (850) 835-3137
www.freeportflorida.gov

**CITY OF FREEPORT
SPECIAL EVENTS PERMIT APPLICATION
Council Approved 09122023**

Name of Proposed Event: _____

Event Date(s) & Hours of Operation: _____

Application Date: _____ Application due 45 days in advance of event

Name of Permit Applicant: _____

Applicant Information

Applicant's Mailing Address: _____

Applicant's Phone Number: _____ Fax Number: _____

Applicant's Cell Phone: _____ E-Mail address: _____

Property Owner Information

Property Owner Name (submit proof of ownership): _____

Property Owner's Mailing Address: _____

Property Owner's Phone Number: _____ Fax: _____

Property Owner's Mobile: _____ E-Mail: _____

Parcel Identification Number: _____
(from Walton County Property Appraiser Website)

**CITY OF FREEPORT
SPECIAL EVENTS PERMIT APPLICATION – CONTINUED**

Property Owner Information

Property's 911 Address: _____

Driving Directions to Event Site from Freeport City Hall – 112 Highway 20 West:

Intended Use of Property / Reason for Event:

Will this event allow the sale and/or service of alcoholic beverage? Yes No

Will this event utilize music, loudspeakers, or sound systems? Yes No

If yes, please specify: _____

Event Date(s): _____ Anticipated Crowd Size: _____

Is the event open to the public? Yes No

What restroom facility arrangements are being made? _____

What first aid arrangements are being made? _____

What parking arrangements are being made? _____

What security arrangements are being made? _____

REQUIRED SUBMITTALS*

1. If event requires road closures, coordination and approval must be made with the Walton Council Sheriff's Office and Florida Department of Transportation (for state roads) prior to submission of application. Proof of approval **MUST BE** submitted with application to be considered.
2. Proof of Ownership (recorded deed, mortgage agreement, or deed contract)
3. Notarized letter from Property Owner granting permission for individual listed to conduct specified event at the specified location if applicant is other than the property owner.
4. Current, valid Property development order for premises or Certificate of Occupancy for structures.
5. Site plan showing set-up of special event/vending operation including but not limited to structures, parking areas, setbacks) 25 feet front, 20 feet rear, 10 feet sides), and various activities to take place during event.
6. Application fee: \$250.00 payable to the City of Freeport.
7. Temporary signage permits available through the Freeport Planning Department.
8. Proof of Liability Insurance.
9. Food handlers license from all food vendors including permanent restaurant facilities.
10. For events serving alcohol, an approved temporary license from DBPR's Division of Alcoholic Beverages and Tobacco, is required.

*The City of Freeport reserves the right to request additional information which may be necessary for the review and completion of this application.

SPECIAL EVENT PERMITS ARE VALID FOR A MAXIMUM OF FIVE DAY(S) INCLUDING THE DAY OF THE EVENT, TO TWO DAYS PRIOR TO THE EVENT FOR SET-UP AND TWO DAYS FOLLOWING THE EVENT FOR BREAK DOWN AND CLEAN UP

837.06 False official statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

I have read and understand that the Freeport City Council has final discretion regarding special event permits, and that the City may impose limitations or conditions regarding the special event, will be stated on the Special Event Permit issued by the City.

I understand that the Applicant will be held responsible for reasonable cleanup/repair of the event site following the event. Should the site be left in an unsatisfactory nuisance condition after the event, that should the City find it necessary to conduct cleanup and/or repair following the event, the Applicant will be billed for the City's labor and materials to conduct the cleanup/repair.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

State of _____ County of _____

Sworn to and subscribed before me by means of physical presence or online notarization this _____ day of _____, 20____.

Notary Signature: _____ Printed Name _____

Personally Known: ___ (or) Produced the following as Identification: _____