

**CAPITAL REGION COMMUNITY DEVELOPMENT DISTRICT**  
**SPECIAL USE APPLICATION**

**ADOPTED: OCTOBER 8, 2009**

# **CAPITAL REGION COMMUNITY DEVELOPMENT DISTRICT** **PARK FACILITY POLICIES**

## **SPECIAL USE APPLICATION**

### **A. Generally.**

1. Any individual, organization or group may obtain a special use application to conduct an activity otherwise prohibited by the District's adopted Park Facility Policies from the District's Property Manager at Governmental Management Services, LLC, 1909 Hillbrooke Trail, Suite 1, Tallahassee, Florida 32311.
2. The District reserves the right, to be exercised by the District's Property Manager or Board of Supervisors ("Board"), to deny any application based on safety, site capacity, scheduling considerations, potential for community disturbance, other issues impacting the community or as may be in the best interests of the District. All decisions of the Board are final.
3. All persons receiving approved applications must sign a statement that they have read and agree to abide by the policies, rules and/or regulations of the District.
4. Proof of insurance (if required) and applicable deposit must be received at least five (5) business days prior to the scheduled event or assembly time.

### **B. Special Use Application Review and Approval.**

1. For special events or organized assemblies with less than thirty (30) anticipated attendees, a completed short form special use application must be returned to the District's Property Manager for review and approval/denial at 1909 Hillbrooke Trail, Suite 1, Tallahassee, Florida 32311 at least fifteen (15) business days prior to the scheduled event or assembly time. This minimum application deadline may be waived if the Property Manager determines that such a waiver will not present a hazard to the safety of the public because of the reduced time available within which to fully process the application. The District Property Manager shall act promptly upon a timely filed special use application, but in no event in less than ten (10) business days prior to the event. Applicants should take note that the Property Manager in his/her discretion may determine that a special use application should be subject to the review and approval of the District's Board of Supervisors. Such applications will be considered by the Board at their next regular meeting.
2. For special events or organized assemblies with thirty (30) or more anticipated attendees, a completed long form special use application must be returned to the District's Property Manager at 1909 Hillbrooke Trail, Suite 1, Tallahassee, Florida 32311 and will be considered by the Board at their next regular meeting. Applicants should contact the District's Property Manager regarding the Board's meeting schedule to ensure applications are submitted in a timely manner to allow adequate opportunity for the Board to meet, review, and take action on a submitted application.
3. For special events involving the service or sale of alcohol, an alcohol application form must be completed and submitted with the applicants completed long or short form special use application.

**C. Insurance and Other Requirements.** The District reserves the right, to be exercised by the District Property Manager or Board of Supervisors, to require the special use applicant to supply insurance, security, portable bathroom facilities, trash receptacles, garbage disposal and such other requirements as

may necessary for the protection of the public health, safety and welfare and District property on an event by event basis.

**D. Schedule of Deposits.** A deposit in the amount indicated in the table below is required at the time the special use application is approved. To receive a full refund of the deposit the following must be completed:

- Ensure that all garbage and litter is collected and disposed of in approved receptacles or otherwise removed.
- Remove all displays, picnic tables, chairs or other assembly or event items or remnants.
- Ensure that no damage has occurred to the District's Park Facilities or other District property.
- All attendees at the assembly or event are required to adhere to all District policies, rules and/or regulations, including as provided in the District's adopted Park Facility Policies.
- All applicable City of Tallahassee and/or Leon County ordinances, rules or regulations must be complied with.

Failure to comply with such policies, rules and/or regulations may result in the forfeiture of the deposit. If additional cleaning or any repairs are required, the individual or organization that submitted the special use application will be liable for any expenses incurred by the District to hire an outside contractor for cleaning or repair services. The District's Property Manager shall determine the amount of the deposit to return, if any.

<b>Anticipated Event or Assembly Attendance</b>	<b>Required Deposit</b>
20-29	\$150
30-39	\$300
40+	\$450

**E. Indemnification.** Each organization or individual submitting a special use application for use of a District Park Facility agrees to indemnify and hold harmless the Capital Region Community Development District and its respective officers, agents and employees from any and all liability, claims, actions, suits or demands by any person, corporation or other entity, for injuries, death, property damage of any nature, arising out of, or in connection with, the use of the District's Park Facilities, including litigation or any appellate proceedings with respect thereto. Nothing herein shall constitute or be construed as a waiver of the District's sovereign immunity granted pursuant to Section 768.28, F.S.

**CAPITAL REGION COMMUNITY DEVELOPMENT DISTRICT  
PARK FACILITY USE APPLICATION**

**SHORT FORM**



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

1. Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Hours for Setup: \_\_\_\_\_ Hours for Teardown: \_\_\_\_\_  
Location of Event: \_\_\_\_\_
2. Name of Applicant or Applying Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
Fax \_\_\_\_\_ Web Site: \_\_\_\_\_  
Non-Profit Status ID# \_\_\_\_\_
3. Name of Event Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**B. Event Information**

1. Type of Event: (Please check all that apply)  
Festival \_\_\_ Block Party \_\_\_ Foot Race \_\_\_ Benefit Walk \_\_\_  
Public Assembly \_\_\_ Concert \_\_\_ Carnival/Circus \_\_\_ Parade \_\_\_  
Performing Arts \_\_\_ Reception \_\_\_ Party \_\_\_ Animal Event \_\_\_  
Other (Please List) \_\_\_\_\_
2. Estimated attendance: (Please check one)  
100 or less \_\_\_ 100-500 \_\_\_ 500-1,000 \_\_\_ 1,000-2,000 \_\_\_  
2,000-5,000 \_\_\_ 5,000-10,000 \_\_\_ 10,000-25,000 \_\_\_ 25,000-50,000 \_\_\_  
50,000-100,000 \_\_\_ 100,000-150,000 \_\_\_ 150,000-more \_\_\_  
Other (Please List) \_\_\_\_\_
3. Will fireworks be a part of the event? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, who is responsible for displaying them: \_\_\_\_\_
4. What type of entertainment will take place? Please check all that apply:  
Musical \_\_\_\_\_ Dance (No Music) \_\_\_\_\_ Speakers \_\_\_\_\_ Other (Please List) \_\_\_\_\_

**Note: A permit from the Tallahassee Fire Department is required prior to any fireworks display. Note: Sound level and noise disturbances will be monitored and handled by the Tallahassee Police Department.**

**C. Fees**

1. Will there be an admission fee charged to the participants? No \_\_\_\_ Yes \_\_\_\_ Amount \$ \_\_\_\_
2. Will there be an admission fee charged to the spectators? No \_\_\_\_ Yes \_\_\_\_ Amount \$ \_\_\_\_
3. Will fees be charged to exhibitors/concessionaires? No \_\_\_\_ Yes \_\_\_\_ Amount \$ \_\_\_\_
4. Will there be an activity fee charged? No \_\_\_\_ Yes \_\_\_\_ Amount \$ \_\_\_\_

Please list all activities: \_\_\_\_\_

5. Will there be charge for parking? No \_\_\_\_ Yes \_\_\_\_ Amount \$ \_\_\_\_

Please list parking lots to be used: \_\_\_\_\_

Please list areas for handicap parking: \_\_\_\_\_

**D. Vending**

1. Will vendors and/or concessionaires be a part of this event? No \_\_\_\_ Yes \_\_\_\_
2. What type of vending will be present? Arts/Crafts \_\_\_\_ Food \_\_\_\_ Exhibits \_\_\_\_

Please list any other vendor types: \_\_\_\_\_

3. Will you be requesting additional electrical services for vendors? No \_\_\_\_ Yes \_\_\_\_  
Will you be requesting additional water services for vendors? No \_\_\_\_ Yes \_\_\_\_
4. Are your vendors using generators? No \_\_\_\_ Yes \_\_\_\_ If yes, how many?
5. Will the event require trash receptacles with dumping services? No \_\_\_\_ Yes \_\_\_\_

Number of receptacles needed: \_\_\_\_\_

**E. Catering Services**

1. Will food and/or non-alcoholic beverages be served and/or sold? No \_\_\_\_ Yes \_\_\_\_
2. Will alcoholic beverages be served and/or sold? No \_\_\_\_ Yes \_\_\_\_
3. Who will dispense the food or beverage ( i.e.: caterers, staff, etc.)? \_\_\_\_\_
4. If caterers are being used, please list the names and DBPR license number of each caterer:

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

**Note all sales tax is to be reported by the Vendor.**

**F. Restroom Facilities:**

1. How many port-o-lets will you have? \_\_\_\_\_ Where will they be located?

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

**F. Restroom Facilities (Continued):**

- 2. Who will be the vendor providing the restrooms? \_\_\_\_\_
- 3. How many handicap port-o-lets will you have? \_\_\_\_\_
- 4. How many wash sinks will you have? \_\_\_\_\_
- 5. If port-o-lets are not used, what restroom facilities with your event be utilizing?  
\_\_\_\_\_

**G. Medical Arrangement:**

- 1. Will there be ambulatory services on site? No \_\_\_\_ Yes \_\_\_\_
  - i. Service provided by: \_\_\_\_\_
- 2. Will there be first aid services on site? No \_\_\_\_ Yes \_\_\_\_
  - i. Service provided by: \_\_\_\_\_
- 3. Please describe the placement of any and all first aid stations and/or vehicles:
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_

**H. Equipment**

- 1. Will the event include tents? No \_\_\_\_ Yes \_\_\_\_ Please specify quantity of tents per each size.  
10 x 10 \_\_\_\_\_ 10 x 15 \_\_\_\_\_ 10 x 20 \_\_\_\_\_ 15 x 15 \_\_\_\_\_ 20 \_\_\_\_\_ x 20 \_\_\_\_\_  
Please list any other sizes and their quantity: \_\_\_\_\_
- 2. Will you be placing banners and/or signs at your event? No \_\_\_\_ Yes \_\_\_\_
  - i. How many? \_\_\_\_\_ Sizes? \_\_\_\_\_  
Verbiage: \_\_\_\_\_
- 3. Please list the number and location of stages: \_\_\_\_\_
- 4. Please list the location of staff management command center: \_\_\_\_\_
- 5. Please list your plan for public transportation access and service:  
\_\_\_\_\_  
\_\_\_\_\_

**I. Sound and Lighting**

- 1. Who will provide your audio and lighting: \_\_\_\_\_
- 2. Will additional electrical services be needed? No \_\_\_\_ Yes \_\_\_\_ Please list locations:
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_

**J. Street Closures and Security**

1. Will the event require security (alcohol, monetary, overnight, etc.)? No \_\_\_\_\_ Yes \_\_\_

2. Will the event require street closures? No \_\_\_\_\_ Yes \_\_\_\_\_

i. Please indicate what streets will be closed and the times of closure and re-opening:

Street Closed	Time Closed	Time Re-Opened

3. Will the event include a parade? No \_\_\_\_\_ Yes \_\_\_\_\_ Number of Entries: \_\_\_\_\_

4. Will the parade have a reviewing stand? No \_\_\_\_\_ Yes \_\_\_\_\_ An announcer? No \_\_\_ Yes \_\_\_

5. What will be the start time of the parade? \_\_\_\_\_ End time? \_\_\_\_\_ Setup time? \_\_\_\_\_

**Note: The sponsor/event planner will be required to provide police barricade service through the City of Tallahassee Police Department for events that require street closures. Also, in the event a state road is involved, the event planner must secure a permit from the Florida Department of Transportation through the Tallahassee Police Department.**

**Prohibited Practices:**

Games of Chance, Gambling, and Raffles are prohibited.

**K. Cancellations** In the event of inclement weather, is a rain date scheduled? No \_\_\_\_\_ Yes \_\_\_\_\_ Date: \_\_\_\_\_

**Note: there may be times when the District cannot accommodate a date change due to overlapping events. This will be handled on a case-by-case basis.**

**L. Site Plans and Maps**

Please attach with your application a detailed site plan to reflect all venues, exhibits, activities, equipment, trash receptacles, restrooms, street closures, staging, beer gardens, etc.

**M. Insurance Requirements**

General liability insurance or other insurance may be required as determined by the District's Board. The District, its staff, consultants and supervisors shall be named as an additional insured on any required general liability insurance. All food vendors and caterers are also required to provide a copy of their current general liability insurance certificate.

**N. Indemnification**

The Each organization, group or individual reserving the use of a District Park Facility agrees to indemnify and hold harmless the Capital Region Community Development District and its respective officers, agents and employees from any and all liability, claims, actions, suits or demands by any person, corporation or other entity, for injuries, death, property damage of any nature, arising out of, or in connection with, the use of the District Park Facilities, including litigation or any appellate proceedings with respect thereto. Nothing herein shall constitute or be construed as a waiver of the District's sovereign immunity granted pursuant to Section 768.28, F.S.

The District and its agents, employees, and officers shall not be liable for, and the user hereby releases all claims for damage to or loss of personal property sustained by the user or any person

claiming through the user resulting from any fire, accident, occurrence, theft or condition in or upon the District's parks and recreational facilities.

**O. Additional Terms**

The District reserves the right to revoke any application approved for an activity, which is found to be in violation of any ordinance, law, or condition of approval

I have read, understood and agree to abide by all District policies, rules and regulations regarding the use of the Park Facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

DEPOSIT: \$ \_\_\_\_\_

Received By: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAPITAL REGION COMMUNITY DEVELOPMENT DISTRICT  
PARK FACILITY USE APPLICATION**

**ALCOHOL FORM**

**A. General Information**

1. Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Location of Event: \_\_\_\_\_
2. Name of Applicant or Applying Organization (Serving Alcohol): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
Fax \_\_\_\_\_ Web Site: \_\_\_\_\_  
Non-Profit Status ID# \_\_\_\_\_
3. Name of Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**B. Alcohol Service Information**

1. Which alcoholic beverage products will be served and/or sold? Please check all that apply.  
Beer\_\_ Wine\_\_ Liquor\_\_ Plastic Cup \_\_ Bottle/Glass \_\_ Other \_\_\_\_\_
2. What area(s) will alcoholic beverages be served and/or sold? Please check all that apply.  
Hospitality/VIP Area \_\_ Entire Venue \_\_ Park \_\_ Street \_\_ Other \_\_\_\_\_
3. What are the times for consumption and service? \_\_\_\_\_
4. Will alcohol be advertised? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how? Please check all that apply.  
Banners \_\_ Napkins \_\_ Signs \_\_ Posters/Fliers \_\_ Cups \_\_ Other \_\_\_\_\_

In addition to standard event forms and requirements, the following will also be required for events serving or selling alcoholic beverages.

- State of Florida 1-3 day alcohol temporary sales permit (or) current and active business license to sell alcoholic beverages.
- Liquor liability insurance from the company, individual or organization serving or selling alcoholic beverages
  - o This insurance shall be in the amount of \$1,000,000 per occurrence and is to name the District, its staff, consultants and supervisors as additionally insured for the date of the event. The certificate holder shall be listed as: City of Tallahassee, 300 South Adams Street, Tallahassee, FL 32301. (This may be added to a General Liability policy)

I acknowledge that all of the above information is true and correct and that I will provide all necessary documentation as requested on this application.

Signed: \_\_\_\_\_

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