



SPECIAL EVENT WAIVER

Community Development Department
P.O. Box 756, Bunnell, FL 32110
Phone (386) 437-7516 Fax (386) 437-8253

Date: _____

Name: _____

Event Address: _____

Phone: _____ E-Mail: _____

Name of Activity/Event: _____

Dates/Times of Event: _____

Description of Event: _____

I, _____, primary contact person or promoter for the above named event, hereby declare the following:

1. The event will be conducted on private property.
 ___ Permission from the property owner is attached or ___ I am the property owner
 Expected number of attendees: _____
 Number of restrooms: _____ Number of hand wash stations: _____ Number of Bathrooms: _____
2. I and/or my organization have made arrangements for emergency medical services, if applicable. (details attached or ___ N/A)
3. I and/or my organization have made arrangements for parking/traffic control. (details attached)
4. I and/or my organization have notified all vendors they must obtain a local business tax receipt or a temporary vendor business tax receipt.
5. Except for Solid Waste services, no additional City services will be needed during the event.
 Solid Waste fees: (due at time of waiver application)
 Dumpster- \$20.00 delivery fee and \$88.00 one time dumping fee
 Cart- \$20.00 delivery fee and \$8.00 one time dumping fee per cart
 *Note: Applicant will be invoiced for any additional dumping fees incurred by the City.
 \$11.00 per yard or \$8.00 per cart*
6. If the activity creates an impact on City services, I agree to reimburse the City for the expense of all additional services incurred by the City during the time of the event and as billed by the City.
7. I and/or my organization do hereby indemnify the City from any and all liability for incidents arising during or regarding the event or activities occurring during the event.

Date: _____

Signature

STATE OF FLORIDA
COUNTY OF FLAGLER

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
by _____ who has produced _____ as identification and who did take an oath.

Notary Public
State of Florida

PRINT NAME: _____
TITLE: _____
COMMISSION NO.: _____