



CITY OF ORLANDO

FAMILIES, PARKS AND RECREATION DEPARTMENT FACILITY USE APPLICATION

Date Completed By Applicant _____ Date Received by City _____

I. Name of Event: _____ Describe Event: _____

Applicant/Sponsor Name: _____ *Community Based: Yes _____ No _____

Address: _____
Street City State Zip Phone:(B) _____ (H) _____

Name of Facility/Park _____ Facility Open: From _____ To _____

No.Participants _____ No.Spectators _____ Total Attendance _____

Event Date(s) _____ Event Hours: From _____ p.m. To _____ p.m. a.m. a.m.

Set-Up Date(s) _____ Set-Up Hours: From _____ p.m. To _____ p.m. a.m. a.m.

Clean-Up Date(s) _____ Clean-Up Hours: From _____ p.m. To _____ p.m. a.m. a.m.

(Set-Up and Clean-Up Date(s) and Hours will be charged to Facility Rental Fees)

Person Responsible for Program/Charges: _____ Phone:(B) _____ (H) _____

Phone (Cell) _____ E-Mail (Please Print) _____

Address: _____
Street City State Zip Signature _____

Describe How Event Will be Promoted/Advertised: _____

Does Your Organization Have Current Insurance For These Activities? Yes No If Yes, Provide proof of Coverage, identifying the City of Orlando as additional insured.

Describe Any Special Needs (Parking, Lighting, Seating, Rehearsal Time, Electrical, Equipment): _____

Will Admission Be Charged? Yes No . If Yes, Explain Cost Per Person/Revenue Sources (Tickets, Donations, Solicitations): _____

The Following Activities/Uses May Require Permit, Fee and/or Additional Documentation. Please Check () All That Apply to Your Event:

- | | | |
|--|---|--|
| 1. Amplified Sound Systems <input type="checkbox"/> | 7. Amusement Rides <input type="checkbox"/> | 13. Street, Lane, Sidewalk Closure <input type="checkbox"/> |
| 2. Live Or Recorded Music <input type="checkbox"/> | 8. Stages(s) <input type="checkbox"/> | 14. Commercial Filming or Photography <input type="checkbox"/> |
| 3. Additional Power Sources <input type="checkbox"/> | 9. Parachutes <input type="checkbox"/> | 15. Parade or Live Animals <input type="checkbox"/> |
| 4. Hot Air Balloons <input type="checkbox"/> | 10. Helicopters <input type="checkbox"/> | 16. Tents/Banners/Signs <input type="checkbox"/> |
| 5. Inflatable Devices <input type="checkbox"/> | 11. Sales of Food, Goods, Svcs . <input type="checkbox"/> | 17. Police Officers <input type="checkbox"/> |
| 6. Fireworks/Pyrotechnics <input type="checkbox"/> | 12. Alcohol Dispensed, Sold, <input type="checkbox"/> | 18. 18-A Permit <input type="checkbox"/> |
| | (City Permit Required) | |

If you checked any of the above items, list them by number below and provide a complete description of the activity or need.

Note: If an 18A permit is required, Licensee should contact the Orlando Police Department, 246-3661 at least 60 days prior to event.