



## CITY of SWEETWATER SPECIAL EVENTS

### Application Form:

Thank you for your interest in presenting your event in the City of Sweetwater. In order to assist you with obtaining the necessary permits and services, it is essential that you complete the Special Events Application at least fourteen (14) days prior to your event. A \$50 non-refundable application fee must be paid by cashier's check, money order payable to the City of Sweetwater, at the **Office of the City Clerk**, 500 SW 109 Avenue, 2nd Floor, Sweetwater FL, 33174. Applications are reviewed on a first-come, first-serve basis. Applicants will then be invited to a special events meeting to review your application with City of Sweetwater staff and discuss further details and needs of your event. Applications for all events held within the City of Sweetwater should be submitted to our office at least one hundred and twenty (120) days prior to the date of your event.

After submitting your application you will receive an email from a City of Sweetwater Police Special Event coordinator with instructions and requirements to include a meeting date, where department's approval will be discussed.

Please be as specific as possible when filling out this form. Explain items in sufficient detail or the application may be delayed until the required information is provided. Thank you.

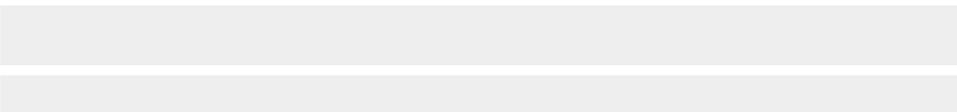


Please verify that all of the information entered is correct before submitting the application. After reviewing the information displayed, please submit your application by clicking the **SUBMIT** button at the bottom of the preview application page. You may also print a copy of your application for your records.

For questions or comments send e-mail to: [mvillanueva@cityofsweetwater.fl.gov](mailto:mvillanueva@cityofsweetwater.fl.gov)

All site plans, building plans, safety plans, etc. must be submitted AT LEAST 14 days prior to the event to the City of Sweetwater Clerk Office (500 SW 109 Ave, 2<sup>nd</sup> Floor).

Events may be cancelled if the required documentation is not received within the correct time frame.



## APPLICATION INFORMATION

ORGANIZATION NAME:

EVENT OWNER:

MAILING ADDRESS:

"PLEASE DO NOT USE P.O. BOXES"

Application will be delayed until correct address is received

PHONE NUMBER:

E-MAIL ADDRESS:

PHONE NUMBER:

E-MAIL ADDRESS:

## EVENT ORGANIZER(S)

NAME:

TITLE:

MAILING ADDRESS:

"PLEASE DO NOT USE P.O. BOXES"

Application will be delayed until correct address is received

PHONE NUMBER:

E-MAIL ADDRESS:

PRIMARY CONTACT

NUMBER OUTSIDE STANDARD

OFFICE HOURS (8AM-5PM):

ARE THERE OTHER

INDIVIDUALS HELPING TO ORGANIZE THE  
EVENT?

NAME OF EVENT:

WILL MORE THAN ONE

LOCATION BE USED?

Exact Address

Please Enter Exact Address  
For Event Location.

HOW MANY DAYS ARE LISTED FOR YOUR EVENT?

SCHEDULED  
SETUP/BREAKDOWN DATE  
AND TIME:

	DATE:	TIME (AM/PM):
EVENT SETUP:		
EVENT BREAKDOWN:		

WILL YOUR EVENT REQUIRE  
STREET CLOSURES?

Event Days 1-7:

	DATE	DAY OF THE WEEK	BEGIN TIME (AM/PM)	END TIME (AM/PM)
EVENT DAY 1				
EVENT DAY 2				
EVENT DAY 3				
EVENT DAY 4				
EVENT DAY 5				
EVENT DAY 6				
EVENT DAY 7				

**\*\*\*\*PLEASE NOTE\*\*\*\***

You are required to secure barricades and/or directional traffic signs for road closings. Please attach a layout of your traffic plan, including the placement and number of barricades, signs, directional arrows, cones, and message boards, as well as the name of the company you will be using. Your traffic plan must be approved by the police department, who may terminate any event occurring without the proper use of barricades.

**ABOUT THE EVENT**

IS YOUR EVENT A NON-PROFIT ORGANIZATION?

TYPE OF MUSIC IF APPLICABLE:

TYPE OF EVENT: PLEASE CHECK ALL THAT APPLY

NAME OF PERFORMER(S)/BANDS: PLEASE TYPE "N/A" IF NOT APPLICABLE

BRIEFLY DESCRIBE THE EVENT:

PLEASE ATTACH THE SITE PLAN FOR YOUR EVENT:

ESTIMATED ATTENDANCE:

PRIOR YEAR'S ATTENDANCE: (IF NONE, PLEASE TYPE '0')

HOW IS YOUR EVENT BEING PROMOTED?

IS THIS EVENT FREE TO THE PUBLIC:

ADMISSION/ENTRY FEES OR SCALED ADMISSION FEES:

ARE YOU REQUESTING TO FENCE THE EVENT:

**WILL FOOD OR SOFT**

**DRINKS (WATER, SODA,  
JUICE, ETC.) BE SERVED DURING YOUR  
EVENT?**

**PLEASE CHECK ALL THAT**

**APPLY IF THERE WILL BE A CHARGE:**

**PLEASE LIST THE TOTAL  
NUMBER OF VENDORS YOU  
WILL BE USING: (IF NONE,  
PLEASE TYPE '0')**

**\*\*\*\*PLEASE NOTE\*\*\*\***

**IF event is in Public Property, beverages must be dispensed in soft containers. No glass containers or cans will be allowed.**

**WILL ALCOHOL (INCLUDING  
BEER/WINE) BE SERVED AT  
YOUR EVENT?**

**WILL THERE BE A CHARGE FOR  
THE ALCOHOL?**

**\*\*\*\*PLEASE NOTE\*\*\*\***

If alcohol will be served during your event, please complete the [Alcohol/Special Sales License](#)

**WILL FOOD TRUCKS BE  
USED DURING YOUR  
EVENT?**

**PLEASE LIST THE TOTAL  
NUMBER OF FOOD TRUCK  
VENDORS YOU WILL BE  
USING: (IF NONE, PLEASE  
TYPE '0')**

**PLEASE PROVIDE INFORMATION  
ON THE TYPE OF APPLIANCE  
THAT BE USED FOR COOKING OR  
HEATING  
FOOD?**

**\*\*\*\*PLEASE NOTE\*\*\*\***

Any items checked above must be certified non-flammable and you must furnish a copy of the certificate to Miami-Dade Fire Department.

**WILL STAGING EVENT ITEMS BE USED FOR YOUR EVENT?**

**PLEASE INDICATE THE NUMBER STAGING AREAS YOU WILL NEED**

**AND THE SIZES FOR EACH:**

**PLEASE CHECK THE FOLLOWING:**

**NAME IF YOU WILL NEED ANYTHING FROM THE PARKS AND RECREATION DEPARTMENT: IF APPLICABLE**

**\*\*\*\*PLEASE NOTE\*\*\*\***

**WILL FIREWORKS BE USED DURING THE EVENT?**

**There will be a charge for using equipment from the Parks and Recreation Department.**

**\*\*\*PLEASE NOTE\*\*\***

If fireworks are being used, a [Fireworks Permit](#) is required to be completed through the Miami-Dade Fire Department.

**Insurance:**

Please attach a copy of your insurance (Maximum 3MB) using the "Choose File" icon below, or it may be emailed to [mvillanueva@cityofsweetwater.fl.gov](mailto:mvillanueva@cityofsweetwater.fl.gov)

**\*\*\* Please carefully read, then sign the "Indemnity Agreement" on the following page**

**\*\*\*Please be sure that the Certificate of Insurance states the exact wording in the "Description of Operations" listed below:**

**City of Sweetwater is listed as Additional Insured with respect to claims arising out of the operations of the named Insured. Coverage is Primary & Non-Contributory basis.**

**CITY OF SWEETWATER**

**INDEMNITY/USER AGREEMENT**

**(Applicant must not leave any sections blank; document must be completed and executed)**

This Indemnity/User Agreement made this

by and between the City of Sweetwater, Florida ("city") and if applicable it's instrumentalities, including, but not limited to;

Home Of Heart Initiative

A- (Legal name of Entity/herein after referred to as "Indemnitor/User"); should mirror legal name exactly as it appears on the Certificate of Insurance

B- For use of the following City-owned and/or other property:  
(Hereinafter referred to as the "Premises"); please list name and physical address.

C- For the following Special Event/Film/Shoot( Name of Event)

D. For a term commencing on  
and ending on

("The Term"); inclusive of load –in and load-out dates.

**INDEMNIFICATION/RISK OF LOSS**

INDEMNITOR/USER further agrees to indemnify, defend, and save harmless the City of Sweetwater and if applicable, it's instrumentalities, including, but not limited to its officials, employees, agents, and volunteers, and each of them from, and against all loss, cost, penalties, fines damages, claims of any nature, including expenses and attorney's fees, and any all liabilities by reason of injury to, or death of any person, or damage to, or destruction, or loss to any property including the City and if applicable, it's instrumentalities, including, but not limited to, and arising out of, or in connection with the performance, or non-performance of the services contemplated by this permit/agreement which is directly or indirectly caused, in whole, or in part, by any act, omission, default, liability, or negligence whether active, or passive of the INDEMNITOR/USER, its employees, agents, servants, volunteers, or contractors, unless such act or omission is solely caused by the City of Sweetwater and if applicable, it's instrumentalities, including, but not limited to and The INDEMNITOR/USER further agrees to indemnify defend, and hold the city and if applicable, it's instrumentalities, including, but not limited to employees, agents, and volunteers against all liabilities which may be asserted by an employee, or former employee of the INDEMNITOR/USER, or any of its contractors as provided above, for which the INDEMNITOR/USER's liability to such employee or former employee would otherwise be limited to payments under workers' compensation or similar laws. In addition, the INDEMNITOR/USER understands, and agrees that except where caused by the negligence or misconduct of the City and if applicable, it's instrumentalities, including, but not limited to, and shall not be liable for any loss, injury, or damage to any personal property, or equipment of the INDEMNITOR/USER, its employees, agents, contractors, volunteers, or business invitees placed on City property and if applicable, it's instrumentalities, including, but not limited to and shall be at the risk of the INDEMNITOR/USER thereof. The indemnification shall survive termination of this permit/agreement.

**Responsible for Damage:** If the Premises or any portion thereof, or any structure attached thereto, or any equipment, fixture, or other item contained therein shall be destroyed, damaged, marred, altered, or physically changed during the Term in any manner whatsoever, then Indemnitor/user during the Term in any manner whatsoever, then Indemnitor/user shall be responsible. Indemnitor/user is to property care for all equipment entrusted to Indemnitor/user during the term of this Agreement and all such equipment so entrusted which is lost, stolen, or disappeared shall be the sole responsibility of Indemnitor/user.

**Ordinances and Regulations:** Indemnitor/User shall comply with all applicable laws, statutes and ordinances and all rules and requirements of the City of Sweetwater and if applicable, Miami-Dade County, State of Florida and the United States government, as applicable, including, without limitation the City of Sweetwater Guidelines and if applicable, as same may be amended from time to time.

Indemnitor/user shall not admit to the Premises a larger number of persons than the total number designated by the appropriated City Department and if applicable the number that can safely and freely move about.

**Insurance:** Indemnitor/user shall, as a condition precedent to being allowed to conduct the Film/Shoot and Special Events hereunder, deliver to the City of Miami Sweetwater, located 500 SW 109 Av, Sweetwater, Fl., 33174 a certificate of insurance in accordance to the insurance requirements described in Exhibit A.

It is understood and agreed that all coverage provided by the Indemnitor/User is primary to any insurance or self-insurance program the city has and the Indemnitor/User, and its insurance shall have no right of recovery or subrogation against the City and if applicable, its instrumentalities, including, but not limited to . The City reserves the right to request copies of all insurance policies, including all applicable endorsements in connection with this agreement.

**Other Terms and conditions:** The Indemnitor/User shall provide, at Indemnitor/User's sole cost and expense, off-duty City of Sweetwater Police Officers and off-duty Miami-Dade Firefighters as required by the City of Sweetwater Police and Miami-Dade Fire Departments.

**INDEMNITY/USER AGREEMENT INSURANCE REQUIREMENTS**

**I Commercial General Liability**

**A- Limits of Liability**

Bodily Injury and Property Damage Liability

Each Occurrence \$ 1,000,000

General Aggregate Limit \$ 2,000,000

Personal and Adv. Injury \$ 1,000,000

Products/Completed Operations \$ 1,000,000

**B- Endorsements Required**

City of Sweetwater included, and if applicable, it’s instrumentalities, including, but not limited to \_\_\_\_\_, and as an additional insured with respect to general liability and liquor liability Contingent and Contractual liability Premises and Operations Liability Primary Insurance Clause Endorsement Host Liquor Liability/Liquor Liability Additional Insured Endorsement must be provide

**II. Business Automobile Liability (If Applicable)**

C- Limits of Liability Bodily Injury and Property Damage Liability Combined Single Limit Any Auto Including Hired, Borrowed or Non-Owned Autos Any One Accident \$ 300,000

D- Endorsements Required City of Sweetwater and if applicable, it’s instrumentalities, including, but not limited to \_\_\_\_\_, and included as an Additional Insured.III. **Worker’s Compensation (If Applicable)**

Limits of Liability Statutory-State of Florida Employer’s Liability

**E- Limits of Liability**

\$100,000 for bodily injury caused by an accident, each accident

\$100,000 for bodily injury caused by disease, each employee

\$500,000 for bodily injury caused by disease, policy limit

**IV. Umbrella Liability (Excess Follow Form including liquor)**

Note: **The City and if applicable, reserves the right to require umbrella liability with limits acceptable to the City. User shall comply with this requirement when applicable, and further agrees list the City, and if applicable, it’s instrumentalities, including, but not limited to \_\_\_\_\_, and as an additional insured on this coverage. The User also agrees to furnish the City with copies of all applicable policies and endorsements relative to the event in question within (10) days of such request.**

**The above policies shall provide the City of Sweetwater with written notice of cancellation or material change from the insurer in accordance with policy provisions.**

Companies authorized to do business in the State of Florida, with the following qualifications, shall issue all insurance policies

required above:

The company must be rated no less than "A-" as to management, and no less than "Class V" a to Financial Strength, by the latest edition of Best's Insurance Guide, published by A.M. Best Company, Old wick, New Jersey, or its equivalent. All policies and /or certificates of insurance are subject to review and verification by Risk Management Department prior to insurance approval.

**IN WITNESS WHEREOF, the Indemnitor/User by and through its authorized representative, has executed this agreements**

**IN WITNESS WHEREOF, the Indemnitor/User by and through its authorized representative, has executed this agreements** (this date must match the date on the notarization section below). The undersigned hereby warrants, represents and certifies to the City of Sweetwater that he/she is the lawful representative of Indemnitor and that he/she has the authority to execute this Agreement by and on behalf of Indemnitor and bind Indemnitor/User to the terms and conditions herein.

**INDEMNITOR/USER:**

(Print name of Legal entity/Indemnitor/User) should mirror legal name exactly as it appears on the Certificate of Insurance.

PLEASE NOTE: FAILURE TO SIGN THE APPLICATION WILL RESULT IN A DELAY OF PROCESSING FOR YOUR EVENT.

**SIGNATURE OF INDEMNITOR /USER AND/OR ITS AUTHORIZED REPRESENTATIVE:**

NAME OF PERSON SIGNING:

TITLE OF PERSON SIGNING:

Please verify that all of the information entered is correct by clicking **PREVIEW APPLICATION**. After reviewing the information displayed, please submit your application by clicking the **SUBMIT** button at the bottom of the page. **You may also print a copy of your application for your records.** The \$50 application fee may be paid online, by cashier's check, or by money order to the City of Sweetwater at 500 SW 109 Ave 2nd Floor, Sweetwater, FL, 33174.

Thank You.

**\*\*\*\*PLEASE NOTE\*\*\*\***

**Your application will be delayed until the application fee has been received**

**Completion of this application does not mean that the event being applied for has been approved. It merely is a request that must be reviewed and processed by City of Sweetwater staff before a permit will be issued.**

**If approved, the event permit must be posted in a visible location throughout the entire event.**

**For questions or comments send e-mail to: [mwillanueva@cityofsweetwater.fl.gov](mailto:mwillanueva@cityofsweetwater.fl.gov)**

**CONTACT INFORMATION:**

1. (SWPD Special Event Coordinator)
2. (SWPD/NRO)
3. (SWPD/(Code Enforcement)
4. (City of Sweetwater Building and Zoning Dept)

**Address:**

**500 SW 109 Ave**

**Sweetwater, Florida 33174**

**2nd floor**

**Special Events Endorsement Consent:**

Approved

Denied

City of Sweetwater Building and Zoning: \_\_\_\_\_

City of Sweetwater Code Enforcement: \_\_\_\_\_

Miami-Dade Fire Department: \_\_\_\_\_

City of Sweetwater Clerk Office: \_\_\_\_\_

City of Sweetwater Police Department: \_\_\_\_\_

City of Sweetwater Mayor or Designee: \_\_\_\_\_