

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

Today's Date: \_\_\_\_\_

Folio #: \_\_\_\_\_

Permit #: \_\_\_\_\_

Permit Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_



## Town of Miami Lakes

6601 Main Street  
Miami Lakes, Florida 33014  
Phone: 305.364.6100  
[www.miamilakes-fl.gov](http://www.miamilakes-fl.gov)

# SPECIAL EVENT PERMIT APPLICATION

**Application Fee - \$100**

**If application is submitted seven (7) days or less prior to the event  
Application Fee - \$500**

**\*\*\*Payable only by check or money order to the "Town of Miami Lakes"\*\*\***

**For processing, it is recommended that your application be submitted a minimum of thirty (30) days prior to the event; however, no application will be accepted less than ten (10) days prior to the event, in accordance with Ordinance 13-159.**

Thank you for selecting the **Town of Miami Lakes** as the site for your special event. The information requested in this application will be used to determine your eligibility for a permit to conduct your proposed event. Please note that submission of your application should in no way be construed as final approval of your request; it is considered a request for a permit only. In order to issue a Special Event Permit, all fees must be paid, and all required insurance certificates and permits must be obtained and submitted.

Please answer all questions, printing clearly. Attach the mandatory parking plan and site plan that includes the layout of the event. Depending on the type of event, you may also need to complete additional attachments. Attach additional sheets as needed to clearly describe your event. Any misrepresentation of information in this application or deviation from the final permit conditions may result in the immediate revocation of the event permit.

This application will be distributed to Town departments that will be involved in permitting and/or supporting the event described in this application. The departments will review the application in order to determine required conditions, estimated cost of Town support services (if needed), and permits that will be required. As the applicant, you will be responsible for providing, prior to the event, any necessary insurance certificates, and prepayment of fees for any Town services that will be required. After your event, you will be responsible for paying the Town for the actual cost of Town services.

Please complete and submit a special event permit application with all required attachments to:

**Town of Miami Lakes**  
**6601 Main Street, Room 105**  
**Miami Lakes, Florida 33014**  
**Phone: 305.364.6100**  
**[www.miamilakes-fl.gov](http://www.miamilakes-fl.gov)**

Complete information regarding the Town Code and Ordinances is available at the Miami Lakes Town Hall or online at [www.miamilakes-fl.gov](http://www.miamilakes-fl.gov).

1

Are you requesting a Town facility or park?  yes  no If no, proceed to Section 2.

If yes, what is the name and location of the facility or park? \_\_\_\_\_

If using a Town of Miami Lakes facility or park, please mark if you will need the following from the Parks Department:

PA system  Speakers  Podium  Electricity  Staff  Restrooms  Other: \_\_\_\_\_

Will the event require closing a street?  yes  no If yes, a request for a temporary road closing is required. The street closures must be approved by Miami-Dade Fire and Rescue, the Miami Lakes Police Department, Public Works Department and the Planning and Zoning Department. Please fill out Section 6.

2

### Contact Information

Person or entity seeking the permit: \_\_\_\_\_

For profit organization  Non-profit organization, Tax exempt # \_\_\_\_\_

Does the person or entity have their occupational license?  yes  no

Authorized designee \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email address: \_\_\_\_\_

3

Event coordinator: \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email address: \_\_\_\_\_

4

Other individuals working with the event: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

On-site contact: \_\_\_\_\_ Cell phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Event sponsors: \_\_\_\_\_

## Event Information

Name of event: \_\_\_\_\_ Date of event: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of event: \_\_\_\_\_

Address of event \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property owner: \_\_\_\_\_ Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Event starting time: \_\_\_\_\_ Event ending time: \_\_\_\_\_

Is this an annual event?  yes  no Will admission be collected?  yes  no

Please mark the type of event this is:

Festival  Parade  Fair / carnival  Private party  Sports event  Concert

Fundraiser  Religious  Community event  Block party\*  Political  Other

Setup date and time: \_\_\_\_\_ Breakdown date and time: \_\_\_\_\_

Is the event open to the public?  yes  no Will admission be collected?  yes  no

Please state the admission/ticket price: \_\_\_\_\_

\* If the event is a block party, signatures of approval from all surrounding homeowners must be presented. Approval will also be required from Miami-Dade County Fire and Rescue, Town of Miami Lakes Police Department, Public Works Department and the Planning and Zoning Department.

**Description of the event for which the permit is requested:**

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6

### Road Closing Request (if applicable)

Proposed route map must be attached to the application.

Hours of road closure: \_\_\_\_\_

Reason for road closure: \_\_\_\_\_

Name(s) of street(s) to be closed: \_\_\_\_\_

**A Maintenance of Traffic (MOT) plan must be submitted with the application. The Public Works Department/this section may be required to be signed by an authorized professional.**

**For Official Use Only**

Approval by Miami-Dade Fire Department

7

### Entertainment / Amplified Sound\*

Will the event utilize music or amplified sound?  yes  no

What type of amplified sound will you be using?  Live  PA system  Amplified sound/DJ

Hours of amplified sound: \_\_\_\_\_ Is the event outdoors?  yes  no

If applicable, please attach names and times of performers.

\*Please refer to [Ordinance No. 04-50](#) relating to noise abatement\*

8

### Parking

Please describe your parking plan: \_\_\_\_\_

Will you be hiring a valet company?  yes  no If yes, please list name: \_\_\_\_\_

Will you have someone directing traffic?  yes  no If so, who? \_\_\_\_\_

**PLEASE ATTACH PARKING PLAN**

9

### Security / Police / Fire

Plans for security: \_\_\_\_\_

Have you hired a licensed security company to manage this event?      yes      no

If yes, company name: \_\_\_\_\_ Phone #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Please attach license of company.

Please check below, the activities that will take place during the event:

Fireworks      Open fire      Gas for cooking      Live animals      Carnival rides

Are you requesting police presence?     yes     no

If yes, you will be responsible for all related costs.\*\*

If yes, list number of officers requested, hours, location: \_\_\_\_\_

Have you hired licensed emergency medical services to manage the event?      yes      no

If yes, list company name, contact person, and phone number: \_\_\_\_\_

\*\*Refer to Miami-Dade County Police Department [Off-Duty Police Services](#).

10

### Food / Beverages

Will food or beverages be sold?     yes     no    If yes, each vendor must obtain a permit from the Miami-Dade County [Department of Regulatory & Economic Resources](#)

Will alcohol be sold?     yes     no      If yes, contact Miami-Dade County to obtain an [alcohol permit](#).

Number of food vendors: \_\_\_\_\_ Will vendors be cooking or heating food?     yes     no

If yes, which method of cooking will be used?

Gas       Electric       Charcoal       Other: \_\_\_\_\_

Are you working with a catering company?     yes     no

If yes, please list name: \_\_\_\_\_

Will local businesses be invited to participate as vendors?     yes     no

11

### Trash Removal / Cleanup

Describe your trash removal and cleanup plan. If necessary, attach additional documentation:

\_\_\_\_\_

List the name of the sanitation company you are working with:

\_\_\_\_\_

List the number of trash cans and staff/volunteers you will have at the event:

\_\_\_\_\_

12

### Building Department Permits

**You are responsible** for obtaining all permits required through the Town of Miami Lakes Building Department. Please mark where applicable.

	Yes/No	Description/Size/Number	Additional Information
<b>Tents</b>			A building permit is <b>required</b> if tent is larger than 10' x 10'. All tents must be approved by the Miami-Dade Fire Department
<b>Staging</b>			Building permit <b>required</b>
<b>Portable toilets</b>			Plumbing permit <b>required</b>
<b>Water</b>			Plumbing permit <b>required</b>
<b>Electrical/generator</b>			Electrical permit <b>required</b>
<b>Fencing</b>			Building permit <b>required</b>
<b>Bleachers or risers</b>			Building permit <b>required</b>
<b>Other</b>			

#### Site Plan

Please list the number and size of tables at the event: \_\_\_\_\_

Please list the number and size of chairs at the event: \_\_\_\_\_

Please list the decorations you will use: \_\_\_\_\_

# Site Plan

Insert site plan, layout, and route maps if required.



13

### Insurance Information

Attach a current certificate of liability insurance. The Town of Miami Lakes requires that organizers of special events carry a general liability limit of no less than \$1,000,000 and if alcohol is served, a liquor liability of no less than \$1,000,000. Organizers must also provide a certificate of liability insurance naming the Town of Miami Lakes as an additional insured and must follow all rules and guidelines where necessary.

Coverage dates: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Limits of liability: \_\_\_\_\_ Agent: \_\_\_\_\_

Agent's phone number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Is the Town of Miami Lakes named as an additional insured on this policy?  yes  no

14

### Signage\* / Media

Will you be using signage to advertise for this event?  yes  no

If yes, please check off what you plan on using:

Sandwich Boards Location: \_\_\_\_\_

Election Type Boards Location: \_\_\_\_\_

Pole Banners Location: \_\_\_\_\_

Flyers Location: \_\_\_\_\_

Other: Location: \_\_\_\_\_

Person responsible for installing and removing all items:

Name: \_\_\_\_\_ Phone number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Planned media coverage (Please list all that apply):

TV \_\_\_\_\_ Radio \_\_\_\_\_

Print \_\_\_\_\_

Internet \_\_\_\_\_

\*Please refer to [Ordinance No. 08-107](#) relating to signage

## INDEMNIFICATION:

For and in consideration of the Town of Miami Lakes consent to allow the applicant to hold a special event, parade, or public assembly within the limits of the Town of Miami Lakes, the applicant agrees to the following:

The permit applicant, jointly and severally, hereby holds harmless, indemnifies and defends the Town of Miami Lakes, its representatives, officers, agents, affiliates, employees, the administration, elected and appointed officials from and against all liability, suits, actions, claims, costs, expenses or demands (including, without limitation, suits, actions, claims, costs, expenses or demands resulting from death, personal injury and property damage) or expenses of every kind and character, including reasonable attorney's fees, costs and appeals, arising or resulting in whole or in part, as a result of any tort, intentional action, negligent acts, or omissions on the part of the applicant or any of the participants of the event outlined in this application. This indemnification shall survive the termination of this special event permit and shall be in full force and effect beyond the term or termination of this special event permit, however terminated. This indemnification provision includes claims made by the entitlement, if any, to immunity under Section 440.11 of the Florida Statutes. Nothing contained herein shall be construed as a waiver of any immunity or limitation of liability the Town may have under the doctrine of sovereign immunity of Section 768.28 of the Florida Statutes.

Signature of applicant or authorized agent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Notary Public State of Florida at Large

Application, comprehensive site plans, event publications, flyers, and certificates of liability insurance must accompany this application and must be submitted to:

Department of Planning, Zoning, and Code Compliance

6601 Main Street

Room 105

Miami Lakes, Florida 33014

Phone: (305) 364-6100

# Applicant Checklist

## Have you...

- If applicable, attached a copy of tax ID number?
- If applicable, attached approval for a road closing and MOT?
- Attached a security plan?
- Attached a certificate of insurance?
- Attached a complete entertainment list and schedule?
- Attached a parking plan?
- If applicable, attached a medical plan?
- Attached your description and site map for your event?
- Attached your plan for trash removal and cleanup plan?
- Applied for all permits:
  - Building
  - Plumbing
  - Electrical
  - Food / Beverage
  - Alcohol?

**OFFICE USE ONLY**

**Approval Signatures Required:**

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**Federico Endara**  
**Zoning Official**

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**Carlos Lanza**  
**Building Official**

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**Ismael Diaz**  
**CFO**

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**Javier Ruiz**  
**Town Police Commander, MDPD**

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**Jeremy Bajdaun**  
**Director of Parks & Recreation**

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**Carlos Acosta**  
**Public Works Director**

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**Clarisell De Cardenas**  
**Communications & Community**  
**Affairs Director**

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**Edward Pidermann**  
**Town Manager**