

Application No. _____

City of Hallandale Beach
Planning and Zoning Division
400 South Federal Highway
Hallandale Beach, FL 33009
Phone (954) 457-1378
Fax (954) 457-1488



TEMPORARY USE–SPECIAL EVENT AUTHORIZATION

A PREMISE PERMIT and associated inspections may be required to assure the safe use of a property or portions thereof for assembly and/or of those temporary structures occupied.

This checklist is for the convenience of the applicants and the City to ensure basic submission information is provided. Applicants are responsible for submitting required documents and adhering to the requirements of Ordinance 2014-11. Failure to provide any listed items shall result in an incomplete application which will not be accepted by the City. The completeness of the submittal will be determined by staff.

Submission Checklist	
	SUBMITTED
1. Application has been fully completed, including full address, location and legal description of the subject property.	<input type="checkbox"/>
2. Cover Letter providing a full description of the proposed use, including specific dates, hours of operation & legal description of the property, etc.	<input type="checkbox"/>
3. Survey or site plan depicting the proposal, detailed location, available parking, existing structures, proposed temporary structures, proposed signage, sanitary facilities and existing or proposed lighting, operational plan, etc.	<input type="checkbox"/>
4. A notarized statement signed by the owner of property authorizing the proposed use.	<input type="checkbox"/>
5. If the event is held on City property, a Certificate of insurance naming the City as additional insured must be provided.	<input type="checkbox"/>

**Please submit 45 days prior to Event; or
Please submit 60 days prior for event requiring City Commission approval; or
Please submit 30 days prior for outdoor sales**

Application Details

Date of Application Submission: _____ Folio #: _____
(Broward County Property Appraiser (BCPA) Property ID No.)

Date(s) of event _____ Hours of operation _____ am/pm To: _____ am/pm

Type of event _____

Location/Subject Property: _____

Applicant's Name: _____ Phone: _____

Email Address: _____

Agent's Name (if applicable): _____ Phone: _____

Email Address: _____

Type of event Indoor Event Outdoor Event

Description of proposed event: _____

Is the applicant the owner of the property: Yes No*

Name of property owner: _____
**If owner of property is other than the applicant, a notarized statement by the property owner authorizing the proposed use must be attached to this application.*

Estimated Daily Attendance: _____

Amount of off-street parking provided: _____ (specify on site plan) Number of Vehicles: _____
Must obtain decal for staff and crew by production company

Temporary structures to be erected (Select all that apply):
Refer to the Building Division for Premise Permit information: (954)457-1382

Tents Stages
 Portable toilets Other:
 Generator Use: What Size? _____

Restroom Facilities provided: Yes No

Lighting available: On Site To Be Provided

Type of special event signs, banner or decorations: _____

Will this event require road closure? Yes No

Location of Road closure: _____

County roads → Broward County Transit: (954) 357-8300, State roads → Florida Department of Transportation: (954)555-5555, City roads →Engineering Dpt. ext #1601

Was this event advertised Yes No (If yes, means of advertisement. Attach copy of advertisement.)

Type of Food Service to the Public: _____

Will alcoholic beverages be served? Yes No

Will Police Service be requested? Yes No

Will Fire Protection Services or Emergency Medical Services be requested? Yes No

Do you have Commercial General Liability Insurance? Yes No

If so, in what amount? _____

Individual responsible for providing additional information regarding this application:

Name: _____ Telephone: _____

Address: _____

"I swear or affirm under penalty of perjury as provided for in Florida Statutes that the foregoing information is true to the best of my knowledge."

Signature of Applicant

Print Name

Sworn to and subscribed before me at _____ this _____ day of _____ 20 _____.

Personally know _____

or produced ID _____

Type of ID produced _____

(SEAL)

Notary Public