



P.O. Box 13425 · Mexico Beach, Florida · 32410

Phone: 850-648-5700 · Fax: 850-648-8768

ENTERTAINMENT/FESTIVAL PERMIT

PERMIT # _____

Name of Applicant _____

Organization (if applicable) _____

Address _____

Phone _____ Cell Phone _____

E-mail Address _____

Type of Entertainment/Event _____

Date of Event _____ Time of Event _____

Expected Attendance _____ Location _____

Will the volume of attendance require extra Law Enforcement or other Emergency Services to be available? Yes or No _____

If you answer no to this question you will be responsible for notifying the City and immediately request assistance if the volume of attendance rises to an unmanageable level. If at any time extra Law Enforcement or other Emergency personnel are necessary you shall be responsible for extra cost associated with these services. You will also be subject to extensive fines and charges if the event is not controlled and contained in a safe and pleasant environment. If fines or charges are made then the amounts will be calculated for use of services, damages, injury to anyone or any injury to the City whatsoever.

I _____ / _____ swear that I am the responsible person/company in charge of the event. I assume full responsibility for the event and or the effect upon the City or others. I fully understand that the City will take severe civil and legal actions against me if the event gets out of control. I also fully understand that I and/or my company and everyone associated with this event shall resume all responsibility and save the City and its employees free and harmless from any prosecution or liability for any damages to any persons or property in any way connected with, arising of, or incidental to this event. There is no time limitation in which this document shall expire. I hereby certify and attest to all the information that I have provided as true and correct. I agree to abide by any and all requirements set forth within this permit to all the City Codes or Ordinances.

Applicants Signature: _____ Date: _____

Code Enforcement Signature: _____ Date: _____

City Official/Title: _____ Date: _____

City Administrator

Permit Approved: Yes No Special Conditions: _____