



DEVELOPMENT SERVICES DEPARTMENT  
401 Clematis St  
West Palm Beach, FL 33401  
Telephone: 561/805-6700  
FAX: 561/805-6676

Does the application include:

- 501 C3 documents (if applicable)
- Site map
- Alcohol permit (if applicable)

Business #: \_\_\_\_\_

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

**SPECIAL EVENTS ON PRIVATE/PUBLIC PROPERTY APPLICATION**

**WARNING: THIS APPLICATION IS NOT A BUSINESS TAX RECEIPT OR CERTIFICATE OF USE**

APPLICANT NAME: (PLEASE PRINT) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DESCRIBE YOUR EVENT IN DETAIL: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

EVENT HOURS: \_\_\_\_\_

SET UP (TIME): \_\_\_\_\_

BREAK DOWN TIME: \_\_\_\_\_

MUSIC: (IF YES DESCRIBE) \_\_\_\_\_

ESTIMATE ATTENDANCE: \_\_\_\_\_

ALCOHOL:  YES  NO

TENTS: \_\_\_\_\_

**\*IMPORTANT INFORMATION\***

**ATTACH SITE MAP INDICATING TENT LOCATION(S). IT IS THE APPLICANT'S RESPONSIBILITY TO SECURE ALL NECESSARY TENT AND ELECTRICAL PERMITS FROM THE PERMITTING DIVISION AND FIRE DEPARTMENT.**

**BUSINESS INFORMATION**

OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

DBA (MUST PROVIDE PROOF OF FICTITIOUS NAME REGISTRATION) : \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

STATE LICENSE: \_\_\_\_\_

501 C3 NON PROFIT STATUS (PAPERWORK MUST BE ATTACHED): \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_