

# THE CITY OF OPA-LOCKA

## SPECIAL EVENT PERMIT REQUEST

Newall J. Daughtrey, Acting City Manager  
 780 Fisherman Street, 4<sup>th</sup> Floor  
 Opa-locka, Florida 33054



**To the Applicant:**

***This application must be submitted two (2) weeks prior to date of the event. Filing of this application is NOT the same as receiving the permit for the event. This application must be signed and approved before the event may be held. No activity may continue beyond 11:00 P.M.***

### RULES OF CONDUCT

1. Alcoholic beverages on public property.
2. No fighting or physical assaults or batteries of any kind.
3. Nothing that may be construed as a "Breach of the Peace" or a Disturbance
4. No weapons of any kind may be used or displayed by any person attending the function. This includes, but is not limited to firearms, knives, pipes, bats, etc.
5. Although amplified music is permitted, there may be no offensive or foul language, with the sound of the music not being audible **300** feet or more from the location of the event.
6. The Opa-locka Police Department will assess the necessity for the presence of Police Security and the number of Officers and Supervisors required for the function. The expense for such security is the responsibility of the applicant and shall be paid prior to the receipt of a permit.
7. This permit is only valid during the date and hours specified and approved on the permit. Any amplified music or voices before or after these hours is a direct violation of the permit and the law.
8. A building inspection will be required for all indoor events where the capacity is expected to exceed 25 persons.
9. In the event my application is not approved, I acknowledge that the fee paid is NON-REFUNDABLE.

Initials:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned applicant state that I have read and understand the Rules of Conduct, and will conduct the event in compliance with these rules, as well as the laws and ordinances of the City of Opa-locka , Miami-Dade County and the State of Florida. Failure to abide by the Rules of Conduct will result in the confiscation of property/equipment and/or the immediate closing of the function by the Opa-locka Police Department.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

Print Name



# CITY OF OPA-LOCKA



## Temporary and Special Event Permit

Date: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

(Write "N/A" if not applicable)

Event Address: \_\_\_\_\_  
Number & Street Suite/Apt. # City State Zip

**PLEASE NOTE: BY LAW, NO ACTIVITY MAY CONTINUE BEYOND 11:00P.M.**

If the event is for only one (1) day, please complete the following. For multiple dates, see the section below.

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**If the event is for more than one (1) day, please complete separate applications.**

**Date Day of Week Start Time End Time**

\_\_\_\_\_

### APPLICANTS MUST COMPLETE THE FOLLOWING

**FAILURE TO ACCURATELY COMPLETE THIS PORTION MAY RESULT IN DENIAL OF THIS PERMIT**

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Number & Street Suite/Apt. # City State Zip

Telephone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

#### General Questions:

1. Number of persons attending? \_\_\_\_\_
2. Will there be an admission charge or donation? If yes, attach a schedule of fees and ultimate disposition of proceeds. (City of Opa-locka Code of Ordinance, Chapter 2-5)
3. Will you be using an amplification system? \_\_\_\_\_ If yes, it must not be audible 300 feet from the location. (City of Opa-locka Code of Ordinance, Chapter 15-77)

I understand that the person or organization requesting this permit shall be responsible for any and all damages that might occur during this special event, to include both private and public property. Also, such person or organization shall indemnify and hold harmless the City of Opa-locka, its employees and/or its agents from any and all liability whatsoever before, during and after such event. (City of Opa-locka Code of Ordinance 2-5)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I hereby acknowledge that I have received a copy and will adhere to the requirements of the "Saggy Pants" Ordinance (#0719) as required by the City of Opa-locka.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Original with Applicant  
Copy with Application Form



# CITY OF OPA-LOCKA

## Temporary and Special Event Permit Approval / Denial



### CODE ENFORCEMENT DIVISION

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

Approved

Denied

\_\_\_\_\_

Code Enforcement Official

### BUILDING & LICENSING DEPARTMENT

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

Approved

Denied

\_\_\_\_\_

Building Official

### POLICE DEPARTMENT

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

Approved

Denied

\_\_\_\_\_

Chief of Police

### OFFICE OF THE CITY MANAGER

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

Approved

Denied

\_\_\_\_\_

City Manager