



Park/Facilities Rental Request Form

Thank you for choosing the City of Dade City as the hosting location for the event you are planning. Please complete this application, in its entirety, and return it to:

City of Dade City
38020 Meridian Avenue
Dade City, FL 33525
or electronically to:
eventpermits@dadecityfl.com

If you have additional questions, please call (352) 521-5050 extension 420 or email eventpermits@dadecityfl.com.

Applicant: _____

Applicant's Full Address: _____

Facility / Location Requested: _____

Event Date: _____ Event Hours: From _____ AM / PM To _____ AM / PM

Estimated Attendance: _____

Primary Contact Name: _____ Phone: _____ Email: _____

Secondary Contact Name: _____ Phone: _____ Email: _____

CERTIFICATION BY APPLICANT: I certify that I have read this application and that all information contained in this application is true and correct. I agree to comply with and be bound by any and all applicable provisions of the City code. I understand the event may be cancelled by the City should any conditions/stipulations of the permit or City ordinance or State statute be violated. I certify that I am authorized by the organization named herein to act as its agent for the herein described activity. I also have received the notice informing me of my responsibilities and obligations should I cancel the event. By filing this application, I, and the organization on whose behalf I make this application, contract and agree that we will jointly and severally indemnify and hold the city harmless against liability, including court costs and attorneys' fees for trial and on appeal, for any and all claims for damage to property or injury to, or death of persons arising out of or resulting from the issuance of the permit or the conduct of the activity or any of its participants.

Signature of Applicant

Date

Please provide us with additional information regarding your event by checking off the items that pertain to your event in sections A-D

A. What kind of event are you hosting?

- | | |
|--------------------------|------------------------|
| ☐ | Birthday Party |
| ☐ | Reception |
| ☐ | Family Reunion |
| ☐ | Other (describe) _____ |

B. At the event, will you offer?

- | YES | NO | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Inflatable Devices - ADDITIONAL INSURANCE IS REQUIRED |
| ☐ | ☐ | Water based activities - ADDITIONAL INSURANCE IS REQUIRED |
| ☐ | ☐ | Alcohol served or sold? SPECIAL EVENT PERMIT IS REQUIRED |

C. Are you bringing in any special equipment such as:

- | | | | |
|--------------------------|-----------------|--------------------------|-------------------------------|
| ☐ | Tables | ☐ | Lighting |
| | How many? _____ | ☐ | Stages/Props/Production Equip |
| ☐ | Tents | ☐ | Large Trailers _____ lbs. |
| | How many? _____ | | |
| | Size _____ | | |
| ☐ | Generators | ☐ | Cooking Equipment |
| | How many? _____ | ☐ | Grills |
| ☐ | Sound Equipment | ☐ | Crockpots |
| | | | Fryer (Air or Gas) |

FEES AND SECURITY DEPOSITS:

Rental Charges

Pavilion

Exclusive Use of Pavilion for 3 Hours	\$30	flat rate
Additional Hours (Price per hour)	\$5	per hour

Ballfield

Exclusive Use of Ballfield for 3 Hours	\$30	flat rate
Additional Hours (Price per hour)	\$5	per hour
Ballfield Lights 2-hour blocks	\$16	per 2 hours

Facilities

Price per hour	\$50	per hour
Use of Kitchen (with Building Rental)	\$50	flat rate

Security Deposits

Pavilion Use	\$30
Ballfield Use	\$30
Ballfield Lights	\$30
Buildings/Facilities/Concession Stand	\$100

REQUIRED FOR INFLATABLE DEVICES AND WATER-BASED ACTIVITIES

INSURANCE REQUIREMENTS: The applicant will supply Certificate of Insurance(s) naming the City of Dade City as additionally insured in the following manner: "the City of Dade City, its agents, officers, officials, employees and volunteers are hereby named as additional insured as their interest may appear". The applicant will also ensure that the City of Dade City, as the certificate holder, is provided a 30-day written notice if the insurance policy is cancelled or modified before the expiration date. All insurance policies provided shall be issued by insurance companies licensed to do business in the State of Florida and shall be rated with an A- or better rating in the most current edition of A.M. Best's Key Rating. The City of Dade City shall be listed as certificate holder in the following manner:

City of Dade City
38020 Meridian Ave.
Dade City, Florida 33525

All applicants must obtain Commercial General Liability insurance with limits of no less than \$1,000,000 per occurrence to protect the City of Dade City, its agents, officers, officials, employees and volunteers, the Lessee, and any subcontractor from claims for damages for personal injury, including accidental death, and from claims for property damage that may arise from the Lessee's operations, whether performed by Lessee itself, any subcontractor, or anyone directly or indirectly employed by either of them. If the applicant, or any of its vendors, offers for sale or distribution any products (food, beverages, souvenirs, etc.), then product liability insurance with limits of no less than \$1,000,000 per occurrence will be required. Vendors will also be required to afford the statutory limits of worker's compensation insurance protection to its employees. If the vendor is the holder or sponsor of the event, the vendor will afford worker's compensation insurance protection to any City of Dade City off duty employees hired by the event. If automobiles or any other licensed motor vehicles are used as part of the event, Automobile Liability insurance with limits of no less than \$1,000,000 per occurrence will also be required. If the sale or consumption of alcoholic beverages at the event is authorized, additional Liquor Liability insurance with limits of no less than \$1,000,000 per occurrence is required. Other types of coverage and limits may be required by the City of Dade City, depending upon exposure as assessed by the City's Risk Management Department.

**CITY OF DADE CITY
PERMIT FOR USE
MUST BE POSTED AT ALL TIMES DURING EVENT**

Location: _____

ISSUED TO: _____

DATE OF USE: _____

TIME OF USE: _____

TYPE OF FUNCTION: _____

ESTIMATED ATTENDANCE: _____

ISSUED BY: _____

DATE: _____

Contact the Police Department at 352-521-1495 for any issues that arise.

I, THE UNDERSIGNED, AGREE TO ALL THE CONDITIONS AND TERMS FOR RENTAL FROM THE CITY OF DADE CITY, AND WILL BE RESPONSIBLE FOR THE PREMISES DURING THE ABOVE STATED TIME. I ALSO AGREE TO CLEAN UP THE FACILITY INCLUDING DISPOSAL OF ALL LITTER ON THE GROUNDS INSIDE AND OUTSIDE THE PROPERTY.

SIGNED

DATE

WITNESS

DATE

Deposit Refund Conditions

If any of these conditions are not met, your deposit will not be returned.

Security Deposits will be refunded by a check made payable to the applicant as represented on the rental request form and mailed to the address listed therein.

Halls and rest rooms will be unlocked and locked by a City employee at the times listed on your rental application. Premises must be vacated at the time listed on the rental application.

As renter of City property, you are ultimately responsible for any damage or abuse, and cleaning of the specific building and/or grounds that you have signed for.

All litter and decorations in and around the property must be picked up and placed in appropriate containers. There are dumpsters at every location.

Kitchens and bathrooms must be cleaned. All floors must be swept and mopped to remove all debris and stains. You will need to bring a broom and a mop with some type of floor cleaner. You will need to bring large garbage bags for litter collection.

The A/C thermostat is off limits. It is set at a comfortable 75 degrees and expected to be at that setting when the building is inspected after use. Should the a/c not be working properly, call the Police Department (521-1490) and ask them to call the city electrician to come in and check it.

All tables and chairs must be wiped off and returned to their original positions. As per Dade City Ordinance No. 700 no person shall use alcohol in any form in any park area or buildings, nor enter a park area or remain there in a state of intoxication or under the influence of illegal drugs.

I have read and do understand the conditions for refund. I understand that if any of these conditions are not met, my deposit will not be returned to me.

Print Name

Signature

Date

Witness

Date

Deposit returned (date) _____ by _____