



City of Sunny Isles Beach
Code Compliance Department
 18070 Collins Avenue, 3rd Floor Sunny Isles Beach, Florida 33160
 Phone: (305) 792-1705 Fax: (305) 792-1569
Public Beach/Park Events Permit Application
 (Chapter 201-5G, Rule19(a) - Parks & Recreation Areas)

Must be Submitted at Least Sixty (60) Business Days Prior to Date of Event as per Code 233-2(A)

\$15.00 Fee for Revised Permit Approvals

1 to 25 people –\$250.00 (Application + Cleaning Inspection Fee)
 \$ 350.00 Cleanup Deposit Fee (Refundable after cleaning inspection)

From 26 Up to 100 people –\$650.00 (Application + Cleaning Inspection Fee)
 \$350.00 Cleanup Deposit Fee (Refundable after cleaning inspection)

From 101 Up to 499 people –\$1,650.00 (Application + Cleaning Inspection Fee)
 \$450.00 Cleanup Deposit Fee (Refundable after cleaning inspection)

From 500 people and above –\$3,150.00 (Application + Cleaning Inspection Fee)
 \$500.00 Cleanup Deposit Fee (Refundable after cleaning inspection)

EVENTS AT THE PIER - \$500.00 Rental Fee – TWO events a month allowed (Including Weddings)

Maximum allotted time for cleaning/set up/break down - 8 hours

Allowed: Chairs, Runner, Arch, Table, Floral Arrangements & Unamplified Music
 Allowed with Permit: Tents, Arch or Flooring, Catering, Amplified Music, Generators

CITY MAY RESCIND ANY APPROVED APPLICATION DUE TO WEATHER CONDITIONS

| | | | |
|--|--|---|---|
| Premise Type (check one): | | Residential () | Commercial () |
| Applicant | | | |
| Address of Event | | City | State Zip |
| Phone# | Fax# | E-mail: | |
| Property Owner/Corp | | | |
| Address of Event | | City | State Zip |
| Phone# | Fax# | E-mail: | |
| Event Manager/Supervisor: | | | |
| Address of Event | | City | State Zip |
| Phone# | Fax# | E-mail: | |
| Emergency Contact: | Phone# | Fax# | E-mail: |
| Address | City | State | Zip |
| Description of Event in Detail: | | | |
| Date of Event: | | Number of Guests: | |
| Hours of Event: | | Event break down completed time: | |
| Event setup time: | | | |
| What items, exactly, will be placed on the beach? (chairs and what else?) | | | |
| Is there anything requiring electrical? Wired electric running from the building? Or generator? If so, how will that be handled? | | | |
| PERMIT REQUIRED | | | |
| Tent: | Stage: | Catering: | |
| Amplified Music/Broadcast: | Flooring: | Generators: | |
| REQUIRED WITH APPLICATION | | | |
| Liability Insurance <input type="checkbox"/> | Hold Harmless <input type="checkbox"/> | Copy of Contract <input type="checkbox"/> | Sketch of event area <input type="checkbox"/> |

City of Sunny Isles Beach
 Code Compliance Department
 18070 Collins Avenue, 3rd Floor Sunny Isles Beach, Florida 33160
 Phone: (305) 792-1705 Fax: (305) 792-1569

| |
|--|
| OFFICE USE ONLY: No. of Police Officers needed: _____ No. of Lifeguards needed: _____ |
|--|

THIS APPLICATION DOES NOT APPROVE USES UNAUTHORIZED BY CITY CODE

Affidavit of Applicant

This application is for the event as described herein and that event for which a permit is hereby requested does not constitute a threat to public safety; constitute a danger or impediment to the normal flow of traffic; or constitute a potential disturbance of the peace and quiet of the persons outside the premises where the event is located. Furthermore, I understand that any permit that may be granted based on this application is subject to enforcement under the City Code of Ordinances and must be surrendered upon demand to the Code Compliance Department and/or Sunny Isles Beach Police Dept. I also understand that, based on the description of my event, I may be required to have Lifeguards or Police Officers presence, at an additional cost.

| Notarized Signature of Applicant | | Notarized Signature of Property Owner | |
|--|--------------|--|--------------|
| <input checked="" type="checkbox"/> Signature of Applicant | | <input checked="" type="checkbox"/> Signature of Property Owner | |
| Date _____ | | Date _____ | |
| Subscribed and Sworn before me this _____ day of _____ (year) by _____. | | Subscribed and Sworn before me this _____ day of _____ (year) by _____. | |
| Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification Type of Identification (if any) _____ | | Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification Type of Identification (if any) _____ | |
| Notary Public _____ My Commission Expires _____ | Notary Stamp | Notary Public _____ My Commission Expires _____ | Notary Stamp |