

(To be completed by Licensee)

Name of Licensee:

Name of Event:

Event Date(s): Time(s):

Event Address:

Contact Person:

Contact Information: PX# Cell# Other:

Anticipated Crowd: <100 100-200 201-500 501-750 751-1000 >1000

Total Area of Extended Licensed Premises in Square Feet

Current/Posted Maximum Occupancy Limit

****On-Site Security Provider**

Armed Unarmed

Other: _____

State of Florida Certification

G-4 G-5 G-6

Contact Person: Contact Number:

Total Security Staffing (1 per 250 guests)

Food/Alcohol Provider:

Will event displace on-site parking? YES NO

Contact Person: Will event disrupt traffic flow? YES NO

Contact Number: Will event require road closure? YES NO

Fraternity/Sorority event? YES NO Will alcohol be provided? YES NO

Will this be a teen event? YES NO Will there be amplified music? YES NO

Additional restroom facilities provided? YES NO If yes, how many units? _____

****If a TPD Officer currently provides security services, a Special Events Security Plan must also be submitted for review and approval ten working days before the event is to take place.**

Growth Management Date Approved Denied

*Police Department
Sector Commander* Date Approved Denied

ATTACHMENT - DIAGRAM (scale drawing not required)

A map detailing the extension or event area must be provided in the space provided. It may be drawn by hand and should include all entrances, exits, barriers, security posts and band placement. Use an additional sheet if necessary.