PUBLIC SERVICES
CITY OF LAKE WORTH
1900 2ND AVENUE NORTH
LAKE WORTH, FL 33460
561-586-1720

RIGHT OF WAY SPECIAL EVENT PERMIT APPLICATION

SPECIAL EVENT PERMIT NUMBER

MOT/ROW PERMIT # (FOR OFFICE USE ONLY)

EVENT LOCATION

EVENT NAME _____

VENUE NAME _____

ADDRESS:_____ _____

USAGE (CHECK ALL THAT APPLY)

☐ **SPECIAL EVENT** ☐ **5K CERTIFIED RACE** ☐**5K CHARITY WALK**

☐ **PARADE** ☐ **OTHER:** _____

EVENT ORGANIZER

ORGANIZATION NAME _____

CONTACT NAME _____

ADDRESS _____

CITY _____**STATE**_____ **ZIP** _____

SPECIAL EVENT ROAD USAGE REQUEST

_____

_____

DAY AND DATE OF EVENT _____

DATE OF PROPOSED MOT INCLUDING SETUP AND BREAKDOWN _____

I CERTIFY THAT ALL THE ABOVE INFORMATION AS WELL AS ALL INFORMATION SUBMITTED TO THE CITY IS ACCURATE, AND THAT ALL EVENT MANAGEMENT WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING SPECIAL EVENTS IN THE CITY OF LAKE WORTH.

ALL SIGNATURES MUST BE ORIGINAL

AUTHORIZED ORGANIZER (PRINT NAME)_____

SIGNATURE _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed to before me this _____**day of**

_____ **20** _____ **by Owner or Agent, who has produced the following**

identification _____**or who is personally known to me.**

_____

Signature of Notary

_____

Print Name of Notary

CONTRACTOR/AGENT (PRINT NAME)_____

SIGNATURE _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed to before me this _____ **day of**

_____ **20** _____ **by Contractor, who has produced the following**

identification _____ **or who is personally known to me.**

_____

Signature of Notary

_____

Print Name of Notary

Application is hereby made for the Special Event permit described herein. The undersigned has reviewed this application and all information contained herein is true and correct. I understand that this is an application only and submission thereof does not authorize me to begin operation of the business or event within the Right of Way. I may begin operation only after a permit has been issued. I acknowledge that the administrative and application fees are non-refundable. I understand that the application, attachments and fees become part of the Official Records of the Department of Community Sustainability and are not returnable. I also acknowledge that the payment of the administrative/application fees do not guarantee approval. Any questions regarding this process shall be directed to the Public Services Department. I have read "City Code Chapter 19, Article VI, PEDESTRIAN AND VEHICULAR RIGHT OF WAYS AND OTHER PUBLIC PROPERTY" and applicable Ordinances and understand the regulations pertaining to right of way usage.

Applicant's Printed Name_____Date_____

Applicant's Signature _____

OFFICE USE ONLY

FEE	**FEE AMOUNT**	**AMOUNT ASSESSED FOR APPLICATION**
APPLICATION REVIEW FEE	**$105.00**	**$105.00**
ADMINISTRATIVE FEE	**$25.00**	**$25.00**

MAINTENANCE OF TRAFFIC PERMIT (AFTER APPLICATION APPROVAL)	**$0.35 / Linear foot per day**	**$**

TOTAL FEES FOR PERMIT ISSUANCE $_____

DATE OF INTAKE	
APPLICATION COMPLETE?	□ Yes □ No
OUTSTANDING CITY FEES AND TAXES PAID?	□ Yes □ No
CITY LICENSES CURRENT?	□ Yes □ No
REVIEW	**APPROVED**
PUBLIC SERVICES	□ Yes □ No
PLANNING/ZONING	□ Yes □ No
FIRE	□ Yes □ No
POLICE	□ Yes □ No
RISK MGMT.	□ Yes □ No
OTHER DEPARTMENTS:	□ Yes □ No
Business Tax issued?	□ Yes □ No
Certificate of Use	□ Yes □ No
DATE OF FINAL APPROVAL BY LEISURE SERVICES DEPARTMENT:	
APPROVING EMPLOYEE:	