



## TEMPORARY EXTENSION SPECIAL EVENT FORM (To be completed by Licensee)

### CONTACT INFORMATION (PLEASE TYPE OR PRINT)

Name of Licensee:			
Name of Event:			
Event Date(s):		Time(s):	
Event Address:			
Contact Person:			
Contact Information:	PX#	Cell#	Other:

### EVENT INFORMATION

Anticipated Crowd:	<input type="checkbox"/> <100	<input type="checkbox"/> 100-200	<input type="checkbox"/> 201-500	<input type="checkbox"/> 501-750	<input type="checkbox"/> 751-1000	<input type="checkbox"/> >1000
Total Area of Extended Licensed Premises in Square Feet						
Current/Posted Maximum Occupancy Limit						

### EVENT SAFETY -- SECURITY -- HEALTH INFORMATION

#### SECURITY INFORMATION

**On-Site Security Provider			State of Florida Certification		
Armed <input type="checkbox"/>	Unarmed <input type="checkbox"/>	Other: _____	G-4 <input type="checkbox"/>	G-5 <input type="checkbox"/>	G-6 <input type="checkbox"/>
Contact Person:			Contact Number:		
Total Security Staffing (1 per 250 guests)					

#### ADDITIONAL INFORMATION

Food/Alcohol Provider:			Will event displace on-site parking?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contact Person:			Will event disrupt traffic flow?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contact Number:			Will event require road closure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fraternity/Sorority event?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will alcohol be provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will this be a teen event?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will there be amplified music?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Additional restroom facilities provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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.*