

**CITY OF CRESTVIEW**  
**OFFICE OF THE CITY CLERK**  
P.O. DRAWER 1209, CRESTVIEW, FLORIDA 32536  
(850) 682-1560

**ASSEMBLY/EVENT APPLICATION (ALCOHOL PERMITTED)**

DATE: \_\_\_\_\_

ORGANIZATION/EVENT: \_\_\_\_\_

DATE/TIME OF ASSEMBLY/EVENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPECIAL REQUEST (Metal Barricades, Portable Potties, & Electrical, Police/Fire department support, soft barricades & street closures require City Manager’s Approval):

\_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE No.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*\*\*\*\*PERMIT IS VALID FOR ONE DAY ONLY\*\*\*\*\*

<b>*** REQUIREMENTS***</b>
<b>1. Complete and return the application (above) to the City Clerk’s Office</b>
<b>2. Attach copy of the event’s Liability Insurance (list the City of Crestview as Certificate holder for the one-day of event). <i>See special requirements if alcohol will be consumed or sold at event</i></b>
<b>3. Attach a Clear and Detail Map: Annotate the exact location of your event. If the event consists of a route, highlight the Starting Point, the entire Route and the Finish Point.</b>
<b>4. Requests requiring Public Services’ assistance or “requesting the Consumption of Alcohol must receive City Manager Approval.” before permit issue. All Applications are due three weeks prior to Event and must contain all information, insurance certificates and Alcohol licensing.</b>
<b>5. Any events requesting the consumption of Alcohol must initial and sign the attached Main Street area Alcohol Permit Section attached</b>

**In the event of questions or concerns, please call 850-682-1560 for further assistance.**

**NO PAINTING OR PERMANENT MARKINGS ALLOWED ON CITY PROPERTY**

**\*\*\*PERMIT VALID FOR ONE DAY ONLY\*\*\***

**(unless approved by City Manager)**

**City of Crestview**  
**Hold Harmless and Insurance Agreement**

By signing below, I acknowledge that I have read, understand, and agree to the following requirements for the use of City Facilities:

**HOLD HARMLESS**

\_\_\_\_\_ agrees to indemnify and hold harmless the City of Crestview, its officers, agents, employees, volunteers and insurers from any and all liability, claims, demands, causes of actions, indebtedness, damages, losses, consequential damages, personal injury, liabilities and obligations of every kind and nature, including defense costs for attorney's and other fees, and expenses incidental to defense, whether or not suit is filed, the City of Crestview may suffer as a result of claims, demands, costs or judgments against it arising from use of City facilities commonly known as Main Street Area Commercial Business District for the period \_\_\_\_\_ to \_\_\_\_\_

**INSURANCE**

\_\_\_\_\_ further agrees to provide the City of Crestview a Certificate of Insurance naming the City of Crestview as an additional insured and Certificate Holder for its General Liability Insurance Policy for coverage of not less than \$1,000,000.00 or as required. Certificate must also include liquor liability coverage in the amount of \$1,000,000.

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_, 20\_\_.  
by: Personally Known \_\_\_ or \_\_\_\_\_ FL Driver's license (or other photo ID)

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Printed name

Commission# \_\_\_\_\_

My Commission expires \_\_\_\_\_



# Downtown Commercial Business District



0 300 600 Feet