



# WEDDING PERMIT

DATE OF EVENT: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

TIME OF EVENT: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ NUMBER OF ATTENDEES: \_\_\_\_\_

SITE OF EVENT \_\_\_\_\_ PAVILION: \_\_\_\_\_ SITE RENTAL FEE: \_\_\_\_\_

**\*\*I have been informed that weddings held at Red Reef Park are responsible for payment of the daily, per vehicle, parking fee and accept this condition. \_\_\_\_\_ (initial)"**

ORGANIZATION/PERSON RESPONSIBLE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

PROOF OF RESIDENCY: \_\_\_\_\_

IS AN OUTSIDE VENDOR PROVIDING ANY SUPPLIES? YES \_\_\_\_\_ NO \_\_\_\_\_

LIST ALL EQUIPMENT YOU INTEND TO BRING INTO THE PARK:

\_\_\_\_\_

ELECTRICITY: PLAZA REAL GAZEBO YES / NO    RED REEF YES / NO    SANBORN SQUARE YES / NO

***\*\*I have read the packet titled "City of Boca Raton Special Event Permit Application Instructions" and understand and accept the conditions enclosed in this packet. I further understand that if I am utilizing Plaza Real or Sanborn Square facilities that there may be additional activities taking place in the area***

(Signature) \_\_\_\_\_ (date) \_\_\_\_\_ \*\*

If any unforeseen circumstances occur and/or permittee fails to meet the requirements the City has set forth, the City of Boca Raton shall have the right to control, cancel or stop the event in progress. The sponsor or responsible party agrees to indemnify and hold harmless the City of Boca Raton, its officers, employees, and agents from the against all loss, costs, expenses, including attorneys' fees, claims, suits and judgments, whatsoever, in connection with injury to or death of any person or persons or loss of or damage to property resulting from any and all operations performed by the sponsor, its officers, employees, and agents under any of the terms of this special event permit.

(Signature responsible party) \_\_\_\_\_ (date) \_\_\_\_\_

*Submit completed form to:*  
Joseph A. Briggs, Community Centers Administration, 150 Crawford Blvd, Boca Raton, FL 33432    Phone: 561-393-7824

\*\*\*\*\*DO NOT WRITE BELOW: OFFICE USE ONLY\*\*\*\*\*



Risk Management Approval: Initials and Date: \_\_\_\_\_ Type: \_\_\_\_\_

DATE RECEIVED FOR REVIEW: \_\_\_\_\_ DIRECTOR/DESIGNEE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

FINAL RESOLUTION: APPROVAL [ ]    DENIAL [ ]  
\_\_\_\_\_  
(Date) (Director/Designee)

CONDITIONS:

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