

RESOLUTION NO. 2017- 119

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA, AMENDING RESOLUTION NO. 2012-89, WHICH ESTABLISHED RESCUE EMERGENCY AND NON-EMERGENCY SERVICE FEES AND ASSOCIATED COLLECTION POLICIES PURSUANT TO ORDINANCE NO. 2012-17; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Board of County Commissioners of Nassau County, Florida adopted Resolution No. 2012-89 on June 11, 2012; and

WHEREAS, based on the recommendation of the Nassau County Fire Chief, the Board of County Commissioners has found it necessary to amend Resolution No. 2012-89 in order to increase the per hour per staff member event fee to reflect the true cost for personnel and equipment usage.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Nassau County, Florida, as follows:

1. The attached amended fee schedule and collection policies, attached hereto as Exhibit "A" shall be hereby adopted.
2. This Resolution shall become effective upon its adoption.

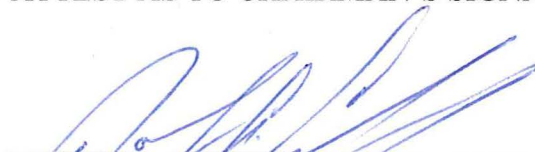
DULY ADOPTED this 16th day of August, 2017.

BOARD OF COUNTY COMMISSIONERS  
NASSAU COUNTY, FLORIDA



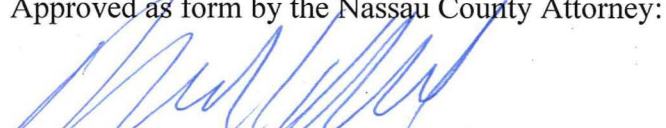
DANIEL B. LEEPER  
Its: Chairman

ATTEST AS TO CHAIRMAN'S SIGNATURE:

  
\_\_\_\_\_  
JOHN A. CRAWFORD  
Its: Ex-Officio Clerk

MES  
08-17-17

Approved as form by the Nassau County Attorney:

  
\_\_\_\_\_  
MICHAEL S. MULLIN

**EXHIBIT "A"**

Special Event Permit Application for County Property  
Application Fee is \$150.00.  
Fee is due when application is submitted.

Name of Entity or Individual(s) seeking to conduct the special event:

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip Code:

\_\_\_\_\_

Phone #'s:

\_\_\_\_\_

Description of Event:  
(attach additional sheet  
if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Name:

\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Hours of Proposed Event: \_\_\_\_\_

Expected Daily Attendance: \_\_\_\_\_ If this is a bicycle event, indicate the expected number of cyclists: \_\_\_\_\_ and the roads/streets impacted.

Indicate which County property will be utilized for the proposed event: \_\_\_\_\_

\_\_\_\_\_

Is the request for the entire property? \_\_\_\_\_

Is the request for a portion of the property? \_\_\_\_\_ If so, indicate the portion of the property. \_\_\_\_\_

\_\_\_\_\_

The Special Events Permit Application is due at least 60 days and not more than 365 days prior to a proposed event date. A delay in submitting an application for permit could result in higher costs for Nassau County personnel (i.e. NCSO, NCFR, etc.) and could also affect the availability of staffing, County property or application could not be approved.

Are you requesting permission to close any streets for the event? \_\_\_ Yes \_\_\_ No

If yes, please provide details and attach map of the proposed street closures with detours.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your road closings affect access to parking spaces or parking lots? \_\_\_\_\_ Yes \_\_\_\_\_ No

Note: ALL HANDICAPPED PARKING AT THE COUNTY PROPERTY MUST REMAIN OPEN FOR PUBLIC USE

Public Law Enforcement:

The number of public law enforcement personnel for the special event shall be determined by the Sheriff's Office. The Nassau County Sheriff's Office shall be the sole provider for public law enforcement services unless the Sheriff's Office authorizes the use of other sworn personnel.

The Nassau County Sheriff's Office shall establish the appropriate timeframes in which public law enforcement is needed for each aspect of the special event, including services for impacted roads/streets. The applicant(s) will provide a tentative schedule of activities for each day of the event. Because the final activities schedule may change, the Nassau County Sheriff's Office supervisor in charge of the detail shall have the authority to adjust the work schedule to cover any activities that may require additional or fewer public law enforcement services. Fees for deputy services shall be based on the Sheriff's fee schedule and may vary due to scheduling adjustments determined and approved onsite by the Nassau County Sheriff's Office supervisor and reviewed by the applicant(s) during the event.

If offsite traffic control is necessary due to the high volume of traffic generated by the event as determined by the Sheriff's Office, the applicant shall pay the Sheriff's Office for all costs related to providing this service.

The fee schedule for determining officer personnel and equipment costs, to be paid in advance by the applicant(s) of the event, shall be determined by the Nassau County Sheriff's Office.

The plan for adequate security and crowd control shall include as a minimum at least the following: One (1) certified law enforcement officer for each one-hundred fifty (150) persons attending the festival, for festivals without alcohol consumption; and one (1) certified law enforcement officer for each seventy (70) persons attending the festival, for festivals when the sale and/or consumption of alcohol is permitted.

The Sheriff's Office, at the request of applicant(s) may authorize off duty sheriff's department officers to provide officers for the event. The rate for the officer(s) is set by the Sheriff's Office.

Emergency Services:

Nassau County Fire/Rescue Department will review the application and determine the level of fire/EMS personnel, if any, necessary for the event. (Fees apply and are in accordance with Resolution No. 2012-89)

Nassau County Emergency services shall be the sole provider for fire/rescue services unless authorized by the Fire Chief, or his/her designee. The number of certified fire/rescue personnel and the level of fire/rescue protection services required to service any special event shall be determined by the Fire Chief.

The applicant(s) will provide a tentative schedule of activities for each day of the event at the planning meeting. Applicant(s) shall also provide information of any flammable combustible, explosive, and hazardous material and processes.

The fee schedule for determining fire/rescue department personnel costs, equipment costs, and inspection fees to be paid in advance by the applicant(s) of the event, shall be determined by the Fire Chief based on its normal and customary fees for such services. Fees shall be in accordance with Resolution No. 2012-89.

Will you have fireworks display(s) during the event? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please give details about the location(s), duration and company hired to do the show.

\_\_\_\_\_

Do you plan to have vendors? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe vendors: \_\_\_\_\_

\_\_\_\_\_

Will there be tents for the event? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, how many and what size: \_\_\_\_\_. Tents must be weighted not staked.

Rides and Amusements? \_\_\_\_\_ Yes \_\_\_\_\_ No (including but not limited to bounce houses, rock climbing walls and similar devices). If yes, please describe \_\_\_\_\_

\_\_\_\_\_

*Note: Insurance is required for the event. Please contact \_\_\_\_\_ at \_\_\_\_\_ to determine the amount of the insurance required. The County must also be named as an additional insured in the Insurance Certificate.*

Event Entity or Individual(s) Responsibilities

List the individual(s) responsible for SET-UP, BREAKDOWN, AND CLEAN-UP of area or facility:

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List the names of the responsible parties, including e-mail address, phone numbers (including cell phone numbers):

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Completed and signed Release and Indemnification Form

SIGNATURE

The undersigned applicant certifies by signature below, that the information provided is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant  
Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_, by \_\_\_\_\_, who is ( ) personally known to me or ( ) has produced \_\_\_\_\_ as identification.

(Affix official seal)

\_\_\_\_\_  
Notary Public, State of Florida  
\_\_\_\_\_  
Print or type Name

Notary Public, State of Florida  
My Commission Expires: \_\_\_\_\_

**EXHIBIT "B"**



### Special Event Permit Review

Name of entity or individual(s) seeking a Special Event Permit:

\_\_\_\_\_

Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Name of Event: \_\_\_\_\_  
 Event Location: \_\_\_\_\_  
 Date(s) of Event: \_\_\_\_\_  
 Hours of Event: \_\_\_\_\_  
 Expected Attendance: \_\_\_\_\_

Anticipated Revenue:

Total Permit Fee	Fire/Rescue Support Fees	Sheriff Support Fees

**APPROVALS PURSUANT TO NASSAU COUNTY RESOLUTION NO. 2017-**

1. \_\_\_\_\_  
 County Manager Administrative Staff                      Date  
 (verifying all required documents have been submitted)
  
2. \_\_\_\_\_  
 Office of Management & Budget                      Date  
 (verifying revenues)
  
3. \_\_\_\_\_  
 Risk Management                      Date  
 (verifying insurance and liability requirements)
  
4. \_\_\_\_\_  
 Nassau County Fire/Rescue                      Date  
 (as to Fire/Rescue equipment and personnel.) (Requirements attached)
  
5. \_\_\_\_\_  
 Nassau County Sheriff's Office                      Date  
 (as to traffic plan and law enforcement requirements.) (Requirements attached)

**COUNTY MANAGER – FINAL SIGNATURE APPROVAL**

\_\_\_\_\_  
Shanea D. Jones

\_\_\_\_\_  
Date