



CITY OF MARATHON, FLORIDA

10045-55 Overseas Highway, Marathon, Florida 33050
 Phone: (305) 743-0033 Fax: (305) 743-3667
 www.ci.marathon.fl.us

APPLICATION FOR USE OF AMPHITHEATRE & PARK

Facility to be Rented: _____
 Date(s) to be Rented: _____ Rain Date: _____
 Hours to be Utilized: _____
 Applicant: _____
 Phone: (h) _____ (w) _____
 (c) _____ (fax) _____ (e-mail) _____
 Address: _____
 Organization Name: _____
 Title, Purpose or Description of Event: _____

AMPHITHEATRE RENTAL

Category I – This category shall be defined as any City sponsored, co-sponsored or City supported activity where the City plans, conducts and controls or offers some degree of activity participation, i.e. facility, leadership, funds labor, etc. This would include all youth-sponsored activities and school or community-related activities.

Additionally any non-profit group/organization or community function that separates community activities from “for profit” activities of private enterprise, provide direct positive benefits to the residents of the City of Marathon.

For example: A non-profit organization that provides a community function where income to the organization benefits community programs, where a voluntary donation may be received. This would also include all community civic clubs such as Lions, Rotary, etc.

Amphitheatre	
Fee	-0-
Other charges	
Cleaning/damage/key deposit	\$ 200.00

Category II –Activities including, private parties such as wedding receptions, retirement banquet, class reunions and other private parties of this nature shall be classified as Category II on an hourly basis @ \$ 100.00 per hour with a \$ 200.00 cleaning deposit.

Amphitheatre	
Fee	\$100.00 per hour
Other charges	
Cleaning/damage/key deposit	\$ 200.00

Category III – Commercial venues and for-profit events.

Amphitheatre Commercial	
Daily 8:00 a.m. – 11:00 p.m.	\$ 1,500.00
Set up days	\$ 700.00
Vendors	\$ 250.00
Other charges	
Cleaning/damage/key deposit	\$ 1,500.00
Fire/Life Safety inspection (if required)	\$ 85.00

The rental includes the use of the Amphitheatre, dressing room concession/warming kitchen. The City will not provide the use of any audio or recording equipment. However, outlets are available for sound. Events must end by City Code.

Keys *must* be picked up the day prior to the event. **Failure to obtain keys may result in a minimum charge of \$ 60.00 for a two-hour callout.** Keys must be returned within 24 hours of use. Failure to return keys could result in forfeiture of your deposit.

Damage or excess clean up will be billed to user at actual replacement cost. Any costs will be charged against the deposit, or you will be billed. If the total charge is greater than the deposit, the applicant will be responsible for the balance.

NOTE: There is *No Smoking* inside any City facility. Live animals, except seeing-eye and K9 dogs, are not allowed inside the facilities.

Description of Event. Applicant agrees that the following is an accurate description of the event.

a.) Type of event: _____

b.) Type of Music: _____

c.) Event Start and End time: from _____ to _____

d.) Will food be served?..... _____ YES _____ NO

e.) Will there be amplified sound?..... _____ YES _____ NO

f.) Will applicant need access to electrical room?..... _____ YES _____ NO

g.) Will alcohol be served?..... _____ YES _____ NO

h.) Will applicant need Sheriff Officers present?..... _____ YES _____ NO

i.) Will fireworks or pyrotechnics be used?..... _____ YES (Inspection required) _____ NO

j.) How will traffic and parking be accommodated? _____

Applicants must provide letters of approval from the following:

Fire Department 305-743-5266 _____, Fire Marshal will determine if inspection will be required after reviewing the proper documents submitted and will be stated on the letter.

Sheriff's Department 305-289-2430 _____

Companies providing services such as port-a-potties, garbage etc. _____

Site Plan drawings must be submitted with your application. A sketch specifying the location and contour of the special event area, pedestrian access, number and location of the vendor display areas, barricade locations, special signage locations, traffic and parking patterns (including handicap accessibility), location of port-a-potties, location of outdoor music or other devices necessary to maintain public safety.

Provide the following attachments, as applicable:

1. Appropriate rental amount, including the deposit amount for damage/cleaning/key deposit, made payable to the City of Marathon. A reservation will **not** be held without appropriate fees.
2. If applicant is a business, provide a copy of city business license or application.
3. Evidence of liability insurances (includes everyone involved in the event) to the City of Marathon is required in the amount of one million dollars, naming City of Marathon as co-insured.

Hold Harmless Agreement	
<p>In consideration of the use of the _____ the undersigned on behalf of himself, his principal, and his agents, hereby agrees to defend and hold the City of Marathon and its officials, employees and agents, harmless against any claims and/or lawsuits for personal injury and/or property damage arising out of, or in any way connected with the use of the above described premises, except for injuries or damages caused by the sole negligence of the City.</p> <p>DATED this _____ day of _____, _____.</p> <p style="text-align: center;">By: _____</p> <p>STATE OF FLORIDA)) COUNTY OF MONROE)</p> <p>The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ who is (check one) [<input type="checkbox"/>] personally known to me or [<input type="checkbox"/>] has produced _____ as identification.</p> <p style="text-align: right;">_____ Notary Public, State of Florida</p> <p>My commission expires: _____ Print or Type Name of Notary Public</p>	

FOR CITY USE ONLY

The above use and/or structure is approved upon compliance with all applicable local, state and federal laws and regulations and with the following conditions of approval, if any.

Does this event qualify as a Special Event? No Yes. If yes, the conditions are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Indicate approval & initial

Parks & Recreation _____ Yes No

Police _____ Yes No

Public Works _____ Yes No

Fire _____ Yes No

Rental Amount Paid: \$ _____ Date Deposit Paid: _____

Deposit Refund Approved: Yes No If **No, explain:** _____

If **Yes**, date refunded & mailed/picked up:

Check Number _____