



Department of Public Affairs  
 P.O. Box 210 | St. Augustine, FL 32085-0210  
 Phn: 904.825.1004 | Fax: 904.825.1096

Email: [events@citystaug.com](mailto:events@citystaug.com) | Web Site: [www.citystaug.com](http://www.citystaug.com)

## Event Operations Profile

### EVENT DATE AND SITE

Name of Event: \_\_\_\_\_

No. years event held: \_\_\_\_\_ Attendance expected: \_\_\_\_\_ Attendance last year: \_\_\_\_\_

Date(s)/hours: Date(s) \_\_\_\_\_

From \_\_\_\_\_ (AM/PM) To: \_\_\_\_\_ (AM/PM)

Set-up date(s): \_\_\_\_\_ Tear down date(s) \_\_\_\_\_

### Venue:

- |                          |                                    |                          |                                     |
|--------------------------|------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Francis Field                      | <input type="checkbox"/> | The Gazebo/Plaza de la Constitución |
| <input type="checkbox"/> | The VIC/The Promenade/The Fountain | <input type="checkbox"/> | The St. Augustine Municipal Marina  |
| <input type="checkbox"/> | The Willie Galimore Center         | <input type="checkbox"/> | The Lightner Courtyard              |

Identify the affected right-of-ways: \_\_\_\_\_

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

### EVENT PRODUCER/ORGANIZER

Organization producing event: \_\_\_\_\_

Address: \_\_\_\_\_

(Street/P.O. Box, City, State, Zip)

Contact: Person: \_\_\_\_\_ Title: \_\_\_\_\_

(Contact person must be on site during event)

Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Insurance: Provider: \_\_\_\_\_

\_\_\_\_\_

### EVENT PROFILE BRIEF

Description: Describe the event's activities (i.e. booths, music, games, cooking on site, beer, wine, etc.)

Include a site plan, use additional space as necessary

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

Support: Describe support services expected of the City of St. Augustine (i.e. solid waste, water, electrical, security, etc.)

Use additional space as necessary

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



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## UNIFIED OPERATIONS PLAN

**Name of Event:** \_\_\_\_\_

**Location:** \_\_\_\_\_

[If location is a Right-of-Way, attach specific route/area of event]

**Date(s)/hours:** [Including move-in move-out dates.]

Date \_\_\_\_\_ / \_\_\_\_\_ (AM/PM) to: \_\_\_\_\_ (AM/PM)

Date \_\_\_\_\_ / \_\_\_\_\_ (AM/PM) to: \_\_\_\_\_ (AM/PM)

Date \_\_\_\_\_ / \_\_\_\_\_ (AM/PM) to: \_\_\_\_\_ (AM/PM)

Date \_\_\_\_\_ / \_\_\_\_\_ (AM/PM) to: \_\_\_\_\_ (AM/PM)

Date \_\_\_\_\_ / \_\_\_\_\_ (AM/PM) to: \_\_\_\_\_ (AM/PM)

**On site primary contact:**

Name: \_\_\_\_\_

Office: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Event description:**

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**Documents, permits, forms, required by event and status:**

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**Special responsibilities / obligations of event organizer:**

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