



MIAMI-DADE COUNTY
People and Internal
Operations Department
Permit to Use County Property

Date of application: _____ Number of Participants: _____ (approximate number)

Location requested: _____

Name of requesting organization: _____

Name of event organizer: _____

Organization's address: _____

Street address City, State Zip Code

Telephone number: _____ Fax number: _____ E-mail: _____

Purpose of Use (If necessary, use reverse side of sheet): _____

Is organization profit making? yes ☐ no ☐ Please include proof of non-profit status by attaching the certificate to this application.

Period requested: From: _____ To: _____
 Time Date Time Date

1. The building manager or County designee will provide available space/areas identified for this purpose as long as it does not interfere with scheduled County functions or events.
2. County functions and events will take precedence in regards to space allocation. Petitioner may be asked to move to a different area/location identified by the building manager when these circumstances are encountered.
3. The petitioner will make their request in writing to the building manager weekly with a minimum of fifteen days in advance. This will ensure that scheduled events do not conflict with petitioner's event.

Please provide information regarding vendors, contractors or subcontractors, media, guest speakers, etc. as requested below. For additional participants please include a separate sheet.

_____ Vendor/Participants name	_____ Service/role	_____ Contact Information
_____ Vendor/Participants name	_____ Service/role	_____ Contact Information
_____ Vendor/Participants name	_____ Service/role	_____ Contact Information

Will alcohol be served? _____ _____ _____
 If so, Vendor Name Telephone number License/Permit Number



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Area of Site Requested

Topic and/or theme of the Special Event

On scene person responsible for event:

Print Name

Phone number

Signature

Date

PIOD Building Management Recommendations for Approval or Disapproval:

Print Name

Phone number

Signature

Date

PIOD Recommendations for Approval or Disapproval:

Print Name

Phone number

Signature

Date

Final Action:

Approved: ☐

Disapproved: ☐

PIOD Director or Designee

Date