

Special Event Questionnaire

Instructions: Please complete this questionnaire if your event will have any of the following activities: Use or placement of entertainment equipment, athletic or sporting events involving physical contact, events that are expected to draw over 200 people which include amplified music, commercial activity, any event which is open to the public and involves the possession or consumption of alcoholic beverages, the sale of food items and/or beverages. Return completed questionnaire to the Brevard County Parks and Recreation Area Operations Office no later than 90 days prior to your event.

Organization/Contact Information		
Organization Name:		
	BREVARD RENAISSANCE FAIR	
Address:		
	3900 LOBLOLLY PL	
City, State, Zip:		
	COCOA FL 32926	
Applicant Name:		
,	PETER MOOLHUIZEN	
Phone Number:		
	321.458.3515	
Alternate Phone Number:		
Email Address:	PETER BREVARD RENAISSANCE FAIR, COM	
Is this Organization Non-		
Profit? (If yes, provide	0.10	
supporting documentation) Is this Organization Tax	/V ()	
Exempt? (If yes, provide		
supporting documentation)	NO	
Event Information		
Event Name:	BREVARD RENAISSANCE FAIR 5ETUD 2 WEEKS PRIOF (12/24/24) TEANDOWN 2 WEEKS AFTER (21/24)	
Event Date(s):	55-TUP 2 WEEKS PRIOT (12/24/24) TEANDOWN 2 WEEKS AFTER (2/9/28)	
B . 15	EVENT JAN 1412, 18, 19, 20, 25, 26, 27, FEB 1, 2, 8, 9, 15, 16, 22, 23	
Desired Event Location:	WICKHAM PARK AMPHITHEATER	
Event Description/Purpose:	PROVIDE CULTURAL ENTENTAINMENT TO	
	RESIDENTS OR BREVARD COUNTY AND BEYOUD	
	A THEMED ATMOSPHEAS, THAT WOOLD	
	RESIDENTS Of BREVARD COUNTY AND BEYOUD IN A THEMED ATMOSPHERE, PLAT WOOLD INCLUDE INTERNATIONAL ENTERTAINER, AND LOCAL ACTS AS WELL AS LOCAL NATIONAL CRAFT VENDORS	
	ACTS AS WELL AS LOCAL/NATIONAL CRAFT LENDORS	

Are You Requesting Exclusive Use of the Park?	
Use of the Park? Estimated Attendance Per Day: 6,500	
Event Start Date/Time:	Event End Date/Time:
Set up Date/Time:	Cleanup Date/Time:
Will event be open to the public?	Yes No
Will you charge admission?	Yes No
Will you charge for parking?	Yes No
Will you sell food?	Yes No
Will alcohol be present?	Yes No
Will you sell alcohol or include it in the price of admission?	Yes No
Will there be amplified sound or music?	Yes No Hours?: 107 10 pm
Will you have bounce houses or inflatables?	Yes No Vendor Name:
Provide a sketch of your event layout that includes any of the following that apply: stage(s), tent(s), layout of events/attractions, location of entertainment equipment, locations of vendors, alcohol consumption area, cash handling areas, routes for runners/walkers, dumpsters, portable toilets, parking area and emergency ingress/egress.	LAYOUT WILL MATCH THE 2024 EVENT - AUPDATED DRAWING WILL 13E PROVINGED (MURE DETAILED)
You may be required at the discretion of the Parks and Recreation Department to provide a safety plan for this event. If required, Park Staff will assist with preparing this plan. A template for a safety plan appears as Attachment 3.	WILL BE THE SAME AS 2024 SHOW

Please email this completed form to: wickham.park@brevardfl.gov