SJSO-1039 Public Safety Application

In the interest of public safety, the St. Johns Sheriff's Office will review all applications for utilization of St. Johns County properties and/or facilities to host special events.

Applicants/hosts must complete this packet and forward it to events@sjso.org no less than thirty (30) days prior to the event.

The number of SJSO personnel required will be determined by the type of event and potential for high-risk incidents. In addition to interior security, the event host may be required to supply traffic control deputies and other Sheriff's Office resources contingent on the magnitude of the event. All costs associated with the Sheriff's Office employees servicing the event will be paid for by the host. Any additional charges related to necessary special equipment may be required at the discretion of the SJSO and paid for by the host.

Additionally, the Sheriff's Office will reserve the right to terminate any special event hosted on St. Johns County property that is found to be in violation of state law and ordinances to include, but are not limited to:

- Noise Ordinance Ord. 2011-35
- Sale of Alcohol without a permit Ord. 2011-46, Ord. 2010-24
- Narcotics F.S. 893.13.6a
- Any other circumstances/threats related to public safety
- Events that grossly exceed the number of attendees listed on the application

For events held at the St. Johns County Fairgrounds, applicants should attach a site map outlining traffic flow and specific locations to include parking, entry points, vendor locations, etc. Prepayment for law enforcement at the Fairgrounds must be made via RollKall, the Sheriff's Office third party payment

Personal Safety and Property Security is determined by SJSO personnel based upon attendees and participants as follows:

Attendees &	0-	1,001-	2,501-	5,001-	7,501-	10,001-	15,001-
Participants	1,000	2,500	5,000	7,500	10,000	15,000	25,000
SJSO	0	1	2	2 Sgts	3 Sgts	4 Sgts	Command
Supervisors				1 Lt	1 Lt	1 Lt	Review
Personnel	1-5	5-10	10-15	15-20	20-25	25-30	30+
@ Event							









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Applicant Information

First Name:	Last Name:					
Address:	City:	State:				
Cell Number:	Alternate Number:					
Email Address:						
Event Name:	Location:					
*Projected Event Size Each Day:	Event Date(s):	Event Date(s):				
Will alcohol be served:	**Will private security be hire	d:				
If there is a discrepancy between the event Office reserves the right to increase the nurapplicant. **Private security does not change the num the manpower grid on page one.	nber of deputies and leadership require	ed to manage the event at the cost of the				
By signing and completing this document the understanding that any state law/ordin criminal prosecution.						
Applicant Signature:	Date:					
<u>Do no</u>	t write below. To be completed by	<u>SJSO</u>				
Approved: Denied:	Projected cost for special equi	pment:				
Number of Deputies required:	Hourly rate per Deputy:	Hourly rate per Deputy:				
Number of Supervisors required:	Hourly rate per Supervisor:					
Commander Signature:	Date	::				

PLEASE EMAIL SIGNED COPY OF APPLICATION TO AKASTING@SJSO.ORG







