City of St. Petersburg

City Council
Co-Sponsored Event Committee

Thursday, September 29, 2016, 2:30 PM

City Hall Room 100

Committee Members
Charlie Gerdes
Steve Kornell
Ed Montanari
Jim Kennedy (Alternate)

Agenda

I. Call to Order

II. Approval of nineteen (22) events for FY 17
   a. waiving the non-profit requirement for six (6) events
   b. waiving the $1200 late application fee for one (1) event
   c. approval of liquor requests for two (2) events

III. Discuss the addition of Elva Rouse Park and Williams Park to list of parks approved for beer and wine during co-sponsored events.

IV. Public comment

III. Adjournment
<table>
<thead>
<tr>
<th>Event #</th>
<th>Event Name</th>
<th>Profit</th>
<th>Non Profit</th>
<th>Profit Organization</th>
<th>Event Dates</th>
<th>Times</th>
<th>Event Location</th>
<th>Liquor Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>James Weldon Johnson Literacy Festival</td>
<td>NO</td>
<td>FRIENDS OF JOHNSON BRANCH LIBRARY, INC.</td>
<td>03/18/17</td>
<td>10am - 4pm</td>
<td>Weldon Branch Library</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>St. Pete Beer &amp; Bacon Festival</td>
<td>YES</td>
<td>CHILDREN'S DREAM FUND, INC.</td>
<td>SIDELINE APPARREL, INC</td>
<td>01/21/17</td>
<td>12pm - 8pm</td>
<td>Vinoy Park</td>
<td>NO</td>
</tr>
<tr>
<td>57</td>
<td>Pregame in Paradise</td>
<td>YES</td>
<td>HALL OF FAME FOUNDATION, INC.</td>
<td>01/08/17</td>
<td>1pm - 11pm</td>
<td>Albert Whitted Park</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Southeast Guide Dogs Walk</td>
<td>NO</td>
<td>SOUTHEASTERN GUIDE DOGS, INC.</td>
<td>02/25/17</td>
<td>8am-2pm</td>
<td>Vinoy Park Mole</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>St. Petersburg Jazz Explosion</td>
<td>NO</td>
<td>ST PETERSBURG JAZZ EXPLOSION, INC.</td>
<td>05/13/17 &amp; 05/14/17</td>
<td>1pm-10pm</td>
<td>Vinoy Park</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>24th Annual Corvettes at the Pier Corvette Show</td>
<td>NO</td>
<td>SUNCOAST CORVETTE ASSOCIATION, INC.</td>
<td>05/27/17</td>
<td>10am-4pm</td>
<td>North Straub Park</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>Eckerd College Volleyball Tournament</td>
<td>YES</td>
<td>ECKERD COLLEGE, INC.</td>
<td>03/24/17 &amp; 3/25/17</td>
<td>8am - 7pm</td>
<td>Elva Rouse/Northshore Volleyball Courts</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>Awakening into the Sun</td>
<td>NO</td>
<td>AWAKENING INTO THE SUN, INC.</td>
<td>03/04/16 &amp; 03/05/16</td>
<td>9am - 6pm &amp; 10am - 6pm</td>
<td>South Straub Park</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>Movies in the Park (May)</td>
<td>NO</td>
<td>SAINT PETERSBURG PRESERVATION, INC.</td>
<td>4/27/17-5/25/17</td>
<td>6:30pm - 10:15pm</td>
<td>North Straub Park</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>The Sunrise Run-Walk</td>
<td>NO</td>
<td>FIRST TO THE CROSS MINISTRIES, INC.</td>
<td>09/23/17</td>
<td>6am-2pm</td>
<td>Vinoy Park</td>
<td>NO</td>
<td></td>
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<tr>
<td>65</td>
<td>Historic Kenwood Pinot in the Park</td>
<td>NO</td>
<td>HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.</td>
<td>04/01/17</td>
<td>6pm - 10pm</td>
<td>Seminole Park</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>97X BBQ</td>
<td>NO</td>
<td>PARC, INC</td>
<td>COX MEDIA, L.L.C</td>
<td>05/27/17</td>
<td>12pm - 10pm</td>
<td>Vinoy Park</td>
<td>YES</td>
</tr>
<tr>
<td>67</td>
<td>United Music Fest</td>
<td>YES</td>
<td>A NEW BEGINNING, INC.</td>
<td>D &amp; M PROMOTIONS INC</td>
<td>06/10/17</td>
<td>2pm - 10pm</td>
<td>Vinoy Park</td>
<td>NO</td>
</tr>
<tr>
<td>68</td>
<td>American Stage in the Park</td>
<td>NO</td>
<td>THE AMERICAN STAGE COMPANY, INC.</td>
<td>04/19/17 - 05/14/17</td>
<td>6pm - 10:30pm</td>
<td>Demen's Landing Park</td>
<td>NO</td>
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<tr>
<td>69</td>
<td>The Great Brainwash</td>
<td>NO</td>
<td>BRAIN TUMOR ALLIANCE, INC.</td>
<td>08/04/17 &amp; 08/05/17</td>
<td>5:30a - 4:00pm</td>
<td>North Straub, South Straub, Vinoy, Elva Rouse</td>
<td>YES</td>
<td></td>
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<tr>
<td>70</td>
<td>Relay For Life of St. Petersburg</td>
<td>NO</td>
<td>AMERICAN CANCER SOCIETY, INC.</td>
<td>4/28/17</td>
<td>2pm-10pm</td>
<td>South Straub Park</td>
<td>NO</td>
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<tr>
<td>71</td>
<td>Extreme Mudwars</td>
<td>NO</td>
<td>PIER AQUARIUM, INC.</td>
<td>ACTIVE ENDEAVORS, INC.</td>
<td>7/15/17</td>
<td>8am - 4pm</td>
<td>Spa Beach Park or Albert Whitted</td>
<td>YES</td>
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<td>72</td>
<td>Heroes Memorial 5K/10K Run</td>
<td>NO</td>
<td>HEROES OF THE ST. PETE POLICE, INC.</td>
<td>3/24/17</td>
<td>6pm - 10pm</td>
<td>Demens Landing Park</td>
<td>NO</td>
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<td>Event #</td>
<td>Event Name</td>
<td>1st Year</td>
<td>Non Profit</td>
<td>Profit Organization</td>
<td>Event Dates</td>
<td>Times</td>
<td>Event Location</td>
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<td>73</td>
<td>Tampa Bay Caribbean Carnival</td>
<td>NO</td>
<td>ASSOCIATION OF CENTRAL FLORIDA, INC.</td>
<td>6/10/17 &amp; 6/11/17</td>
<td>12pm - 10pm</td>
<td>Albert Whitted Park</td>
<td>NO</td>
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<td>75</td>
<td>Purina Pro Plan Incredible Dog Challenge</td>
<td>NO</td>
<td>TBA</td>
<td>Carson International, Inc.</td>
<td>04/07/17 &amp; 04/08/17</td>
<td>7am - 5:30pm</td>
<td>Albert Whitted Park</td>
<td>NO</td>
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<tr>
<td>76</td>
<td>Vans Warped Tour</td>
<td>NO</td>
<td>MY HOPE CHEST CORPORATION</td>
<td>LIVE NATION WORLDWIDE, INC.</td>
<td>06/23/17</td>
<td>10am - 9pm</td>
<td>Vinoy Park</td>
<td>NO</td>
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<td>77</td>
<td>Running for All Children 10K, 5K</td>
<td>NO</td>
<td>RUNNING FOR ALL CHILDREN INC</td>
<td>05/13/17</td>
<td>7am - 10am</td>
<td>Poynter Park &amp; 6th Ave S</td>
<td>NO</td>
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CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

Event Title: James Weldon Johnson Literacy Festival
Phone No.: 727-342-2335
Fax No.: 

Entity Name: Friends of James Weldon Johnson Community Library
Federal I.D. Number: 56-3035195

Event Date(s): March 18, 2017
Location: Johnson Community Library & Enoch Davis Center

Day 1 of Event: March 18, 2017
Time Gates Open: 10:00 AM
Ending Time: 9:00 PM

Day 2 of Event: N/A
Time Gates Open: N/A
Ending Time: N/A

Day 3 of Event: N/A
Time Gates Open: N/A
Ending Time: N/A

Application Prepared by: Kevin W. Johnson
Phone: 727-342-2335

Title: Vice President of Friends of James Weldon Johnson Community Library
Cell Phone: Same As Above

Address: 2861 4th Avenue South
City: St. Petersburg
State: FL
Zip: 33712

Email Address: kevinjohnson5370@yahoo.com

Additional Contact Person: Ernie L. Coney
Day Phone: 727-459-9500

What month/year were you incorporated as nonprofit? September 1, 1990

List all 501(c)3 entities that will benefit from this event. James Weldon Johnson Community Library

Name of the for-profit entity? None

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The James Weldon Johnson Literacy Festival will promote literacy through the use of the James Weldon Johnson Community Library.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Expose the community to local vendors and help promote their businesses.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO

Are there plans to sell or distribute beer/wine at your event? YES NO

Will there be an admission / registration fee? YES NO

Advanced Fee: Day of:

Please provide the website address for your event. www.fojbl.com

Please provide a phone number that can be advertised to the public. 727-342-2235

What is the estimated attendance for this event? Spectators 350 Participants 30 Last Year's Total Attendance 300
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
- Showmobile (Yes/No) [Yes]
- # Bleacher(s) needed. Each bleacher approx. 180 people [No]
- Tables (6 ft) # needed [50]
- Chairs # needed [50]
- Public Address System [Yes]
- # of portable risers needed (4 in. x 8 in. x 16 in. sections) [ ]

Special Events Facilities
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill
- Non-City Locations

Which Location? [ ]

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: [ ]
Co-Sign: [ ]
Title: [Vice-President]
Date: [9-1-16]
Title: [President]
Date: [9-1-16]

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.
   b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.
   c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
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<tr>
<td>Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Security</td>
<td>Other</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Overnight - Private</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Event Time Frame - SPPD</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

<table>
<thead>
<tr>
<th>Invitations</th>
<th>Radio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  

☐ YES  ☒ NO

If YES, check all that apply.  

☐ RV'S  ☐ Coffee Vendors  ☐ Ice Bins  ☐ Freezers  ☐ Ice Cream Vendors  ☐ Catering Trucks  

☐ Other.

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators?  

☐ YES  ☒ NO

Will your event have a licensed electrician on-site during the event?  

☐ YES  ☒ NO  If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name:  Friends of James Weldon Johnson Community Library  
Phone:  727-342-2235

Address (including zip):  Post Office Box 1061 - St. Petersburg, Florida 33733

Type of music, # of stages, and # of bands.

List Vending Products. Name & Provider.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: [Signature]  
Title: VP - Friends of Johnson Commm  
Date: September 1, 2016
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Friends of James Weldon Johnson Community Library</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Ernie L. Coney</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2526 67th Avenue South - St. Petersburg, FL 33712</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-459-9500</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:allrise7777@hotmail.com">allrise7777@hotmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-3035145</td>
</tr>
</tbody>
</table>

| Name of the For-profit Corporation: | |
|-------------------------------------| |
| Name of Responsible Party (President or CEO ONLY): | |
| Title of Responsible Party: | |
| Physical Address of Responsible Party: | |
| Phone Number of Responsible Party: | |
| Email Address of Responsible Party: | |
| For-profit (Employee Identification Number) | |

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
Kevin Johnson
Vice - President
Friends of Johnson Branch Community Library

On Wednesday, August 24, 2016 11:03 PM, Kevin Johnson <kevinjohnson5370@yahoo.com> wrote:

Hi Polly

The James Weldon Johnson Festival will be held on Saturday, March 18, 2017 from 9:00am - 5:00pm.

This is a list of service the Friends will need for the Festival. We would like to know the cost of these services so that we can assure that the City of St. Petersburg can be compensated for the services they that render that day.

1. 50 chairs
2. 2 inflatables
3. 2 generators
4. 10 Tables
5. sound system
6. small stage/ risers
7. hourly rates for staff

Kevin W. Johnson
Vice - President
Friends of Johnson Branch community Library
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Date(s) of Event:</th>
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I. REVENUE SOURCES (attach sheet if more space is needed)

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<th>I.</th>
<th>Amount</th>
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TOTAL GROSS REVENUE

II. EXPENSES (attach sheet if more space is needed)

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TOTAL OPERATING EXPENSES
TOTAL NET INCOME

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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TOTAL ALLOCATION OF NET INCOME

Prepared by: ____________________________ Date: ____________
James Weldon Johnson Literacy Festival 2016

Financial Report

**INCOME**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Vendor Fees</td>
<td>$215.00</td>
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<tr>
<td>Cotton Candy, Popcorn, Snow cones etc.</td>
<td>$140.15</td>
</tr>
<tr>
<td>Food Sales</td>
<td>$266.50</td>
</tr>
<tr>
<td>Donations</td>
<td>$1,410.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,031.65</td>
</tr>
</tbody>
</table>

**EXPENSES**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Returned check</td>
<td>$12.00</td>
</tr>
<tr>
<td>Gift Cards (Walmart &amp; Publix)</td>
<td>$470.00</td>
</tr>
<tr>
<td>First book shipping</td>
<td>$147.40</td>
</tr>
<tr>
<td>Master Dezign</td>
<td>$24.99</td>
</tr>
<tr>
<td>Arm Bands</td>
<td>$58.90</td>
</tr>
<tr>
<td>Moston's Business &amp; Sporting Apparel</td>
<td>$189.00</td>
</tr>
<tr>
<td>Children's Craft Section (Mrs. Rogers)</td>
<td>$35.00</td>
</tr>
<tr>
<td>Alma Ingram Florist</td>
<td>$50.00</td>
</tr>
<tr>
<td>Characters</td>
<td>$300.00</td>
</tr>
<tr>
<td>Pinch Penny Press</td>
<td>$259.00</td>
</tr>
<tr>
<td>Party City</td>
<td>$51.33</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,597.62</td>
</tr>
</tbody>
</table>
Florida Department of State
Division of Corporations

Detail by Entity Name

Florida Not For Profit Corporation
FRIENDS OF JOHNSON BRANCH LIBRARY, INC.

Filing Information

Document Number          N40185
FEI/EIN Number           59-3035195
Date Filed               09/07/1990
State                    FL
Status                   ACTIVE
Last Event               REINSTATEMENT
Event Date Filed         03/28/2005

Principal Address

1059 18 AVE SOUTH
SAINT PETERSBURG, FL 33701

Changed: 05/05/2003

Mailing Address

PO BOX 1061
ST. PETERSBURG, FL 33731

Changed: 04/24/2012

Registered Agent Name & Address

CONEY, ERNIE
2526 67TH AVE SOUTH
SAINT PETERSBURG, FL 33712

Name Changed: 05/01/2002

Address Changed: 05/01/2002

Officer/Director Detail

Name & Address

Title P

CONEY, ERNIE L
2526 67 TH AVENUE SOUTH
SAINT PETERSBURG, FL 33712
<table>
<thead>
<tr>
<th>Title</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>S JONES, CLAUDENIA B</td>
<td>1501 26 AVENUE SOUTH</td>
<td>SAINT PETERSBURG, FL 33705</td>
</tr>
<tr>
<td>T SMITH, JANIS</td>
<td>2159 DESOTO WAY SOUTH</td>
<td>SAINT PETERSBURG, FL 33712</td>
</tr>
<tr>
<td>VP JOHNSON, KEVIN</td>
<td>2861 4TH AVE SOUTH</td>
<td>SAINT PETERSBURG, FL 33712</td>
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**Annual Reports**

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>01/09/2014</td>
</tr>
<tr>
<td>2015</td>
<td>03/17/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/08/2016</td>
</tr>
</tbody>
</table>

**Document Images**

- 03/08/2016 -- ANNUAL REPORT
- 03/17/2015 -- ANNUAL REPORT
- 01/09/2014 -- ANNUAL REPORT
- 05/20/2013 -- ANNUAL REPORT
- 04/24/2012 -- ANNUAL REPORT
- 04/23/2011 -- ANNUAL REPORT
- 05/05/2010 -- ANNUAL REPORT
- 04/30/2009 -- ANNUAL REPORT
- 04/28/2008 -- ANNUAL REPORT
- 04/30/2007 -- ANNUAL REPORT
- 05/02/2006 -- ANNUAL REPORT
- 03/28/2005 -- REINSTATEMENT
- 05/05/2003 -- ANNUAL REPORT
- 05/01/2002 -- ANNUAL REPORT
- 07/05/2001 -- ANNUAL REPORT
- 05/30/2000 -- ANNUAL REPORT
- 06/01/1999 -- ANNUAL REPORT
- 05/19/1998 -- ANNUAL REPORT
FRIENDS OF JOHNSON BRANCH LIBRARY INC
KEVIN JOHNSON
1059 18TH AVE S
ST PETERSBURG FL 33705 USA

Purpose of Use: JAMES WELDON JOHNSON LITERACY FESTIVAL
Expected: 350
Co-Sponsored Event: No
Contract Balance: $30.00

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Sat 18 Mar 17 06:00 am
Ending: Sat 18 Mar 17 05:00 pm

Facility/Equipment: Enoch Davis Park
Day: Sat
Date: 18 Mar 2017
Time: 06:00 AM
Fee: $0.00
Extra Fee: $0.00
Tax: $0.00
Total: $0.00

Additional Fees:
<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>PKS Application Processing Fee</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
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</table>

Charges:
<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:
<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 Sep 2016</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2641147</td>
</tr>
</tbody>
</table>

Additional Notes:
I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) KEVIN JOHNSON
(Print Name) FRIENDS OF JOHNSON BRANCH LIBRARY INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA
By:(Sign Name): Parks and Recreation Superintendent
(Print Name) Parks and Recreation Department

Supervisor II / Foreman
Manager

Printed: 02 Sep 2016, 12:49 PM
User: dwburns
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$60.00</td>
</tr>
<tr>
<td>Applied To: 18261 - JAMES WELDON JOHNSON LITERACY FESTIVAL</td>
<td>$30.00</td>
</tr>
<tr>
<td>Enoch Davis Park - Park</td>
<td></td>
</tr>
<tr>
<td>March 18, 2017 6:00 am to March 18, 2017 5:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$30.00</td>
</tr>
</tbody>
</table>
Rental #: 18261
FRIENDS OF JOHNSON BRANCH LIBRARY INC
1059 18TH AVE S
ST PETERSBURG FL 33705 USA
JAMES WELDON JOHNSON LITERACY FESTIVAL

Amendment Reason: Fee Due now

i) Purpose of Use:
   Function: Not Changed
   Description:

ii) Conditions of Use:
   Insurance Required

iii) Dates and Time of Use:
   # of Bookings: 1
   Starting: N/C
   Ending: N/C
   Expected: N/C

iv) Additional Fees:
   Damage Deposit: N/C
   Payable By: N/C
   Adjustment: N/C
   Initial Due: N/C
   Initial Pay: N/C
   Prior Contract Total: $ 60.00
   Contract Total: N/C
   Statementing: Due immediately

   Date: 02 Sep 2016
   Amount: $30.00

KEVIN JOHNSON

Supervisor / Foreman

Manager

Superintendent

Date

Approved or Rejected

Date

Approved or Rejected

Date

Approved or Rejected

Date

Page: 1
Event Title: St Pete Beer & Bacon Festival
Entity Name: Sideline Apparel, Inc. DBA Brewed Life
Event Date(s): 1/21/17
Day 1 of Event: 1/21/17
Day 2 of Event: 
Day 3 of Event: 
Application Prepared by: Patrick Green
Title: President
Address: 6314 98th St E, Bradenton, FL 34202
Email Address: patrick@brewedlife.com

What is the estimated attendance for this event? Spectators: 3000, Participants: 100

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Are there plans to sell or distribute beer/wine at your event? YES NO

Will there be an admission / registration fee? YES NO

Please provide the website address for your event. www.stpetebeerandbacon.com

Please provide a phone number that can be advertised to the public. 941-812-7400

What is the estimated attendance for this event? Spectators: 3000, Participants: 100, Last Year's Total Attendance: N/A

The event will be a fun and fulfilling event that people in St Petersburg and surrounding areas will look forward to year round. It is an attractive event for local and potential locals alike.

The St Pete Beer and Bacon Festival will feature local craft beer and food from local restaurant/catering vendors. It will give local merchants the ability to market and promote to a large audience. It will bring in people from surrounding areas to downtown and also raise money for a non-profit organization.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO

How much?

Advanced Fee: 10 Day of: 15

Please provide the website address for your event. www.stpetebeerandbacon.com

Please provide a phone number that can be advertised to the public. 941-812-7400

What is the estimated attendance for this event? Spectators: 3000, Participants: 100, Last Year's Total Attendance: N/A

Page 1 of 8
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ] No

# Bleacher(s) needed. Each bleacher approx. 180 people) [ ]

Tables (6 ft) # needed [ ] Chairs # needed [ ]

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [ ]

Special Events Facilities

[ ] Mahaffey Theater
[ ] Coliseum
[ ] Sunken Gardens
[ ] Boyd Hill

Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Patrick Green
Title: President
Date: 6/3/16

Co-Sign: [ ]

Title: [ ]
Date: [ ]

Note: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

Please attach the following

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

For further information, please call Lynn Gordon, Parks & Recreation Manager,
727-893-7766 or Email: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:
Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO
If YES, check all that apply. □ RVs □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.
We will have various vendors, from food/catering trucks, portable food vendors, beer trailers, ice trucks, ice cream vendors, etc.

Will you supply your own generators? □ YES □ NO
Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?
Name: Brewed Life Phone: 941-812-7400
Address (including zip): 6314 98th St E, Bradenton, FL 34202
Type of music, # of stages, and # of bands.
2-3 rock/reggae bands. 1 stage

List Vending Products. Name & Provider.
Multiple

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.
Load in on prior day and morning of the event. Surrounding parking will be sufficient.
Other Comments: Please describe your fee structure.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Patrick Green
Title: President
Date: 6/3/16
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 months prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non-refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

### Nonprofit Corporation Information

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation</th>
<th>Children's Dream Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>Cynthia Lake Farrell - Executive Director</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>One Progress Point, Suite 1750, St. Pete A 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td>727-896-6390</td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td><a href="mailto:cindy@childrensdreamfund.org">cindy@childrensdreamfund.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number)</td>
<td>59-2145821</td>
</tr>
</tbody>
</table>

### For-profit Corporation Information

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation</th>
<th>Brewed Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>Patrick Green</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>6314 98th St E, Bradenton, FL 34202</td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td>941-812-7400</td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td><a href="mailto:patrick@brewedlife.com">patrick@brewedlife.com</a></td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: St Pete Beer & Bacon
Date(s) of Event: Jan 21, 2017

I. REVENUE SOURCES (attach sheet if more space is needed)  

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticket Sales - 3,000</td>
<td>$37,500.00</td>
</tr>
<tr>
<td>Beer Sales - 2,000</td>
<td>$12,000.00</td>
</tr>
<tr>
<td>Vendors - Food &amp; Others</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Sponsors</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Drink Sales</td>
<td>$1,000.00</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$58,500.00</td>
</tr>
</tbody>
</table>

II. EXPENSES (attach sheet if more space is needed)  

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tents</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Bands</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Stage / Sound</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Tables/Chairs</td>
<td>$500.00</td>
</tr>
<tr>
<td>Photographer - Still &amp;</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Ice</td>
<td>$600.00</td>
</tr>
<tr>
<td>Beer/Softdrinks/Water</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Printing</td>
<td>$300.00</td>
</tr>
<tr>
<td>Tshirts</td>
<td>$500.00</td>
</tr>
<tr>
<td>Advertising</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Working Expenses</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Kids Area</td>
<td>$1,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$24,400.00</td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td>$34,100.00</td>
</tr>
</tbody>
</table>

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)  

<table>
<thead>
<tr>
<th>Allocation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td></td>
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Prepared by: Patrick Green
Date: Jun 3, 2016
### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
</tr>
<tr>
<td>Applied To: 17573 - St. Pete Bear &amp; Bacon Fest</td>
<td>$30.00</td>
</tr>
<tr>
<td>Vinoy Park - Park</td>
<td></td>
</tr>
<tr>
<td>January 20, 2017  6:00 am to January 22, 2017  9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**Approved Refunds are by Check Only**
Contract/Permit

Contract #: 17573
Date: 10 Jun 2016

Brewed Life
PATRICK GREEN
6314 98TH STREET EAST
BRADENTON FL 34202 USA

Purpose of Use: St. Pete Bear & Bacon Fest
Expected: 0
Co-Sponsored Event

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: No

Date(s) and Time(s) of Use:

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park Park</td>
<td>Fri</td>
<td>20 Jan 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Vinoy Park Park</td>
<td>Sat</td>
<td>21 Jan 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
</tr>
<tr>
<td>Vinoy Park Park</td>
<td>Sun</td>
<td>22 Jan 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Application Fee: 15:00, 1, $30.00, $0.00, $0.00
  - Co-Sponsored Park Permit Fee: 15:00, 1, $200.00, $0.00, $200.00

Charges:
- Fees: $0.00
- Extra Fees: $230.00
- Tax: $0.00
- Total: $230.00
- Deposit: $0.00
- Total Applied: $30.00
- Contract Balance: $200.00
- Account Balance: $200.00

Balance of rental due and payable immediately.

Payments:
- Date: 10 Jun 2016
- Amount: $30.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 2572580

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Sign Name)

(Print Name) PATRICK GREEN
Brewed Life
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name)
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Contract # : 17573
Date: 10 Jun 2016

BREWED LIFE
PATRICK GREEN
6314 98TH STREET EAST
BRADENTON FL 34202 USA

Purpose of Use: St. Pete Bear & Bacon Fest  Expected: 0  Co-Sponsored Event

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Fri 20 Jan 17 06:00 am
Ending: Sun 22 Jan 17 09:00 pm

Facility/Equipment | Day      | Date       | Time       | Fee | Extra Fee | Tax | Total
-------- | --------- | ----------- | ---------- |-----|-----------|-----|-------
Vinoy Park   | Fri      | 20 Jan 2017| 06:00 AM   | $0.00 | $0.00     | $0.00 | $0.00
              |          |            | 09:00 PM   |      |           |     |       
Vinoy Park   | Sat      | 21 Jan 2017| 06:00 AM   | $0.00 | $230.00   | $0.00 | $230.00
              |          |            | 09:00 PM   |      |           |     |       
Vinoy Park   | Sun      | 22 Jan 2017| 06:00 AM   | $0.00 | $0.00     | $0.00 | $0.00
              |          |            | 09:00 PM   |      |           |     |       

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Application Fee: 15:00, Qty: 1, Charge: $200.00, Tax: $0.00, Total: $200.00
  - Co-Sponsored Park Permit Fee: 15:00, Qty: 1, Charge: $200.00, Tax: $0.00, Total: $200.00

Charges:
- Fees: $0.00
- Extra Fees: $230.00
- Tax: $0.00
- Total: $230.00
- Deposit: $0.00
- Total Applied: $30.00
- Contract Balance: $200.00
- Account Balance: $200.00

Payment of rental due and payable immediately.

Payments:
- Date: 10 Jun 2016
- Amount: $30.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 00000000

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Sign Name) PATRICK GREEN
BREWED LIFE

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) Parks and Recreation Superintendent

(Print Name) Parks and Recreation Department:

Printed: 10 Jun 2016, 01:28 PM
User: sctegard
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Detail by Entity Name

Florida Profit Corporation
SIDELINE APPAREL, INC.

Filing Information
Document Number: P05000086188
FEI/EIN Number: 20-3018546
Date Filed: 06/15/2005
Effective Date: 06/15/2005
State: FL
Status: ACTIVE

Principal Address
6314 98TH STREET EAST
BRADENTON, FL 34202

Mailing Address
6314 98TH STREET EAST
BRADENTON, FL 34202

Registered Agent Name & Address
GREEN, PATRICK J
6314 98TH STREET EAST
BRADENTON, FL 34202

Name Changed: 07/03/2006

Officer/Director Detail
Name & Address
Title PRES

GREEN, PATRICK J
6314 98TH STREET EAST
BRADENTON, FL 34202

Annual Reports
Report Year | Filed Date
--- | ---
2014 | 02/26/2014
2015 | 04/22/2015
2016 | 01/26/2016
Florida Not For Profit Corporation
CHILDREN'S DREAM FUND, INC.

Filing Information
Document Number  760999
FEI/EIN Number  59-2145821
Date Filed  12/09/1981
State  FL
Status  ACTIVE
Last Event  NAME CHANGE AMENDMENT
Event Date Filed  08/20/2001
Event Effective Date  NONE

Principal Address
ONE PROGRESS PLAZA
SUITE 1830
ST PETERSBURG, FL 33701

Changed: 03/28/2016

Mailing Address
ONE PROGRESS PLAZA
SUITE 1830
ST PETERSBURG, FL 33701

Changed: 03/28/2016

Registered Agent Name & Address
Farrell, Cynthia L
ONE PROGRESS PLAZA
SUITE 1830
ST PETERSBURG, FL 33701

Name Changed: 02/26/2015
Address Changed: 03/28/2016

Officer/Director Detail
Name & Address
Title Director
HOBACH, JOHN
2201 4TH STREET N.
SAINT PETERSBURG, FL 33704

Title Officer

DACHEPALLI, BEN
101 E. KENNEDY BLVD. SUITE 3700
TAMPA, FL 33602

Title Chairman

Veillette, TRACY
5350 TECH DATA DRIVE
CLEARWATER, FL 33760

Title D

HADDAD, ROBERT
300 FIRST AVENUE S.
ST. PETERSBURG, FL 33701

Title D

Caraynoff, Greg
18210 CRANE NEST DRIVE
TAMPA, FL 33647

Title D

Christopher, Monica
501 E. Kennedy Blvd.
Suite 900
Tampa, FL 33602

Title D

Allen, David
880 Carillon Parkway
St. Petersburg, FL 33716

Title D

Kucera, Danielle
4868 W. Gandy Blvd.
Tampa, FL 33611

Title Treasurer

Lamson, Nancy
2650 Heron Lane S.
Clearwater, FL 33762

Title D
Detail by Entity Name

Marshall, Kevin
341 S. Plant Avenue
Tampa, FL 33606

Title Secretary

Sherman, Laura
4010 W. Boy Scout Blvd.
Suite 200
Tampa, FL 33607

Title Director

Ware, Randy
West Coast Medical Resources
520 Howard Court
Clearwater, FL 33756

Title Director

Khonsari, Rohom
2438 Dr. Martin Luther King Jr. St. N.
St. Petersburg, FL 33704

Title Director

Ferrari, John, Esq.
Ferrari and Gonzalez, PA
2014 Fourth Street
Sarasota, FL 34237

Title Director

Mogul, Mark, Dr.
St. Joseph's Children's Hospital
3001 W. Dr. MLK Jr. St.
Tampa, FL 33607

Title Director

Patel, Saloni
4161 Rolling Springs Drive
Tampa, FL 33624

Annual Reports

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Document Images
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City of St. Petersburg

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<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Previous Balance</td>
<td>$200.00</td>
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</table>

Applied To: 17573 - St. Pete Bear & Bacon Fest

Vinoy Park - Park

January 20, 2017  6:00 am to January 22, 2017  9:00 pm

Payment: Check  ($200.00)

Balance  $0.00
Employer ID Number: 59-2145821
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Apr. 05, 2016, regarding your tax-exempt status.

We issued you a determination letter in June, 1983, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).
Event Title: PREGAME IN PARADISE
Entity Name: Hall of Fame Foundation Inc.
Event Date(s): January 8, 2017
Day 1 of Event: January 8, 2017
Time Gates Open: 1 p.m.
Ending Time: 11 p.m.
Day 2 of Event: N/A
Day 3 of Event: N/A
Application Prepared by: Wayne Hogan
Title: Executive Director of Florida Sports Hall of Fame
Address: PO Box 86144
City: St. Petersburg
State: Florida
Zip: 33738
Email Address: hogan@FLASportshof.org
Additional Contact Person: Bob Corry
Phone: 727-914-3866
Cell Phone: 404-291-2120
Day Phone: 727-510-2186
What month/year were you incorporated as nonprofit? 10-01-87
List all 501(c)3 entities that will benefit from this event. Hall of Fame Foundation Inc. (Florida Sports Hall of Fame)
Name of the for-profit entity? None

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

The Florida Sports Hall of Fame continues its mission to honor Florida's vast sports heritage by taking the inspiring stories of its 234 current members to the people of Florida through outreach programs such as Fame for Fitness which raises awareness of childhood obesity and children's diabetes. The Florida Sports Hall of Fame, in cooperation with Visit St. Pete/Clearwater will be providing a fun filled afternoon of free music and autograph sessions with some of the greatest legends of Florida sports. The event will sell food and drinks as well. The free event will be from 2 p.m. until 5 p.m. (gates will open at 1:00 p.m.). The Florida Sports Hall of Fame will have a private VIP Experience held aboard the Sir Winston Yacht. The organizer seeks permission to anchor at the seawall adjacent to the Park and have access to the boat until 11 p.m. The organizer is also working in concert with a film premiere later that day at the Mahaffey theater to have an outdoors fireworks display immediately following the premiere. The fireworks display will be free to the public.

Describe what economic benefit and impact this event will bring to St. Petersburg.

This free event will proceed a world premiere film event to be held at the Mahaffey Theater later that day. The film, "The Bowden Dynasty" will draw over 2,000 people to St Petersburg for this event. With the NCAA National Football Championship occurring the very next night in Tampa, most of college football royalty will be in the Tampa Bay area. The film premiere will be broadcast live to over 400 theaters nationwide as a "Live Fathom Event", causing the eyes of the viewers to see our beautiful city. The film producers hope to include a great look of St Petersburg in the "Extras" section of the movies DVD. Restaurants and local hotels are sure to benefit from the amount of interest this event will garner.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO
How much? $1,000,000
Are there plans to sell or distribute beer/wine at your event? ☒ YES ☐ NO
Will there be an admission / registration fee? ☑ YES ☐ NO
Advanced Fee: Day of:
Please provide the website address for your event. http://flasportshof.org
Please provide a phone number that can be advertised to the public: 727-914-3866
What is the estimated attendance for this event? Spectators 2,000? Participants 40
Last Year's Total Attendance: N/A
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
- Showmobile (Yes/No) [No]
- # Bleachers needed. Each bleacher approx. 180 people [TBD]
- Tables (6 ft) # needed [TBD]
- Chairs # needed [TBD]
- Public Address System [No]
- # of portable risers needed (4 in. x 8 in. x 16 in. sections) [0]

Special Events Facilities
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Wayne Hogan
Co-Sign: [ ]

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.
b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.
c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
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<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
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<tr>
<td>Located in Park</td>
<td>Park Permit</td>
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<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
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<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>How many? 1 - 10 Vendors / Exhibitors</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
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<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<td>Staging</td>
<td>Professional Showmobile Other</td>
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<td>Amplified Sound</td>
<td>Performers Announcement Only</td>
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<tr>
<td>Security</td>
<td>Daytime - Private Overnight - Private Event Time Frame - SPPD</td>
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<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Regular Units TBD Disabled Units Hand Washing</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
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<td>Semitruck / Tractor Trailer</td>
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Marketing: Please check all that apply.

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<tr>
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<tbody>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply: □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Mobile Stage will need power for sound and lights. More than enough power in park for what we need. Probably a 100 Amp Service.

The Sir Winston has onboard generators, but we will look into tying into the electric as well.

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who? Electric Current, Inc

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

Yes. We would like to appeal to the City of St Petersburg to waive the $1,200 late fee for this application. We put a deposit down on the Mahaffey Theater on May 25, 2016. We were under the impression that the park could not be reserved more than six months in advance.

If City permits, licenses, or services are required for event, who will pay for them?

Name: Hall of Fame Foundation Inc.
Phone: 727-914-3866

Address (including zip): PO Box 86144 St Petersburg, FL 33738

Type of music, # of stages, and # of bands.

Country Music (Kenny Chesney cover band - Pirate Flag Band) one stage, one band (www.pirateflagband.com).

Music will be from 2 p.m. until 5 p.m.

List Vending Products. Name & Provider.

Vendors TBD
Food
Beer, Wine and soft drinks
Sales Table for "The Bowden Dynasty" film and other sports related merchandise.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Hall of Fame Foundation Inc.
PO Box 86144 St Petersburg, FL 33738

Explain subject/purpose of all speeches/demonstrations which will occur.

General Information only.

Discuss your load in/load out parking needs, include times and dates.

Load in starts 8 a.m. 1/8/17. Access to parking adjacent to park needs to be limited to vendors and organizers. Mobile stage has to be brought in by Semi-tractor Unit. We wish to have the entire park including the parking lot for our event.
Other Comments: Please describe your fee structure.

Free Event 2-5 p.m.

VIP Experience aboard the Sir Winston Yacht will not be free. Tickets will be sold in advance for a price to be determined.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WhOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Wayne Hogan
Title: Executive Director of FSHOF
Date: 7-26-16
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 months prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Hall of Fame Foundation, Inc.

Name of Responsible Party (President or CEO ONLY): Wayne Hogan

Title of Responsible Party: CEO

Physical Address of Responsible Party: 4936 Miramar Drive Unit 4401 St Petersburg, FL 33708

Phone Number of Responsible Party: 727-914-3866

Email Address of Responsible Party: hogan@FLASportsHoF.org

Nonprofit (Employee Identification Number): 59-2909488

Name of the **For-profit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
# APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**  
**PRIOR YEAR'S EVENT**  
(Must be completed)

## I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Amount</th>
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</table>

1. I understand this form is not required the first year (as per Denis Burns)

## II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Amount</th>
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1. TOTAL GROSS REVENUE

## III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Amount</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

1. TOTAL ALLOCATION OF NET INCOME

---

Prepared by: Wayne Hogan  
Date: 7-26-16
Albert Whitted Park

South Yacht Basin

Electrical Service #1
3 400 A 3 phase
120/208

Electrical Service #2
2 200 A 3 phase
2 400 A 3 phase
all 120/208

Electrical Service #3
2 200 A 3 phase
120/208

Electrical Service #4
2 200 A 3 phase
2 400 A 3 phase
all 120/208

KEY
WF Water Fountain
F Grand Prix Pad
E Disabled Parking
W Ground Box
Autographs
Food Beer

Electrical
Water hookup
Event Schedule for “Pre-Game In Paradise”  
January 8, 2016

8 a.m. - 1 p.m. Set-up
Block Entrance to Park at 8:00 to all traffic except Vendors, organizers and city representatives.

1:00 p.m. Police to set up road blocks to close Bayshore Dr SE between the Dali entrance and the back parking entrance to the Mahaffey.

1:00 p.m. Park open to public
Food and Drink Sales begin

2:00 p.m. Event Begins
Music from Stage begins

3:00 p.m. Autograph Sessions begin
3:00 p.m. Sir Winston VIP Experience opens (private)

4:30 p.m. Auto Graph Session ends

5:00 p.m. Music Finishes and “Pre-Game In Paradise” concludes

6:00 p.m. Food and Drink vendors shut down

6:00 – 8:00 p.m. Vendors breakdown and clean up.

8:45 p.m. Fireworks from the Fountain Area in front of the Mahaffey

9:15 p.m. Road blocks removed from Bayshore Dr SE

11:00 p.m. VIP Experience concludes aboard the Sir Winston Yacht

11:00 p.m. Park reopened to vehicles
State of Florida
Department of State

I certify from the records of this office that HALL OF FAME FOUNDATION, INC. is a corporation organized under the laws of the State of Florida, filed on October 1, 1987.

The document number of this corporation is N22781.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on February 16, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixteenth day of February, 2016

Ken Detterer
Secretary of State

Tracking Number: CC7537472677

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication
Dear Taxpayer:

This is in response to your May 06, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1989.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
This certifies that

HALL OF FAME FOUNDATION INC
FLORIDA SPORTS HALL OF FAME
4936 MIRAMAR DR UNIT 4401
MADEIRA BEACH FL 33708-3413

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

Important Information for Exempt Organizations

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.
Detail by Entity Name

Florida Not For Profit Corporation
HALL OF FAME FOUNDATION, INC.

Filing Information
- Document Number: N22781
- FEI/EIN Number: 59-2909488
- Date Filed: 10/01/1987
- State: FL
- Status: ACTIVE
- Last Event: AMENDMENT
- Event Date Filed: 07/11/2008
- Event Effective Date: NONE

Principal Address
- 4936 Miramar Drive
- Unit 4401
- Madeira Beach, FL 33708

Changed: 02/16/2016

Mailing Address
- PO Box 86144
- St. Petersburg, FL 33738

Changed: 02/16/2016

Registered Agent Name & Address
- Hogan, Wayne
- 4936 Miramar Drive
- Unit 4401
- Madeira Beach, FL 33708

Name Changed: 02/16/2016
Address Changed: 02/16/2016

Officer/Director Detail
Name & Address
- Title CEO
- Hogan, Wayne

http://search.sunbiz.org/inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=PreviousList&searchNameOrder=HALLFAME...
4936 Miramar Drive
Unit 4401
Madeira Beach, FL 33708

Title President
Smith, Barry
16201 Sansoles de Avila
Tampa, FL 33613

Title VP
WAHL, LARRY
1859 NW 124 WAY
CORAL SPRINGS, FL 33071

Title Treasurer
MORRALL, MATTHEW E
2850 N ANDREWS AVE
FORT LAUDERDALE, FL 33311-2514

Title VP
Duncan, Neal
2701 Lake Myrtle Park Drive
Auburndale, FL 33823

Annual Reports

<table>
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<tr>
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<th>Filed Date</th>
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<tbody>
<tr>
<td>2014</td>
<td>02/05/2014</td>
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<tr>
<td>2015</td>
<td>01/14/2015</td>
</tr>
<tr>
<td>2016</td>
<td>02/16/2016</td>
</tr>
</tbody>
</table>

Document Images

02/16/2016 -- ANNUAL REPORT
01/14/2015 -- ANNUAL REPORT
02/05/2014 -- ANNUAL REPORT
01/21/2013 -- ANNUAL REPORT
01/18/2012 -- ANNUAL REPORT
01/13/2011 -- ANNUAL REPORT
01/07/2010 -- ANNUAL REPORT
02/05/2009 -- ANNUAL REPORT
07/11/2008 -- Amendment
07/03/2008 -- ANNUAL REPORT
08/30/2007 -- ANNUAL REPORT
07/24/2006 -- ANNUAL REPORT
**Description** | **Amount**
---|---
Previous Balance | $230.00

**Applied To: 18255 - PREGAME IN PARADISE**
Albert Whitted Park - Park
January 8, 2017 6:00 am to January 8, 2017 11:00 pm

Payment: Check ($230.00)

Balance | $0.00

**APPROVED REFUNDS ARE BY CHECK ONLY**
Contract/Permit

Contract #: 18255
Date: 01 Sep 2016

User: DWBurns
Status: Firm

HALL OF FAME FOUNDATION, INC.
WAYNE HOGAN
po box 86144
ST PETERSBURG FL 33738 USA

Primary #: (727) 914-3866
Secondary #: (727)
Other #: ()

Purpose of Use: PREGAME IN PARADISE
Expected: 2,000
Co-Sponsored Event
Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: Yes

Date(s) and Time(s) of Use:
Starting: Sun 08 Jan 2017 06:00 am
Ending: Sun 08 Jan 2017 11:00 pm

Facility/Equipment | Day | Date | Time | Fee | Extra Fee | Tax | Total
--- | --- | --- | --- | --- | --- | --- | ---
Albert Whitted Park | Sun | 08 Jan 2017 | 06:00 AM | $0.00 | $200.00 | $0.00 | $200.00
Park | | | 11.00 PM | |

Additional Fees:
- Extra Fee - Bookings
  - Quantity: 1
  - Charge: $200.00
  - Tax: $0.00
  - Total: $200.00

- Co-Sponsored Park Permit Fee
  - Hours: 17.00
  - Quantity: 1
  - Charge: $200.00
  - Tax: $0.00
  - Total: $200.00

Charges:
- Fees: $0.00 + $0.00 = $0.00
- Extra Fees: $230.00
- Tax: $0.00
  - Total: $230.00
- Deposit: $0.00
- Total Applied: $230.00
- Contract Balance: $0.00
- Account Balance: $0.00

Balance of rental due and payable immediately.

Payments:
- Date: 01 Sep 2016
- Amount: $230.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 2640679

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Signature): WAYNE HOGAN
(Print Name): HALL OF FAME FOUNDATION, INC.

Name of User Organization, If Applicable:

CITY OF ST. PETERSBURG, FLORIDA

By (Signature): Parks and Recreation Superintendent
(Print Name):

By (Signature): Parks and Recreation Department
(Print Name):

Printed: 01 Sep 2016, 09:49 AM
User: dwburns
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
To whom it may concern,

Because of a significant reduction in financial support from a major sponsor, our event will be scaled back to a ticketed fundraiser for The Florida Sports Hall of Fame to assist in their Childhood Obesity Awareness programs as described in original permit request. This event is in conjunction with a national movie premiere at The Mahaffey Theater. Our park use will be for a before and after VIP Experience aboard the Sir Winston Yacht. These two events will still draw a tremendous amount of dollars and foot traffic to our downtown area.

We are requesting that we be able to park cars on the perimeter of the park (75-100 cars). According to a member of our logistics team (Kevin Dunn) this park is unlike any other park in the city when it comes to handling car traffic. We also expect car traffic to be a once in and once out as opposed to a standard parking lot situation that has auto traffic all day. We will employ Central Parking to operate the parking as they do for the other city assets.

Bob Corry
Plan "A" Allows for on grass parking. (preferred)
Plan "B" does not allow for on grass parking. We rent lot from airport. (not preferred)
Event Title: Southeastern Guide Dogs St. Petersburg Walkathon

Entity Name: Southeastern Guide Dogs

Event Date(s): 2/25/17

Day 1 of Event: Time Gates Open: 6:30 AM Ending Time: 12:00 PM
Day 2 of Event: Time Gates Open: Ending Time: 
Day 3 of Event: Time Gates Open: Ending Time: 

Application Prepared by: Caellan Curtis
Title: Associate Director, Philanthropy
Address: 4210 77th Street E
City: Palmetto State: FL Zip: 34221
Email Address: caellan.curtis@guidedogs.org

What month/year were you incorporated as nonprofit? 1982

List all 501(c)3 entities that will benefit from this event. Southeastern Guide Dogs

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg. Southeastern Guide Dogs' mission is to create and nurture a partnership between a visually impaired individual and a guide dog, initiating life's journey with mobility, independence and dignity. And we do this all free of charge to the recipient. By supporting our event, you support the local recipients and the families who benefit from our mission.

Describe what economic benefit and impact this event will bring to St. Petersburg. Out-of-town volunteers, puppy raisers and guide dog recipients fly in for our event and occupy local hotels, patronize restaurants and stores, and in turn are exposed to St. Petersburg as a destination.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☑ YES ☐ NO How much? $1,000,000

Are there plans to sell or distribute beer/wine at your event? ☑ YES ☐ NO

Will there be an admission / registration fee? ☑ YES ☐ NO Advanced Fee: Day of:

Please provide the website address for your event. www.guidedogswalkathon.org

Please provide a phone number that can be advertised to the public. 941-729-5665

Estimated attendance for this event? Spectators N/A Participants 2,000 Last Year's Total Attendance 2,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [ ] No

<table>
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<tr>
<th># Bleacher(s) needed. Each bleacher approx. 180 people</th>
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<td>Tables (6 ft) # needed</td>
<td>[ ] n/a</td>
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<tr>
<td>Public Address System</td>
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</tbody>
</table>

| # of portable risers needed (4 in. x 8 in. x 16 in. sections) | [ ] n/a |

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Caellan Curtis
Title: Associate Director, Philanthropy
Date: 7/11/16

Co-Sign: Jennifer Bryan
Title: Director, Philanthropy
Date: 7/11/16

Note: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

Please attach the following:

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

For further information, please call John Armbruster, Parks & Recreation Manager,
727-893-7766 or email: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
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<tbody>
<tr>
<td>[ ] Public Invited</td>
<td>General Liability Insurance</td>
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<tr>
<td>[ ] Located in Park</td>
<td>Park Permit</td>
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<tr>
<td>[ ] Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
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<tr>
<td>[ ] Vending Food / Beverage</td>
<td>Health Inspection</td>
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<tr>
<td>[ ] Vendors / Exhibitors</td>
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<tr>
<td>[ ] Vending Beer / Wine</td>
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<tr>
<td>[ ] Erecting Tents - Larger than 10ft x 12ft</td>
<td>Alcohol Permit Additional insurance Required</td>
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<tr>
<td>[ ] Fence Installation</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>[ ] Other Structures</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>[ ] Open Flame Food Preparation</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>[ ] Pyrotechnics</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>[ ] Require Street Closure</td>
<td>Fireworks Permit</td>
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<tr>
<td>[ ] VIP Area</td>
<td>Parade or Street Closure Permit(s)</td>
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<tr>
<td>[ ] Staging</td>
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<tr>
<td>[ ] Amplified Sound</td>
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<td>[ ] Security</td>
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<td>[ ] Sanitary Facilities - Port-O-Lets</td>
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<tr>
<td>[ ] Off-site Parking / Shuttle</td>
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<tr>
<td>[ ] Semitruck / Tractor Trailer</td>
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Marketing: Please check all that apply.

| Invitations                                    | Radio                                           |
| [ ]                                            | [ ]                                             |
| [ ] Posters / Flyers                           | Television                                      |
| [ ] Newspaper / Internet                       | [ ] Remote Broadcast                            |

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? [X] YES [ ] NO

If YES, check all that apply: [ ] RV'S [ ] Coffee Vendors [X] Ice Bins [ ] Freezers [ ] Ice Cream Vendors [ ] Catering Trucks
[ ] Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

*other: sound equipment/bounce house

Will you supply your own generators? [X] YES [ ] NO

Will your event have a licensed electrician on site during the event? [ ] YES [X] NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: Southeastern Guide Dogs
Phone: 941.729.5665

Address (including zip): 4210 77th Street E, Palmetto, FL 34221

Type of music, # of stages, and # of bands.

Deejayed music, and live music, performed on one stage with potential of more bands to be determined.

List Vending Products, Name & Provider.

Handy-Cans, US Tents, Gator Guards, Hide-away Storage, and more yet to be determined.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

n/a

Explain subject/purpose of all speeches/demonstrations which will occur.

Walkathon is our largest annual fundraiser. At the event, school graduates, donors, volunteers, fundraisers, participants, walkers and general public will come together to walk a 3K to further support the programs and services of Southeastern Guide Dogs. The event is filled with guide dogs, food, music, raffles, fun and of course, we encourage the walkers to bring their household pets to accompany them along the 3K walking route.

Discuss your load in/load out parking needs, include times and dates.

We will begin set-up the day before our event, from approximately 9:00 AM - 3:00 PM. A security guard will stand watch overnight, and then event set-up will commence at 7:00 AM on the day of the event. Parking will be public, and we will reserve the parking lot near the North Shore Aquatic Center (as done in previous years), for our volunteers and vendors.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>Southeastern Guide Dogs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Titus Herman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4210 77th Street East, Palmetto, FL 34221</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>941-803-7543</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:titus.herman@guideodgs.org">titus.herman@guideodgs.org</a></td>
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<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-2252352</td>
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<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
### APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**  
PRIOR YEAR’S EVENT  
(Must be completed)

#### I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Sponsorship</td>
<td>$32,000</td>
</tr>
<tr>
<td>Individual/Team Fundraising Revenue</td>
<td>$177,000</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$209,000</td>
</tr>
</tbody>
</table>

#### II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing and Fundraising Incentives</td>
<td>$8,048</td>
</tr>
<tr>
<td>Advertising</td>
<td>$1,500</td>
</tr>
<tr>
<td>Travel and Onsite Logistics</td>
<td>$9,402</td>
</tr>
<tr>
<td>Total operating expenses</td>
<td>$18,950</td>
</tr>
<tr>
<td>Total net income</td>
<td>$190,050</td>
</tr>
</tbody>
</table>

#### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs and Services (84%)</td>
<td>$159,642</td>
</tr>
<tr>
<td>Fundraising - General (7%)</td>
<td>$13,303</td>
</tr>
<tr>
<td>Management and Administration (9%)</td>
<td>$17,104</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Caellan Curtis  
Date: 7/11/16
Other Comments: Please describe your fee structure.

Participants who donate or fundraise a minimum of $100 will receive a Walkathon event t-shirt and a complimentary dog bandana for the participating dog. Otherwise, the event and the walk is open to the public.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WhOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Caellan Curtis  Title: Associate Director, Philanthry  Date: 7/11/16
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Florida Not For Profit Corporation
SOUTHEASTERN GUIDE DOGS, INC.

Filing Information

Document Number: 765976
FEI/EIN Number: 59-2252352
Date Filed: 12/03/1982
State: FL
Status: ACTIVE
Last Event: AMENDED AND RESTATED ARTICLES
Event Date Filed: 01/09/2008
Event Effective Date: NONE

Principal Address
4210 77TH STREET EAST
PALMETTO, FL 34221

Changed: 04/03/2015

Mailing Address
4210 77TH STREET, EAST
PALMETTO, FL 34221

Changed: 04/22/1988

Registered Agent Name & Address
WALTERS, CLIFFORD L
BLALOCK, LANDERS, ET AL, P.A.
802 11TH ST. WEST
BRADENTON, FL 34205

Name Changed: 05/13/2002
Address Changed: 05/13/2002

Officer/Director Detail
Name & Address
Title CEO
HERMAN, TITUS
2806 89TH AVE E
PARRISH, FL 34219

Title Chairman

GRIFFY, TIM
209 Long Canyon Ct
Richardson, TX 75080

Title VC

Whitcomb, John
308 South Fielding Ave
Tampa, FL 33606

Title Treasurer

Clune, Rich
2558 Chimney Springs Dr
Marietta, GA 30062

Title Secretary

McNamee, Chris
16107 Clearlake Ave
Lakewood Ranch, FL 34202

Title VP, Finance & Risk Management

Manzenberger, Gloria
4210 77TH STREET EAST
PALMETTO, FL 34221

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2014</td>
<td>04/04/2014</td>
</tr>
<tr>
<td>2015</td>
<td>04/03/2015</td>
</tr>
<tr>
<td>2016</td>
<td>02/09/2016</td>
</tr>
</tbody>
</table>

Document Images

02/09/2016 -- ANNUAL REPORT
04/03/2015 -- ANNUAL REPORT
04/04/2014 -- ANNUAL REPORT
04/10/2013 -- ANNUAL REPORT
04/06/2012 -- ANNUAL REPORT
03/14/2011 -- ANNUAL REPORT
04/26/2010 -- ANNUAL REPORT
03/11/2009 -- ANNUAL REPORT

View image in PDF format
<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
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</thead>
<tbody>
<tr>
<td>04/14/2008</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>01/09/2008</td>
<td>ANNUAL REPORT</td>
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</tr>
<tr>
<td>01/09/2008</td>
<td>Amended and Restated Articles</td>
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</tr>
<tr>
<td>03/09/2007</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
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<tr>
<td>09/06/2006</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>07/13/2005</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>01/10/2005</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>01/20/2004</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>05/09/2003</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>05/13/2002</td>
<td>Req. Agent Change</td>
<td>View image in PDF format</td>
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<tr>
<td>02/05/2002</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
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<tr>
<td>06/18/2001</td>
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<tr>
<td>05/16/2000</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
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<tr>
<td>05/06/1999</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>04/27/1998</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>05/20/1997</td>
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<tr>
<td>05/01/1996</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/27/1995</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
# Contract/Permit

**Contract #:** 18033  
**Date:** 09 Aug 2016

**User:** SCTegard  
**Status:** Firm

**SOUTHEASTERN GUIDE DOGS INC**  
CAELLLA CURTIS  
4210 77TH ST E  
PALMETTO FL 34221 USA

### Purpose of Use
Southeastern Guide Dogs Walkathon  
**Expected:** 0  
**Co-Sponsored Event:**

### Conditions of Use
Insurance Required

### Other Information:
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

### Date(s) and Time(s) of Use:
- Starting: Sat 25 Feb 17 06:00 am
- Ending: Sat 25 Feb 17 02:00 pm

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td>Sat</td>
<td>25 Feb 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
</tr>
<tr>
<td>Mole</td>
<td></td>
<td>02:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Fees:

<table>
<thead>
<tr>
<th>Description</th>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra Fee - Bookings</td>
<td>8:00</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Co-Sponsored Application Fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Sponsored Park Permit Fee</td>
<td>8:00</td>
<td>1</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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</tbody>
</table>

### Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
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</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>($100.00)</td>
</tr>
</tbody>
</table>

### Rental charges are due according to the following schedule:

**Payments:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 Aug 2016</td>
<td>$230.00</td>
<td>Check</td>
<td>Rental</td>
<td>2630138</td>
</tr>
</tbody>
</table>

### Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Signature): CAELLLA CURTIS  
(Print Name) SOUTHEASTERN GUIDE DOGS INC  
Name of User Organization, If Applicable

**CITY OF ST. PETERSBURG, FLORIDA**

By (Signature): Parks and Recreation Superintendent  
(Print Name) Parks and Recreation Department

**Supervisor / Foreman**

**Manager**

Approved or Rejected: Date:

Printed: 10 Aug 2016, 11:28 AM  
User: sctegard  
Page: 1
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$0.00</td>
</tr>
<tr>
<td>Applied To: 18033 - Southeastern Guide Dogs Walkathon</td>
<td>$230.00</td>
</tr>
<tr>
<td>Applied To: 18033 - Southeastern Guide Dogs Walkathon</td>
<td></td>
</tr>
<tr>
<td>Applied To: 18033 - Southeastern Guide Dogs Walkathon</td>
<td></td>
</tr>
<tr>
<td>Applied To: 18033 - Southeastern Guide Dogs Walkathon</td>
<td></td>
</tr>
<tr>
<td>Applied To: 18033 - Southeastern Guide Dogs Walkathon</td>
<td></td>
</tr>
<tr>
<td>Applied To: 18033 - Southeastern Guide Dogs Walkathon</td>
<td></td>
</tr>
<tr>
<td>Applied To: 18033 - Southeastern Guide Dogs Walkathon</td>
<td></td>
</tr>
<tr>
<td>Applied To: 18033 - Southeastern Guide Dogs Walkathon</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($330.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($100.00)</td>
</tr>
</tbody>
</table>
Three Hundred Thirty and 00/100 Dollars

PAY TO THE ORDER OF: City of St. Petersburg
Attn: Denis Burns
1400 19th Street N
St. Petersburg, FL 33713
Event Title: St. Petersburg Jazz Explosion
Entity Name: St. Petersburg Jazz Explosion
Phone: 727-481-9280
Fax No.: 
Federal I.D. Number: 47-25-26929

Event Date(s):
Day 1 of Event: May 13
Time Gates Open: 12:00
Ending Time: 9:30

Day 2 of Event: May 14
Time Gates Open: 11:00
Ending Time: 9:00

Location: North Straub Park

Application Prepared by: Bunny Arthur
Title: Chairman
Phone: 727-481-9280
Fax No.: 

Address: 5208 4th St. S.
City: St. Pete
State: FL
Zip: 33710
Email Address: BunnyArthur@Hotmail.com

What month/year were you incorporated as nonprofit?

List all 501(c)3 entities that will benefit from this event.

Name of the for-profit entity?

Describe how this event will contribute to the quality of life in and enhance the Image of St. Petersburg.

Describe what economic benefit and impact this event will bring to St. Petersburg.

This event benefits art + craft communities with positivity. Emphasis on music and dance programs creating a platform for our youth to excel while providing donations to similar programs.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO  How much?

Are there plans to sell or distribute beer/wine at your event? YES NO

Will there be an admission / registration fee? YES NO Advanced Fee: Day of:

Please provide the website address for your event.

Please provide a phone number that can be advertised to the public. 727-481-9280

What is the estimated attendance for this event? Spectators 1500 Participants 10 Last Year's Total Attendance 600
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td>Which Location?</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Coliseum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Sunken Gardens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>Boyd Hill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
<td>Which Location?</td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>10</td>
<td>850 E SHORE DR NE</td>
<td>NORTH STRAYB</td>
</tr>
</tbody>
</table>

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

**POLICE:** Public Safety Personnel, Marine Services

**TRAFFIC:** Personnel, Equipment (cones, barricades, no parking signs)

**FIRE:** Paramedics, Inspectors

**PARKS SERVICES:** Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

**RECREATION SERVICES:** On-site Presence, Logistics Help, Liaison with Other Departments

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: [Signature]

Co-Sign: [Signature]

**NOTE:**

a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity’s 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day’s events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located In Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Additional Insurance Required</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>VIP Area</td>
<td>Parade or Street Closure Permit(s)</td>
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<tr>
<td>Staging</td>
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<tr>
<td>Amplified Sound</td>
<td></td>
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<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
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</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / internet</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / internet</td>
<td>Remote Broadcast</td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:
Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO
If YES, check all that apply. □ RV's □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:
Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? □ YES □ NO
Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who?
Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?
Name: [REDACTED]
Address (including zip): [REDACTED]
Phone: [REDACTED]

Type of music, # of stages, and # of bands.

List Vending Products. Name & Provider.

NOT KNOWN

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

NOT KNOWN

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: [Signature] Date: 6/27/2016
Title: CHAIRMAN
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: St. Petersburg Jazz Explosion Inc
Name of Responsible Party (President or CEO ONLY): CHAIRMAN
Title of Responsible Party: BUNNY ARTHUR
Physical Address of Responsible Party: 5208 8th St. So. St. Pete FL 33705
Phone Number of Responsible Party: 727-461-9280
Email Address of Responsible Party: BUNNYARTHUR@HOTMAIL.COM
Nonprofit (Employee Identification Number): 472326429

Name of the For-profit Corporation:
Name of Responsible Party (President or CEO ONLY):
Title of Responsible Party:
Physical Address of Responsible Party:
Phone Number of Responsible Party:
Email Address of Responsible Party:
For-profit (Employee Identification Number):

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: ____________________________

Date(s) of Event: __________________________

I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Name of Event</th>
<th>Amount</th>
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<tbody>
<tr>
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</tbody>
</table>

TOTAL GROSS REVENUE

II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
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<tr>
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</tbody>
</table>

TOTAL OPERATING EXPENSES
TOTAL NET INCOME

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME

Prepared by: ____________________________  Date: 6/29/2016
## Key Metrics

<table>
<thead>
<tr>
<th><strong>Metric</strong></th>
<th><strong>This Year (2016)</strong></th>
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<tr>
<td>Revenues</td>
<td>$11,678.34</td>
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<tr>
<td>Operating Expenses</td>
<td>$14,212.54</td>
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<tr>
<td>Operating Profit</td>
<td>$11,678.34</td>
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<tr>
<td>Depreciation</td>
<td>$2,533.00</td>
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<td>$0.00</td>
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<td>Net Profit</td>
<td>$0.00</td>
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<tr>
<td>MISC.</td>
<td>MUSICIANS</td>
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<tr>
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<tr>
<td>Prints /Addrs</td>
<td>$1,900</td>
</tr>
<tr>
<td></td>
<td>J. White</td>
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<tr>
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<td>D. Carter</td>
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<td>J. Milton</td>
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<td>J. Suggs</td>
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<td></td>
<td>E. Anan</td>
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<td></td>
<td>M. Boone</td>
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<td>$1,900</td>
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<td>Service</td>
<td>Cost</td>
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<td>-------</td>
</tr>
<tr>
<td>PORTO POTTY</td>
<td>$378.54</td>
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<tr>
<td>FENCING</td>
<td>$350</td>
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<td>TENTS</td>
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<td>$259.70</td>
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<td>---------------</td>
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<tr>
<td>Catering</td>
<td>$175</td>
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<tr>
<td>So sweets</td>
<td>$350</td>
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<tr>
<td>Sea fd run</td>
<td>$525</td>
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</table>

**TOTAL**

$14,211.54
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<tr>
<th>FD VENDORS</th>
<th>CRF VENDOR</th>
<th>CORPORATE VENDORS</th>
<th>SPONSORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEA FD TRK</td>
<td>$250 STAIN GLASS</td>
<td>$50 J. Smith</td>
<td>$800 Crown cars</td>
</tr>
<tr>
<td>BBQ FD TRK</td>
<td>$150 DJACKSON</td>
<td>$50 Realty</td>
<td>Dr. E. Kilgore</td>
</tr>
<tr>
<td>KICKN CHICK</td>
<td>$150 K.BELL</td>
<td>$50 Well care</td>
<td>$175 Dr. N. J. Frot</td>
</tr>
<tr>
<td>FRANCIS HS</td>
<td>$150 DD DESIGNS</td>
<td>$50 VACATION</td>
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<tr>
<td>COFFEE&amp;CRP</td>
<td>$150 MARLEY</td>
<td>$50 SHOPPS</td>
<td>$175</td>
</tr>
<tr>
<td>SONNY THAI</td>
<td>$175 L. GARDENER</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td>ITALIAN ICE</td>
<td>$150 E. Shaefer</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ISLAND VIBES</td>
<td>$100</td>
<td></td>
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<tr>
<td></td>
<td>CECILIA</td>
<td>$50</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$1,175</strong></td>
<td><strong>$1,725</strong></td>
<td><strong>$1,150</strong></td>
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<tr>
<td>TICKETS</td>
<td>TOTAL</td>
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<tr>
<td>------------</td>
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<td></td>
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<td>$1,000</td>
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<tr>
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<tr>
<td>$175</td>
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<tr>
<td>Online</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Square mark</td>
<td>$2,817.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| $1,475     | $3,247.30   |
|           | $11,678.30  |
Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.
Sincerely,

[Signature]

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements
**Contract/Permit**

**Contract #:** 17737  
**Date:** 06 Jul 2016  
**User:** SC Tegard  
**Status:** Firm

**BUNNY ARTHUR**  
5208 8TH STREET SOUTH  
ST PETERSBURG FL 33705 USA

<table>
<thead>
<tr>
<th>Purpose of Use: St. Petersburg Jazz Explosion</th>
<th>Expected: 0</th>
<th>Co-Sponsored Event</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conditions of Use:</strong> Insurance Required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Information:**
- Use of beer and wine: Yes  
- Use of fencing: Yes  
- Use of liquor: No

**Date(s) and Time(s) of Use:**  
Starting: Sat 13 May 17 12:00 pm  
Ending: Sun 14 May 17 09:00 pm

**Facility/Equipment**  
<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td>Sat 13 May 2017</td>
<td>12:00 PM</td>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$330.00</td>
</tr>
<tr>
<td>Mote</td>
<td></td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>Sat 13 May 2017</td>
<td>12:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>Sun 14 May 2017</td>
<td>07:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
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<tr>
<td></td>
<td></td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Additional Fees:**
- Extra Fee - Bookings: $630.00
- Co-Sponsored Application Fee: $30.00
- Co-Sponsored Park Permit Fee (Vinoy): $600.00

<table>
<thead>
<tr>
<th>Charges:</th>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
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</thead>
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<td></td>
<td>$0.00</td>
<td>$630.00</td>
<td>$0.00</td>
<td>$630.00</td>
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</table>

**Rental charges are due according to the following schedule:**
- Date: Saturday, Apr 29, 2017  
  Amount: $300.00  
- Date: Sunday, Apr 30, 2017  
  Amount: $300.00

**Payments:**
- Date: 06 Jul 2016  
  Amount: $30.00  
  Payment Type: Cash  
  Reference: Rental  
  Receipt Number: 2601274

**Additional Notes:**
I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name)  
(Print Name) BUNNY ARTHUR

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name): Parks and Recreation Department

Supervisor II / Foreman

☐ Approved or ☐ Rejected Date: __________________________

Manager

☐ Approved or ☐ Rejected Date: __________________________

Manager

☐ Approved or ☐ Rejected Date: __________________________

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>($630.00)</td>
</tr>
<tr>
<td>Payment Cancellation: Cash - entered wrong amount</td>
<td>$630.00</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
<tr>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------</td>
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<tr>
<td>Previous Balance</td>
<td>$0.00</td>
</tr>
<tr>
<td>Payment:</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>($630.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($630.00)</td>
</tr>
</tbody>
</table>
**Event Title:** 24th Annual Corvettes at the Pier Corvette Show  
**Entity Name:** Suncoast Corvette Association  
**Event Date(s):** May 27, 2017

<table>
<thead>
<tr>
<th>Day of Event</th>
<th>Time Gates Open</th>
<th>Ending Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>10:00 AM</td>
<td>4:00 PM</td>
</tr>
<tr>
<td>Day 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Application Prepared by:** Robert Bryce  
**Title:** Vice President, Suncoast Corvette Association, Show Director  
**Address:** 4201 69th Avenue North, St. Petersburg, FL 33781  
**Email Address:** rbryce2@tampabay.rr.com  
**Additional Contact Person:** Georgia Greene  
**Day Phone:** 727-399-2437  

**What month/year were you incorporated as nonprofit?** 12/19/1986  
**List all 501(c)3 entities that will benefit from this event.** BROOKWOOD, FLORIDA, INC.

**Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.**  
Provide a destination for the residents of the City of St. Petersburg to view over 200 of America’s only true sports car in full show fashion, the Chevrolet Corvette, from Corvette Clubs and Corvette owners all over the State of Florida. Attract business for the downtown district during the holiday weekend.

**Describe what economic benefit and impact this event will bring to St. Petersburg.**  
Provide an influx of business to the shops, stores and restaurants along Beach Drive and the St. Petersburg waterfront from not only the several hundred participants of the show, but the hundreds of spectators coming to view the show.

---

**Does your group presently have liability insurance?** YES  
**How much?** $1,000,000.00  
**Are there plans to sell or distribute beer/wine at your event?** YES  
**Will there be an admission/registration fee?** YES  
**Advanced Fee:** $30.00  
**Day of Fee:** $35.00  
**Please provide the website address for your event.** www.suncoastcorvette.com  
**Please provide a phone number that can be advertised to the public.** 727-686-2131  
**What is the estimated attendance for this event?**  
- Spectators: 1000  
- Participants: 400  
- Last Year’s Total: $60,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)

# Bleacher(s) needed. Each bleacher approx. 180 people

Tables (6 ft) # needed

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Robert Bryce  Title: Vice President, Show Director  Date: 6/30/2016

Co-Sign: Georgia Greene  Title: President, SCA  Date: 6/30/2016

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>![checkmark] Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>![checkmark] Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>![checkmark] Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>![checkmark] Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>![checkmark] Vendors / Exhibitors</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>![checkmark] Vending Beer / Wine</td>
<td>Additional insurance Required</td>
</tr>
<tr>
<td>![checkmark] Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>![checkmark] Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>![checkmark] Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>![checkmark] Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>![checkmark] Pyrotechnics</td>
<td>Fireworks Permit</td>
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<tr>
<td>![checkmark] Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<tr>
<td>![checkmark] VIP Area</td>
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</tr>
<tr>
<td>![checkmark] Staging</td>
<td>![Professional] ![Showmobile] ![Other]</td>
</tr>
<tr>
<td>![checkmark] Amplified Sound</td>
<td>![Performers] ![Announcement Only]</td>
</tr>
<tr>
<td>![checkmark] Security</td>
<td>![Daytime - Private] ![Overnight - Private]</td>
</tr>
<tr>
<td>![checkmark] Sanitary Facilities - Port-O-Lets</td>
<td>![Event Time Frame - SPPD]</td>
</tr>
<tr>
<td>![checkmark] Off-site Parking / Shuttle</td>
<td>![Regular Units] ![Disabled Units] ![Hand Washing]</td>
</tr>
<tr>
<td>![checkmark] Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- ![checkmark] Invitations
- ![checkmark] Posters / Flyers
- ![checkmark] Newspaper / Internet
- ![checkmark] Radio
- ![checkmark] Television
- ![checkmark] Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  □ YES  ❌ NO

If YES, check all that apply.  □ RV's  □ Coffee Vendors  □ Ice Bins  □ Freezers  □ Ice Cream Vendors  □ Catering Trucks  □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators?  □ YES  ❌ NO

Will your event have a licensed electrician on-site during the event?  □ YES  ❌ NO  If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: Suncoast Corvette Association  Phone: 727-686-2131

Address (including zip): PO Box 836, Largo, FL 33779

Type of music, # of stages, and # of bands.

Pre-recorded music broadcast via the Club's sound system and 1 band for live entertainment 9:00 AM - 3:00 PM. Request city stage platform for band and band equipment, four 4' x 8' stage sections.

List Vending Products. Name & Provider.

Auto finishing and car care products, specialty auto parts, custom auto body and interior products, small food vendors, automobile related memorabilia, jewelry, leather goods, statues and wood carvings.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

None

Explain subject/purpose of all speeches/demonstrations which will occur.

No speeches or demonstrations will be scheduled or occur other than opening ceremonies and, if approved, a military fly-over by aircraft from either the U.S. Air Force or U.S. Navy.

Discuss your load in/load out parking needs, include times and dates.

Load-in: 6:00 AM - 10:00 AM day of show
Load-out: 4:00 PM - 5:00 PM day of show
Other Comments: Please describe your fee structure.

Fees are collected from show participants only. There is no admission charges to any spectators for the show.

Fee structure is to cover the cost of the Park, permits, park maintenance and cleaning expenses, ADA portable toilets, ADA sink basin, show expenses including door prizes, trophies, advertising, dash plaques, event shirts, event coffee mugs, registration, classification, judging materials and charity donations.

Other comments:
The Suncoast Corvette Association, a Florida non-profit Corporation (N06738, State of Florida), has held this event for the past 19 years ON the Pier, ans since the Pier’s closure for demolition, 3 years in South Straub Park and this will be the second year in North Straub park. We strongly desire to continue this annual event with the St. Petersburg waterfront and the Tampa Bay skyline as it's beautiful venue. Although we are a small car club without any formal sponsorship, we have successfully held this show every year for the past 23 years, attracting Corvettes from cities all across the State of Florida, and as many as 4 states including Georgia, South Carolina, Kentucky and New Jersey, as well as participation by the National Corvette Museum, Bowling Green, KY, and Sebring Raceway, Sebring, Fl.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Robert Bryce Title: Vice President, SCA, Show Dir Date: 06/30/2016
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: None

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party: Georgia Greene

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

Name of the For-profit Corporation: None

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number):

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
# APPENDIX C

## STATEMENT OF REVENUE AND EXPENSES FORM

**PRIOR YEAR’S EVENT**

(Must be completed)

---

### Name of Event:

23rd Annual Corvettes at the Pier

---

### Date(s) of Event:

May 28, 2016

---

## I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Show Entry Fees</td>
<td>$7,023.00</td>
</tr>
<tr>
<td>2. Vendor Fees</td>
<td>$800.00</td>
</tr>
<tr>
<td>3. Sponsor Donations</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**  

$8,823.00

---

## II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Park Use / City Co-Sponsored Event Application Fee</td>
<td>$230.00</td>
</tr>
<tr>
<td>2. Vendor Permit Fee</td>
<td>$25.00</td>
</tr>
<tr>
<td>3. Park Cleaning Fees</td>
<td>$450.00</td>
</tr>
<tr>
<td>4. Police Officer / Street Closing Fees</td>
<td>$465.00</td>
</tr>
<tr>
<td>5. Stage Platform Rental (4 sections), Cone Rental (30 cones)</td>
<td>$140.00</td>
</tr>
<tr>
<td>6. Show Operating Expenses (Show expendables, printing services, etc)</td>
<td>$625.00</td>
</tr>
<tr>
<td>7. Event Shirts (free to each pre-registered participant)**</td>
<td>$978.00</td>
</tr>
<tr>
<td>8. Event Coffee mugs (free to each pre-registered participant)**</td>
<td>$282.00</td>
</tr>
<tr>
<td>9. Trophies</td>
<td>$870.00</td>
</tr>
<tr>
<td>10. Port - O - Let Rental</td>
<td>$695.00</td>
</tr>
<tr>
<td>11. Charity Donation to Selected St. Petersburg Non-Profit Charity - Children's Dream Fund</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>12. ** choice of one shirt or one mug per entry</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**  

$6,260.00

**TOTAL NET INCOME**  

$2,563.00

---

## III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Club annual operating expenses (Meeting Room rental, PO Box rental)</td>
<td>$900.00</td>
</tr>
<tr>
<td>2. Charity Donations to additional charities during the year.*</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>3. Insurance Policy</td>
<td>$305.00</td>
</tr>
<tr>
<td>4. Emergent Expenses during the year</td>
<td>$300.00</td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6. * Hospice, Boy Scouts, Girl Scouts, VA Hospital, several as needed charity events during the</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**  

$2,505.00

---

Prepared by:  

Robert Bryce

Date:  

6/30/2016
**Contract/Permit**

**Contract #:** 17763  
**Date:** 08 Jul 2016  

**SUNCOAST CORVETTE ASSOCIATION INC**  
**ROBERT BRYCE**  
**4201 69TH AVE N**  
**ST PETERSBURG FL 33781 USA**  

**Purpose of Use:** Corvette Car Show  
**Expected:** 0  
**Co-Sponsored Event**  

**Conditions of Use:** Insurance Required  

**Other Information:**  
- Use of beer and wine: No  
- Use of fencing: No  
- Use of liquor: No  

**Date(s) and Time(s) of Use:**  
- **Starting:** Sat 27 May 2017 06:00 am  
- **Ending:** Sat 27 May 2017 08:00 pm  

**Facility/Equipment**  
- **North Straub Park**  
  - **Date:** 27 May 2017  
  - **Time:** 06:00 AM - 06:00 PM  

**Additional Fees:**  
- **Extra Fee - Bookings**  
  - **Hours:** 12:00  
  - **Quantity:** 1  
  - **Charge:** $30.00  
  - **Tax:** $0.00  
  - **Total:** $30.00  

- **Co-Sponsored Application Fee**  
  - **Hours:** 12:00  
  - **Quantity:** 1  
  - **Charge:** $200.00  
  - **Tax:** $0.00  
  - **Total:** $200.00  

- **Co-Sponsored Park Permit Fee**  
  - **Hours:** 12:00  
  - **Quantity:** 1  
  - **Charge:** $230.00  
  - **Tax:** $0.00  
  - **Total:** $230.00  

**Charges:**  
- **Fees:** $30.00  
- **Extra Fees:** $200.00  
- **Tax:** $0.00  
- **Total:** $230.00  

**Balance of rental due and payable immediately.**  

**Payments:**  
- **Date:** 08 Jul 2016  
- **Amount:** $230.00  
- **Payment Type:** Check  
- **Reference:** Rental  
- **Receipt Number:** 2604573  

**Additional Notes:**  

---

**CITY OF ST. PETERSBURG, FLORIDA**  

By (Sign Name): Parks and Recreation Superintendent  

(PSign Name) Parks and Recreation Department  

---

**Supervisor II / Foreman**  

**Manager**  

---

Printed: 08 Jul 2016, 04:21 PM  
User: sctegard
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
SUNCOAST CORVETTE ASSOCIATION INC
ROBERT BRYCE
4201 69TH AVE N
ST PETERSBURG FL 33781 USA

Purpose of Use: Corvette Car Show

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Sat 27 May 17 06:00 am
Ending: Sat 27 May 17 06:00 pm

Facility/Equipment
- North Straub Park

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Application Fee: 12:00, 1, $30.00
  - Co-Sponsored Park Permit Fee: 12:00, 1, $200.00

Charges:
- Fees: $0.00
- Extra Fees: $230.00
- Tax: $0.00
- Total: $230.00

Payments:
- Date: 08 Jul 2016
- Amount: $230.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 2604573

Balance of rental due and payable immediately.

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name): ROBERT BRYCE
(Print Name): SUNCOAST CORVETTE ASSOCIATION INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent
(Print Name): Parks and Recreation Department

Approved or Rejected: Date:

Approved or Rejected: Date:

Printed: 08 Jul 2016, 04:20 PM
User: sctegard
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
**Description** | **Amount**
--- | ---
Previous Balance | $230.00
Applied To: 17763 - Corvette Car Show | $230.00

Applied To:
North Straub Park - Park
May 27, 2017  6:00 am to May 27, 2017  6:00 pm

Payment: Check ($230.00)

Balance: $0.00

---

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: Eckerd College Volleyball Tournament  
Entity Name: Eckerd College  
Event Date(s): March 24 and 25, 2017  
Application Prepared by: Michelle Piantadosi  
Title: Head Women's Beach Volleyball Coach  
Address: 4200 54 Ave South  
Email Address: piantama@eckerd.edu  
Additional Contact Person: Bob Fortosis  
Phone: 727-864-7875  
City: St. Petersburg  
State: FL  
Zip: 33711

What month/year were you incorporated as nonprofit? 01/1958

Name of the for-profit entity?

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

Beach volleyball is the fastest growing sport in NCAA history. It is a wonderful spectator sport for families and people of all ages. Our Northshore location is the perfect place to spotlight this rapidly growing sport. This is a great opportunity to showcase Eckerd College Athletics department and beach volleyball program while hosting an NCAA sanctioned event in our beautiful downtown area.

Describe what economic benefit and impact this event will bring to St. Petersburg.

We will have 6 teams traveling to Saint Pete from all over the country. Each team traveling up to 20 people. This could bring over 150+ heads in beds to downtown including family and friends of the participants.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO How much? $1,000,000

Are there plans to sell or distribute beer/wine at your event? YES NO

Will there be an admission / registration fee? YES NO Advanced Fee: Day of:

Please provide the website address for your event. www.eckerdtritons.com

Please provide a phone number that can be advertised to the public. 727-864-7875

What is the estimated attendance for this event? Spectators 100 Participants 100 Last Year's Total Attendance NA
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)

# Bleacher(s) needed. Each bleacher approx. 180 people)

Tables (6 ft) # needed

Chairs # needed

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

Non-City Locations

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Michelle Piantadosi

Co-Sign: Title: Head Volleyball Coach

Date: 8/1/2016

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity’s 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Security</td>
<td>Other</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Performers</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Announcement Only</td>
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<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td></td>
<td>Overnight - Private</td>
</tr>
<tr>
<td></td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td></td>
<td>Regular Units</td>
</tr>
<tr>
<td></td>
<td>Disabled Units</td>
</tr>
<tr>
<td></td>
<td>Hand Washing</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- Radio
- Television
- Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:
Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO
If YES, check all that apply. □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:
Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? □ YES □ NO
Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who?
Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?
Name: Eckerd College Athletics Phone: 727-864-7875
Address (including zip): 4200 54 avenue South Saint Petersburg FL 33711
Type of music, # of stages, and # of bands.
one small speaker played from ipod

List Vending Products. Name & Provider.
smoothies, coffee in the morning, sandwich, mexican

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.
3/24 and 3/25 at 7 am and 8 pm take down tents and tables and chairs.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOM BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Michelle Piantadosi
Title: Head Volleyball Coach
Date: 8/1/16
Appendix A

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Eckerd College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Donald Eastman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4200 54th Ave South</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-867-1166</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-0859121</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
## Statement of Revenue and Expenses Form

**Prior Year's Event**

(Must be completed)

### I. Revenue Sources

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
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<tbody>
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<td>1</td>
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</tr>
</tbody>
</table>

**Total Gross Revenue**

### II. Expenses

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
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<tr>
<td>12</td>
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</table>

**Total Operating Expenses**

**Total Net Income**

### III. Allocation of Net Income

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
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<td>5</td>
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<tr>
<td>6</td>
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</tr>
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</table>

**Total Allocation of Net Income**

Prepared by: ____________________________  Date: ____________________________
Detail by Entity Name

Florida Not For Profit Corporation
ECKERD COLLEGE, INC.

Filing Information
Document Number: 704449
FEI/EIN Number: 59-0859121
Date Filed: 08/23/1962
State: FL
Status: ACTIVE
Last Event: AMENDED AND RESTATED ARTICLES
Event Date Filed: 12/24/2002
Event Effective Date: NONE

Principal Address
4200 54TH AVENUE SOUTH
ST PETERSBURG, FL 33711
Changed: 04/12/2007

Mailing Address
4200 54TH AVENUE SOUTH
ST PETERSBURG, FL 33711
Changed: 01/28/2013

Registered Agent Name & Address
RIDGE, GEORGE E
COOPER RIDGE P.A.
140 East Bay Street
JACKSONVILLE, FL 32202
Name Changed: 04/26/2002
Address Changed: 01/24/2016

Officer/Director Detail
Name & Address
Title T
BRENNAN, CHRISTOPHER P
Annual Reports

<table>
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<tr>
<td>2016</td>
<td>01/24/2016</td>
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</table>

Document Images

- [View image in PDF format](01/24/2016 -- ANNUAL REPORT)
- [View image in PDF format](01/27/2015 -- ANNUAL REPORT)
- [View image in PDF format](02/28/2014 -- ANNUAL REPORT)
- [View image in PDF format](01/28/2013 -- ANNUAL REPORT)
- [View image in PDF format](01/04/2012 -- ANNUAL REPORT)
- [View image in PDF format](01/05/2011 -- ANNUAL REPORT)
- [View image in PDF format](01/04/2010 -- ANNUAL REPORT)
- [View image in PDF format](02/05/2009 -- ANNUAL REPORT)
- [View image in PDF format](01/16/2008 -- ANNUAL REPORT)
- [View image in PDF format](04/12/2007 -- ANNUAL REPORT)
- [View image in PDF format](04/05/2007 -- Reg. Agent Change)
- [View image in PDF format](05/01/2006 -- ANNUAL REPORT)
- [View image in PDF format](07/14/2005 -- ANNUAL REPORT)
- [View image in PDF format](04/05/2004 -- ANNUAL REPORT)
- [View image in PDF format](05/29/2003 -- ANNUAL REPORT)
- [View image in PDF format](12/24/2002 -- Amended and Restated Articles)
- [View image in PDF format](04/26/2002 -- ANNUAL REPORT)
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<td>05/10/2000</td>
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<td>07/28/1999</td>
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<td>03/26/1998</td>
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<td>03/01/1996</td>
<td>ANNUAL REPORT</td>
<td></td>
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<tr>
<td>01/30/1995</td>
<td>ANNUAL REPORT</td>
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</tbody>
</table>
Eckerd College
MICHELLE PIANTADOSI
4200 54TH AVENUE SOUTH
ST PETERSBURG FL 33711 USA

Purpose of Use: Eckerd Volleyball Tourn

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of liquor: No
- Use of fencing: No

Date(s) and Time(s) of Use:
- Elva Rouse Park
  - Starting: Fri 24 Mar 17 06:00 am
  - Ending: Fri 24 Mar 17 09:00 pm

Additional Fees:
- Extra Fee - Bookings
- Co-Sponsored Application Fee
- Charges:
  - Hours: 6:00
  - Quantity: 1
  - Charge: $30.00
  - Tax: $0.00
  - Total: $30.00

Balance of rental due and payable immediately.

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: MICHELLE PIANTADOSI
Eckerd College
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: Parks and Recreation Superintendent

(Print Name)  Parks and Recreation Department

Approved or Rejected  Date:

Supervisor II / Foreman

Manager

Printed: 15 Sep 2016, 07:30 PM
User: sctegard
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Awakening into the Sun Health Arts Spring Festival
Entity Name: Awakening into the Sun Inc.

Event Date(s): March 4 and March 5, 2017
Location: South Straub Park

Day 1 of Event: March 4
Time Gates Open: 9:00 AM  Ending Time: 6:00 PM

Day 2 of Event: March 5
Time Gates Open: 10:00 AM  Ending Time: 6:00 PM

Application Prepared by: Maria T. Carranza
Title: President
Address: 2915 7th North
City: St. Petersburg
FL Zip: 33704
Email Address: CarranzaMaite @ Hotmail.com

Additional Contact Person: John De Regris
Day Phone: 508-801-6394

What month/year were you incorporated as nonprofit? October 2013

List all 501(c)3 entities that will benefit from this event. Awakening into the Sun Wellness Center and Unity Pet Ministry

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO

Are there plans to sell or distribute beer/wine at your event? YES NO

Will there be an admission / registration fee? YES NO

Please provide the website address for your event. www. Awakening into the Sun.org

Please provide a phone number that can be advertised to the public. 727-565-2214

What is the estimated attendance for this event? Spectators: 2,000  Participants: 50-100

Last Year's Total Attendance: 2,000
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
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</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Chairs # needed</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

- **POLICE:** Public Safety Personnel, Marine Services
- **TRAFFIC:** Personnel. Equipment (cones, barricades, no parking signs)
- **FIRE:** Paramedics, Inspectors
- **PARKS SERVICES:** Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
- **RECREATION SERVICES:** On-site Presence, Logistics, Hel. Liaison with Other Departments

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

**Name:** Maria T. Carranza  
**Title:** President  
**Date:** August 19, 2016

**Co-Sign:** John A. DeRogeris  
**Title:** Ass. President  
**Date:** August 19, 2016

**NOTE:**

- **a.** If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.
- **b.** If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.
- **c.** Applications lacking information or the required completed appendixes listed below will not be processed.

**PLEASE ATTACH THE FOLLOWING**

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

**FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org**

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>☑ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☑ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>☑ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☑ Vendors / Exhibitors</td>
<td>Alcohol Permit  Additional Insurance Required</td>
</tr>
<tr>
<td>☑ Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>☑ Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>☑ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☑ VIP Area</td>
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<tr>
<td>☑ Staging</td>
<td>Professional Performers</td>
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<tr>
<td>☑ Amplified Sound</td>
<td>Showmobile</td>
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<td>☑ Security</td>
<td>Other announcement only</td>
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<tr>
<td>☑ Sanitary Facilities - Port O Lets</td>
<td>-Daytime - Private</td>
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<tr>
<td>☑ Off-site Parking / Shuttle</td>
<td>Overnight - Private</td>
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<tr>
<td>☑ Semitruck / Tractor Trailer</td>
<td>Event Time Frame - SPPD</td>
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<td>☑ Portable Radios</td>
<td>Regular Units 2 Disabled Units 2 Hand Washing 1</td>
</tr>
<tr>
<td>☑ Invitations</td>
<td></td>
</tr>
<tr>
<td>☑ Posters / Flyers</td>
<td></td>
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<tr>
<td>☑ Newspaper / Internet</td>
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<tr>
<td>☑ Radio</td>
<td></td>
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<tr>
<td>☑ Television</td>
<td></td>
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<tr>
<td>☑ Remote Broadcast</td>
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</tbody>
</table>

Marketing: Please check all that apply.

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV's □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other: (Possibly) □ Yes □ No

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

[Blank space]

Will you supply your own generators? □ Yes □ No □ If needed

Will your event have a licensed electrician on-site during the event? □ Yes □ No □ If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

[Blank space]

If City permits, licenses, or services are required for event, who will pay for them?

Name: Maria T. CARRANZA
Phone: 727-688-1921 Personal
Address (including zip): 2915 7th North St. Petersburg, FL 33704

Type of music, # of stages, and # of bands.

Mostly singers, songwriters, folk music with possibly belly dancing from local school. Fitness performers (exercise)
Possibly 2 stages: one for music - second for exercise demos/land, or speakers

List Vending Products. Name & Provider.

Vendors and products will be health, arts and crafts, locally made; Holistic services and workshops like yoga, medical Qi Gong, Zumba...

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

[Blank space]

Explain subject/purpose of all speeches/demonstrations which will occur.

[Blank space]

Discuss your load in/load out parking needs, include times and dates.

[Blank space]
Other Comments: Please describe your fee structure.

Other comments:

We would like this event to benefit the city of St. Petersburg "Our Community." We will be giving away a musical instrument and (possibly) a scholarship for one year on instrument type.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE. INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOM REHABIT THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: [Maria T. Carranza] Title: [President] Date: [August 19, 2016]
Co-Sponsored Event Park Fee Structure

* Events in Vinov Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 months prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non-refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Awakening Into the Sun, Inc.
Name of Responsible Party (President or CEO ONLY): Maria T. Carranza
Title of Responsible Party: President
Physical Address of Responsible Party: 2915 70th North St. Petersburg FL 33704
Phone Number of Responsible Party: Personal 727-575-2214
Email Address of Responsible Party: CarranzaMaite@hotmail.com
Nonprofit (Employee Identification Number): 45-4064670

Name of the For-profit Corporation: N/A
Name of Responsible Party (President or CEO ONLY): 
Title of Responsible Party: 
Physical Address of Responsible Party: 
Phone Number of Responsible Party: 
Email Address of Responsible Party: 
For-profit (Employee Identification Number) 

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: **Awakening Into The Sun 11**
Date(s) of Event: March 4, 2017 - March 5, 2017

### I. REVENUE SOURCES (attach sheet if more space is needed)

<p>| | |</p>
<table>
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</thead>
<tbody>
<tr>
<td>Amount</td>
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### II. EXPENSES (attach sheet if more space is needed)

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>Amount</td>
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<tr>
<td>Stages (2)</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Security (1)</td>
<td>$250.00</td>
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<tr>
<td>Park &amp; Stage Advertising</td>
<td>$1,600.00</td>
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<tr>
<td>Total Operating Expenses</td>
<td>$5,850.00</td>
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<tr>
<td>Total Net Income</td>
<td>$500.00</td>
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### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<p>| | |</p>
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<tr>
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TOTAL ALLOCATION OF NET INCOME

Prepared by: Maria J. Garcia
Date: 8-19-2016
**Detail by Entity Name**

**Florida Not For Profit Corporation**

AWAKENING INTO THE SUN, INC.

**Filing Information**

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<tr>
<td>Date Filed</td>
<td>10/31/2013</td>
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<tr>
<td>State</td>
<td>FL</td>
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<td>Status</td>
<td>ACTIVE</td>
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**Principal Address**

2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704

**Mailing Address**

2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704

**Registered Agent Name & Address**

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**Officer/Director Detail**

**Name & Address**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
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<tbody>
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<td>PSD</td>
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<table>
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<tbody>
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<td>D</td>
<td>DERUGERIS, JOHN</td>
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<tr>
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### Document Images

- **04/14/2016 -- ANNUAL REPORT**  
  View image in PDF format
- **07/31/2015 -- ANNUAL REPORT**  
  View image in PDF format
- **04/30/2014 -- ANNUAL REPORT**  
  View image in PDF format
- **10/31/2013 -- Domestic Non-Profit**  
  View image in PDF format
Contract/Permit

Contract #: 18192  
Date: 25 Aug 2016

User: SCTegard
Status: Firm

Purpose of Use: Awakening Into the Sun

Expected: 0
Co-Sponsored Event

Contract Balance $400.00

AWAKENING INTO THE SUN, INC.
MARIA CARRANZA
2915 7TH ST N
ST PETERSBURG FL 33704 USA

Primary #: (727) 565-2214
Secondary #: ()
Other #: ()

Purpose of Use: Awakening Into the Sun

Conditions of Use: Insurance Required

Other Information:
Use of beer and wine No
Use of fencing No
Use of liquor No

Date(s) and Time(s) of Use:

Starting: Sat 04 Mar 17 06:00 am
Ending: Sun 05 Mar 17 09:00 pm

Facility/Equipment

South Straub Park
Park

South Straub Park
Park

Day Date Time Fee Extra Fee Tax Total
Sat 04 Mar 17 06:00 AM $0.00 $230.00 $0.00 $230.00

Sun 05 Mar 17 06:00 AM $0.00 $200.00 $0.00 $200.00

Extra Fee - Bookings

Co-Sponsored Application Fee

Co-Sponsored Park Permit Fee

Hours Quantity Charge Tax Total
15:00 1 $30.00 $0.00 $30.00
30:00 2 $400.00 $0.00 $400.00

3 $430.00 $0.00 $430.00

Total

$30.00 $430.00 $0.00 $430.00

$0.00 $430.00 $0.00 $430.00

$0.00 $30.00 $0.00 $30.00

Deposit Total Applied Contract Balance Account Balance

$0.00 $30.00 $400.00 $0.00

$0.00 $200.00 $0.00 $200.00

\[ \text{Rental charges are due according to the following schedule:} \]

\[ \text{Date} \quad \text{Amount} \]

\[ \text{Saturday, Feb 18, 2017} \quad $200.00 \]

\[ \text{Sunday, Feb 19, 2017} \quad $200.00 \]

\[ \text{Payments:} \]

\[ \text{Date} \quad \text{Amount} \quad \text{Payment Type} \quad \text{Reference} \quad \text{Receipt Number} \]

\[ 25 \text{ Aug 2016} \quad $30.00 \quad \text{Check} \quad \text{Rental} \quad 2637410 \]

\[ \text{Additional Notes:} \]

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name): MARIA CARRANZA
(Print Name): A W A K E N I N G I N T O T H E S U N, I N C.
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent
(Print Name): Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
AWAKENING INTO THE SUN, INC.
MARIA CARRANZA
2915 7TH ST N
ST PETERSBURG, FL 33704 USA

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<td>March 4, 2017 6:00 am to March 5, 2017 9:00 pm</td>
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<td>Payment: Check</td>
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<td>Balance</td>
<td>$0.00</td>
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</table>
August 17, 2016

Pay to the order of

$30.00

March Event

Maria Carranza
Event Title: May Movies in the Park
Entity Name: St. Petersburg Preservation
Event Date(s): April 27, May 4, 11, 18, 25, 2017
Day 1 of Event: April 27, Time Gates Open: 6:30 pm, Ending Time: 10:15 pm
Day 2 of Event: same each date, Time Gates Open:
Day 3 of Event: same each date, Time Gates Open:
Application Prepared by: Peter Belmont
Title: Vice President
Address: 102 Fareham Pl. N.
Email Address: info@stpetepreservation.org
Additional Contact Person: Donna Miller
What month/year were you incorporated as nonprofit? 1977
List all 501(c)3 entities that will benefit from this event. St. Petersburg Preservation & Jump For Kids (beer/wine sales)
Name of the for-profit entity? none
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
May 2017 will be the 8th year for the event and we believe it has become one of the favorite downtown waterfront park events. It is the type of event that people point to for why living in St Pete is special. Our event space is typically full each movie night and people consistently ask us to offer Movies in the Park more often. As reflected in questionnaire answers, people love the atmosphere of the event and its waterfront location. Attendees to the event spend money downtown and money to purchase picnic supplies from local stores or from event vendors. In short, Movies in the Park is an event loved and enjoyed by many and one of the small economic generators for downtown that cumulatively, with other events, adds up to a successful downtown.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Most people attending Movies in the Park are either spending money at local businesses purchasing supplies for a picnic at the event, spending money purchasing food from vendors at the event, or spending money at nearby downtown businesses before and after the event. We have limited survey information documenting spending by some Movie in the Park attendees.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.
Does your group presently have liability insurance? YES NO
How much? 1 million
Are there plans to sell or distribute beer/wine at your event? YES NO
Will there be an admission / registration fee? YES NO
Advanced Fee: Day of:
Please provide the website address for your event. info@stpetepreservation.org
Please provide a phone number that can be advertised to the public. 727 463-4612
What is the estimated attendance for this event? Spectators 700 Participants Last Year's Total Attendance 3200
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

- Showmobile (Yes/No) No
- # Bleachers needed: Each bleacher approx. 180 people
- Tables (6 ft) # needed: 8
- Chairs # needed: 50
- Public Address System Yes
- # of portable risers needed (4 in. x 8 in. x 16 in. sections): 2

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

- POLICE: Public Safety Personnel, Marine Services
- TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
- FIRE: Paramedics, Inspectors
- PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
- RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Peter Belmont
Co-Sign: Title: Vice President
Date: 8/21/16

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>✓ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>✓ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>✓ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>✓ Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>✓ Vending Beer / Wine</td>
<td>How many? 1 - 10 Vendors / Exhibitors</td>
</tr>
<tr>
<td>✓ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>✓ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>✓ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>✓ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>✓ Pyrotechnics</td>
<td>Fireworks Permit</td>
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<tr>
<td>✓ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<td>✓ VIP Area</td>
<td></td>
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<tr>
<td>✓ Staging</td>
<td>Professional Showmobile Other</td>
</tr>
<tr>
<td>✓ Amplified Sound</td>
<td>Performers Announcement Only</td>
</tr>
<tr>
<td>✓ Security</td>
<td>Daytime - Private Overnight - Private ✓ Event Time Frame - SPPD</td>
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<tr>
<td>✓ Sanitary Facilities - Port-O-Lets</td>
<td>Regular Units 3 Disabled Units 1 Hand Washing 2</td>
</tr>
<tr>
<td>✓ Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>✓ Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- ✓ Invitations
- ✓ Posters / Flyers
- ✓ Newspaper / Internet
- ✓ Radio
- ✓ Television
- ✓ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

generator use required for Admiral Farragut as standard power availability is limited

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

no

If City permits, licenses, or services are required for event, who will pay for them?

Name: St. Petersburg Preservation Phone: 727 824-7802
Address (including zip): P.O. Box 838, St. Petersburg, FL 33731

Type of music, # of stages, and # of bands.

As in past years, type of music will vary each movie evening. Each movie evening includes an hour of live music before the start of the movie with a solo or small group of musicians at one small stage (risers) area.

List Vending Products. Name & Provider.

Several food vendors will be on-site. Vendors in the past have included kettle corn, popsicles, cookies/desert food, veggie burgers & smoothies, turkey legs. St. Petersburg Preservation will have a booth with information and books, tee-shirts and posters for sale.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Jump For Kids, Inc.
850 21st Ave. N.
St. Petersburg, FL 33704 727 504-3422

Explain subject/purpose of all speeches/demonstrations which will occur.

n/a

Discuss your load in/load out parking needs, include times and dates.

Set-up occurs approximately 1-2 hours before start of event and take down occurs immediately after event and is usually complete within 45 minutes of the end of the movie. Vendors primarily park immediately behind the vending area on the southside of the site. We use parking spaces along Bayshore Dr. for a number musicians, staff and some vendors.
Other Comments: Please describe your fee structure.

Event is free. A request for donations is made each movie evening.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Peter Belmont
Title: Vice-President
Date: 8-21-16
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Saint Petersburg Preservation, Inc.

Name of Responsible Party (President or CEO ONLY): Emily Elwyn

Title of Responsible Party: President

Physical Address of Responsible Party: 836 16th Ave. NE, St. Petersburg, FL 33701

Phone Number of Responsible Party: 727 515-4509

Email Address of Responsible Party: eelwyn@me.com

Nonprofit (Employee Identification Number): 59-1898534

Name of the For-profit Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: May Movies in the Park 2016
Date(s) of Event: Apr. 28, May 5, 12, _19. 26

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<td>3. Vendor Donations</td>
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<td>4. Sales</td>
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<td>5. Jump 4 Kids (staffing payment) (estimated)</td>
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<td>7.</td>
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<td>TOTAL GROSS REVENUE</td>
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<td>4. Movie Licensing</td>
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<td>5. Permit Fees</td>
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<td>6. Promotion</td>
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<td>7. Cost of Sale Items</td>
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<td>8. SPP Staff</td>
<td>800.00</td>
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<td>9. Equipment Costs</td>
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<td>10. Misc. Supplies</td>
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<td>11. City Parks, Recreation &amp; Police (estimated)</td>
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<td>TOTAL OPERATING EXPENSES</td>
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<td>TOTAL NET INCOME</td>
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<td>TOTAL ALLOCATION OF NET INCOME</td>
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Prepared by: Peter Belmont
Date: 8/21/16
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC
**FLORIDA DEPARTMENT OF STATE**  
**DIVISION OF CORPORATIONS**

---

**Detail by FEI/EIN Number**

**Florida Not For Profit Corporation**  
SAINT PETERSBURG PRESERVATION, INC.

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**Principal Address**

102 FAREHAM PLACE N  
ST. PETERSBURG, FL 33701

Changed: 01/22/2014

**Mailing Address**

P.O. BOX 838  
ST. PETERSBURG, FL 33731

Changed: 08/14/1996

**Registered Agent Name & Address**

BELMONT, PETER  
102 FAREHAM PLACE NORTH  
SAINT PETERSBURG, FL 33704

Name Changed: 01/26/2011

Address Changed: 01/26/2011

**Officer/Director Detail**

**Name & Address**

**Title**  
ELWYN, EMILY  
436 14 AVE N  
SAINT PETERSBURG, FL 33701
Title T
Morningstar, Julie
9300 Oak Street NE
SAINT PETERSBURG, FL 33702

Title VP
BELMONT, PETER
102 FAREHAM PLACE N
SAINT PETERSBURG, FL 33701

Title S
MALLOY, RYAN
6901 10 AVE N
SAINT PETERSBURG, FL 33710

Title Executive Director
Kile, Monica R
365 17th Ave NE
Saint Petersburg, FL 33704

Annual Reports

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- 02/11/2015 -- ANNUAL REPORT
- 01/22/2014 -- ANNUAL REPORT
- 03/07/2013 -- ANNUAL REPORT
- 03/09/2012 -- ANNUAL REPORT
- 11/29/2011 -- Restated Articles
- 01/26/2011 -- ANNUAL REPORT
- 03/29/2010 -- ANNUAL REPORT
- 04/29/2009 -- ANNUAL REPORT
- 05/05/2008 -- ANNUAL REPORT
- 04/09/2007 -- ANNUAL REPORT
- 04/13/2006 -- ANNUAL REPORT
- 05/04/2005 -- ANNUAL REPORT
- 05/03/2004 -- ANNUAL REPORT

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Copyright © and Privacy Policy
State of Florida, Department of State
## SAINT PETERSBURG PRESERVATION INC

**PETER BELMONT**

102 FAREHAM PLACE N  
ST PETERSBURG FL 33701 USA

---

### Purpose of Use: May Movies

**Expected:** 0  
**Co-Sponsored Event**

### Conditions of Use: Insurance Required

### Other Information:

- Use of beer and wine: Yes  
- Use of fencing: No  
- Use of liquor: No

### Date(s) and Time(s) of Use:

<table>
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<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
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<tbody>
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<td>Thu</td>
<td>04 May 2017</td>
<td>02:00 PM</td>
<td>$0.00</td>
<td>$230.00</td>
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<tr>
<td>Park</td>
<td></td>
<td></td>
<td>09:00 PM</td>
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### Additional Fees:

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<tr>
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### Charges:

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<td>($170.00)</td>
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Rental charges are due according to the following schedule:

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<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Thursday, Apr 20, 2017</td>
<td>$230.00</td>
</tr>
</tbody>
</table>

### Additional Notes:
I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name) PETER BELMONT
Name of User Organization, If Applicable

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: The Sunrise Run - Walk
City Name: First To The Cross Ministries
Date Received: 9/23/17
Packet: D
Date of Event: September 24, 2016
Location: Vinoy Park
Event Date(s): 9/24/16
Day 1 of Event: Saturday
Time Gates Open: 6:00 AM
Ending Time: 10:00 AM
Day 2 of Event: Saturday
Time Gates Open: 6:00 AM
Ending Time: 10:00 AM
Day 3 of Event: Saturday
Time Gates Open: 6:00 AM
Ending Time: 10:00 AM
Application Prepared by: Karen Vander Ploeg
Phone: 727-642-0740
Title: Director
Address: 204 37th Avenue North #151
City: St Petersburg
State: FL
Email Address: karen.vanderploeg8@gmail.com
Federal I.D. Number: 20-8942778
Phone No.: 727-642-0740
Fax No.: 
Packet: D
Application #: 
Permit #: 19200

Event Date(s): September 24, 2016
Location: Vinoy Park
Day 1 of Event: Saturday
Time Gates Open: 6:00 AM
Ending Time: 10:00 AM
Day 2 of Event: Saturday
Time Gates Open: 6:00 AM
Ending Time: 10:00 AM
Day 3 of Event: Saturday
Time Gates Open: 6:00 AM
Ending Time: 10:00 AM
Application Prepared by: Karen Vander Ploeg
Phone: 727-642-0740
Title: Director
Address: 204 37th Avenue North #151
City: St Petersburg
State: FL
Email Address: karen.vanderploeg8@gmail.com
Additional Contact Person: Bonnie Strickland
Day Phone: 727-432-6982

What month/year were you incorporated as nonprofit? May 2007
List all 501(c)3 entities that will benefit from this event. K-Life of St Petersburg, Fellowship of Christian Athletes, 4 KIDS
Name of the for-profit entity? None
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The event for fun and fellowship that provides and opportunity for all ages to participate in fun activities, and provides an opportunity to support and give donations to charities and benefit families, students, and children.

Describe what economic benefit and impact this event will bring to St. Petersburg.
It will provide income to downtown restaurants, shops, and museums. It will also provide income to hotels for out of town guests attending. Charities that assist in our community will be supported too - improving the city!

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO
How much? $1,000,000/3,000,000
Are there plans to sell or distribute beer/wine at your event? YES NO
Will there be an admission / registration fee? YES NO Advanced Fee: $30.00
Day of: $30.00
Please provide the website address for your event. www.firsttothecross.com
Please provide a phone number that can be advertised to the public. 727-822-7475

What is the estimated attendance for this event? Spectators 200
Participants 600
Last Year's Total Attendance 600

Page 1 of 8
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
- Showmobile (Yes/No) [Yes]
- Teacher(s) needed. Each bleacher approx. 180 people [1]
- Tables (6 ft) # needed [50]
- Chairs # needed [150-200]
- Public Address System [No]

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [2]

Special Events Facilities
- Non-City Locations
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Karen Vander Ploeg
Title: Director
Date: October 28, 2015
Co-Sign: Bonnie Strickland
Title: Co-Director
Date: October 28, 2015

Note: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

Please attach the following:

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

For further information, please call Lynn Gordon, Parks & Recreation Manager, 727-893-7766 or email: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>How many?</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Pyrotechnics</td>
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</tr>
<tr>
<td>Require Street Closure</td>
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<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
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<tr>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td>Showmobile</td>
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<tr>
<td>Other</td>
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</tr>
<tr>
<td>Performers</td>
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<tr>
<td>Announcement Only</td>
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<tr>
<td>Daytime - Private</td>
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<tr>
<td>Overnight - Private</td>
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<tr>
<td>Event Time Frame - SPPD</td>
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<tr>
<td>Regular Units 4-5</td>
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</tr>
<tr>
<td>Disabled Units</td>
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<tr>
<td>Hand Washing</td>
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<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
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<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
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<tr>
<td>Marketing: Please check all that apply.</td>
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<tr>
<td>Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
<tr>
<td>City logo should be used in any promotional</td>
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<tr>
<td>materials, posters, flyers, ads, website,</td>
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<tr>
<td>public service announcements, and press</td>
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<tr>
<td>releases.</td>
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</table>
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

The power provided by the city has been sufficient in the North Straub Park and Vinoy Park in all previous years.

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

A sound variance- has been granted all 5 years.

If City permits, licenses, or services are required for event, who will pay for them?

Name: Karen Vander Ploeg Phone: 727-642-0740

Address (including zip): 204 37th Avenue North #151 St Petersburg Fl 37704

Type of music, # of stages, and # of bands.

Christian Music, sound system to be provided by private company/one stage, 3-4 bands

List Vending Products. Name & Provider.

Bottled water, gatorade, breakfast bars, fruit, extra t-shirts, mainly given away for free.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

None

Explain subject/purpose of all speeches/demonstrations which will occur.

Awards for placing in the races

Discuss your load in/load out parking needs, include times and dates.

Parking needs minimal, as there is a lot of parking available. Early Morning will have set up and will park alongside the park.
Other Comments: Please describe your fee structure.

Registration fee for participating in races is $30.00 for adults and $10.00-$12.00 for children under the age of 12 years old.

Other comments:
We are always very thankful to the City Park and Recreations Department and all of the other City Departments.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Karen Vander Ploeg  Title: Director  Date: October 28, 2015
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
### Appendix B

**President or CEO**

**Responsible Party Information**

Please complete the information below for each responsible party.

| Name of the **Nonprofit** Corporation: | First to the Cross, INC |
| Name of Responsible Party (President or CEO ONLY): | Karen Vander Ploeg |
| Title of Responsible Party: | Director |
| Physical Address of Responsible Party: | 334 Rafael Blvd NE St.Pete, FL 33704 |
| Phone Number of Responsible Party: | 727-642-0740 |
| Email Address of Responsible Party: | karen.vanderploeg@gmail.com |
| Nonprofit (Employee Identification Number): | 20-8942778 |

| Name of the **For-profit** Corporation: |
| Name of Responsible Party (President or CEO ONLY): |
| Title of Responsible Party: |
| Physical Address of Responsible Party: |
| Phone Number of Responsible Party: |
| Email Address of Responsible Party: |
| For-profit (Employee Identification Number) |

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
**APPENDIX C**
**STATEMENT OF REVENUE AND EXPENSES FORM**
**PRIOR YEAR'S EVENT**
(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Date(s) of Event:</th>
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</thead>
</table>

**I. REVENUE SOURCES** (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>2. attaching sheets with revenue and expenses</th>
<th>Amount</th>
</tr>
</thead>
</table>

| 3. | 4. | 5. | 6. | 7. | 8. | TOTAL GROSS REVENUE $24,222.58 |

**II. EXPENSES** (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>1. Total Expenses (estimated amount, pending city bill)</th>
<th>Amount</th>
</tr>
</thead>
</table>

| 2. See attached list | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | TOTAL OPERATING EXPENSES $16,878.51 |

**TOTAL NET INCOME**

<table>
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<tr>
<th>3. Allocated</th>
<th>Amount</th>
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| 1. Donations $4,500 | 2. See Attached list | 3. | 4. | 5. | 6. | TOTAL ALLOCATION OF NET INCOME $4,500 |

*Prepared by: Karen Vander Ploeg*

Date: October 28, 2015
# Contract/Permit

**Contract #: 18200**  
**Date: 26 Aug 2016**  

**First To The Cross Ministries**  
KAREN VANDER PLOEG  
204 37TH AVENUE NORTH #151  
ST PETERSBURG FL 33704 USA  

**Primary #: (727) 642-0740**  
**Secondary #: (727)**  
**Other #: ()**  

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<th>Contract Balance</th>
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<td>$200.00</td>
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<tr>
<td>Other Information:</td>
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<tr>
<td>Use of beer and wine</td>
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<td></td>
</tr>
<tr>
<td>Use of fencing</td>
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<tr>
<td>Use of liquor</td>
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<tr>
<td>Date(s) and Time(s) of Use:</td>
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<tr>
<td>Starting: Sat 23 Sep 17 06:00 am</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ending: Sat 23 Sep 17 06:00 pm</td>
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<tr>
<td>Facility/Equipment</td>
<td>Day</td>
<td>Date</td>
<td>Time</td>
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<tr>
<td>Vinoy Park</td>
<td>Sat</td>
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<td>06:00 AM</td>
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<th>Charge</th>
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<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
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<tr>
<td>Deposit</td>
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<td>$0.00</td>
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<tr>
<td>Total Applied</td>
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<td>$200.00</td>
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<tr>
<td>Contract Balance</td>
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<td>Account Balance</td>
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<table>
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<tr>
<th>Rental charges are due according to the following schedule:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Saturday, Sep 9, 2017</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Payments:</th>
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<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 Aug 2016</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2637833</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Notes:**  

---

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name):  
KAREN VANDER PLOEG  
FIRST TO THE CROSS MINISTRIES

By (Sign Name):  
Parks and Recreation Superintendent

By (Sign Name):  
Parks and Recreation Department

---

CITY OF ST. PETERSBURG, FLORIDA  
By (Sign Name):  
Parks and Recreation Superintendent

By (Sign Name):  
Parks and Recreation Department

---

Printed: 26 Aug 2016, 12:16 PM  
User: stctegard  
Page: 1
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$0.00</td>
</tr>
<tr>
<td>Applied To: 18200 - Sunrise Run</td>
<td>$30.00</td>
</tr>
<tr>
<td>Vinoy Park - Park</td>
<td></td>
</tr>
<tr>
<td>September 23, 2017 6:00 am to</td>
<td></td>
</tr>
<tr>
<td>September 23, 2017 5:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Florida Not For Profit Corporation
FIRST TO THE CROSS MINISTRIES, INC.

Filing Information
Document Number N07000004683
FEI/EIN Number 20-8942778
Date Filed 05/09/2007
State FL
Status ACTIVE

Principal Address
334 RAFAEL BLVD, N.E.
ST PETERSBURG, FL 33704

Mailing Address
334 RAFAEL BLVD, N.E.
ST PETERSBURG, FL 33704

Registered Agent Name & Address
JANSSEN, DUANE
1626 38TH AVE. N.
ST PETERSBURG, FL 33713

Name Changed: 02/13/2008
Address Changed: 02/13/2008

Officer/Director Detail

Name & Address
Title D
VANDERPLOEG, KAREN
334 RAFAEL BLVD, N.E.
ST PETERSBURG, FL 33704

Title O
VANDER PLOEG, THOMAS M
334 RAFAEL BLVD NE
ST. PETERSBURG, FL 33704
### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>02/13/2014</td>
</tr>
<tr>
<td>2015</td>
<td>03/14/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/05/2016</td>
</tr>
</tbody>
</table>

### Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Report Type</th>
<th>View Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/05/2016</td>
<td>-- ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/14/2015</td>
<td>-- ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/13/2014</td>
<td>-- ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/25/2013</td>
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<td>View image in PDF format</td>
</tr>
<tr>
<td>04/16/2012</td>
<td>-- ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/26/2011</td>
<td>-- ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/29/2010</td>
<td>-- ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/16/2009</td>
<td>-- ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/13/2008</td>
<td>-- ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>05/09/2007</td>
<td>-- Domestic Non-Profit</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
Event Title: Pinot In the Park  Phone No.: 727-543-0195  Fax No.:  
Entity Name: Historic Kenwood Neighborhood Association  Federal I.D. Number: 57-0953652  
Event Date(s): Saturday, April 1, 2017  Location: Seminole Park, 2900 3rd Ave N, St Pete, FL  
Day 1 of Event: April 1, 2017  Time Gates Open: 6 pm  Ending Time: 10 pm  
Day 2 of Event:  Time Gates Open:  Ending Time:  
Day 3 of Event:  Time Gates Open:  Ending Time:  
Application Prepared by: Carolyn Gambuti  Phone: 727-543-0195  
Title: HKNA Board Member and Event Co-Chair  Cell Phone: 727-543-0195  
Address: 2425 4th Ave N  City: St Pete  State: FL  Zip: 33713  
Email Address: carolyn@itd.com  
Additional Contact Person: Kathy Young  Day Phone: 727-542-5333  
What month/year were you incorporated as nonprofit? May 18, 2011 (effective 9/10/2010)  
List all 501(c)3 entities that will benefit from this event. Historic Kenwood Neighborhood Association  
Name of the for-profit entity? n/a  
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.  
Pinot in the Park is an upscale event that brings Historic Kenwood residents together with other locals and tourists to celebrate the wonderful quality of life in Historic Kenwood and St Petersburg. In addition to enjoying great food and wine, attendees are able to place silent auction bids on items donated by local businesses to help raise funds that HKNA will use to benefit those less fortunate in our community. In 2016, a portion of the proceeds benefited the HK Partnership, that works with the city’s N-Team to provide exterior renovations to resident's homes when they are unable, either monetarily or physically, to do it themselves.  
Describe what economic benefit and impact this event will bring to St. Petersburg.  
Gross proceeds from our 2016 event totaled $13,000.  
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.  
Does your group presently have liability insurance? ☑ YES ☐ NO How much? $1MM  
Are there plans to sell or distribute beer/wine at your event? ☑ YES ☐ NO  
Will there be an admission / registration fee? ☑ YES ☐ NO Advanced Fee: $75 Day of: n/a  
Please provide the website address for your event. www.pinotinthepark.org  
Please provide a phone number that can be advertised to the public. 727-543-0195  
What is the estimated attendance for this event? Spectators 30  Participants 120 Last Year’s Total Attendance 150
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
<thead>
<tr>
<th>Showmobile (Yes/No)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>0</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>0</td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>0</td>
</tr>
<tr>
<td>Public Address System</td>
<td>0</td>
</tr>
</tbody>
</table>

Special Events Facilities

<table>
<thead>
<tr>
<th>Non City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahaffey Theater</td>
</tr>
<tr>
<td>Coliseum</td>
</tr>
<tr>
<td>Sunken Gardens</td>
</tr>
<tr>
<td>Boyd Hill</td>
</tr>
</tbody>
</table>

# of portable risers needed (4 in. x 8 in. x 16 in. sections) | 0 |

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Carolyn Gambuti
Title: Co-Chair
Date: 8/20/16

Co-Sign: Kathy Young
Title: Co-Chair
Date: 8/20/16

NOTE:

a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>How many? 1 Large</td>
</tr>
<tr>
<td>Fence Installation</td>
<td></td>
</tr>
<tr>
<td>Other Structures</td>
<td></td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td></td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- Invitations
- Posters / Flyers
- Newspaper / Internet
- Radio
- Television
- Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☐ RVS ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

We will need the 2-3 whisper generators, electrical cords and "The Turtle"

Will you supply your own generators? ☐ YES ☒ NO

Will your event have a licensed electrician on-site during the event? ☒ YES ☐ NO If YES, who? City Employee - same as prev yrs

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: Historic Kenwood Neighborhood Association Phone: 727-543-0195

Address (including zip): PO Box 15134, St Petersburg, FL 33733

Type of music, # of stages, and # of bands.

Acoustic guitarist

List Vending Products. Name & Provider.

We will recruit local restaurants to provide side dishes to accompany the salmon that we will be grilling in the park, and we will acquire wine from local wine merchants/distributors.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Historic Kenwood Neighborhood Association
PO Box 15134, St Petersburg, FL 33733
727-543-0195

Explain subject/purpose of all speeches/demonstrations which will occur.

No speeches or demonstrations - just using PA system to welcome guest, announce dinner is served and silent auction winners.

Discuss your load in/load out parking needs, include times and dates.

Throughout the day, we will be loading/unloading our cars/trucks from the street. No special requirements
Other Comments: Please describe your fee structure.

$75/person in advance only. No tickets sold at the door day of the event, which basically just covers costs of holding the event.

Other comments:

As always, we appreciate the wonderful support from the City in this and all our events!

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Carolyn Gambuti
Title: Co-Chair
Date: 8/20/16
Barricade
#2 - Guest Seating
#3 -- Salmon Grilling Pit

#4 -- Entrance/Exit
#5 -- Food Service Area
#6 -- Port A-Lets

30th Street N.

29th St. N.

ATTACHMENT "A"

Saturday, April 1st 2017, 6am-10 pm
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B  
President or CEO  
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>Historic Kenwood Neighborhood Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Brenda Gordon</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2934 Burlington Ave N, St Pete, FL 33713</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-712-0796</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:darbreg@aol.com">darbreg@aol.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-0953652</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Pinot in the Park
Date(s) of Event: Apr 1, 2017

I. REVENUE SOURCES (attach sheet if more space is needed)  

<table>
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<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ticket Sales</td>
<td>$9,000.00</td>
</tr>
<tr>
<td>2. Silent Auction</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL GROSS REVENUE</strong></td>
<td><strong>$13,000.00</strong></td>
</tr>
</tbody>
</table>

II. EXPENSES (attach sheet if more space is needed)  

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tent and Other Rental Supplies</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>2. City Services</td>
<td>$600.00</td>
</tr>
<tr>
<td>3. Entertainment</td>
<td>$400.00</td>
</tr>
<tr>
<td>4. Advertising and Marketing</td>
<td>$750.00</td>
</tr>
<tr>
<td>5. Port O Lets</td>
<td>$300.00</td>
</tr>
<tr>
<td>6. Other Supplies/Decorations</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$9,050.00</strong></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td><strong>$3,950.00</strong></td>
</tr>
</tbody>
</table>

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)  

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HKNA</td>
<td>$2,450.00</td>
</tr>
<tr>
<td>2. HK Partnership (a group within HKNA-this is 2016 allotment)</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td><strong>$3,950.00</strong></td>
</tr>
</tbody>
</table>

Prepared by: Carolyn Gambuti
Date: Aug 20, 2016
This certifies that

HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION INC
2410 9TH AVE N
SAINT PETERSBURG FL 33713-6835

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

Important Information for Exempt Organizations

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.
Detail by Entity Name

Florida Not For Profit Corporation
HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.

Filing Information
Document Number: N38463
FEI/EIN Number: 57-0953652
Date Filed: 06/01/1990
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 01/18/2011
Event Effective Date: NONE

Principal Address
2410 9TH AVE. N.
ST. PETERSBURG, FL 33713

Changed: 01/06/2016

Mailing Address
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Changed: 04/08/2005

Registered Agent Name & Address
Nichols, Cynthia
2410 9TH AVE. N.
ST. PETERSBURG, FL 33713

Name Changed: 01/06/2016
Address Changed: 01/06/2016

Officer/Director Detail
Name & Address
Title PRES

Gordon, Brenda
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134
Title VP
Harrill-Smith, Carrie
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title SEC
Seibert, John
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title TRES
Nichols, Cynthia
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Annual Reports

<table>
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<td>01/10/2015</td>
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<td>2016</td>
<td>01/06/2016</td>
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Document Images

- 01/06/2016 -- ANNUAL REPORT
- 01/10/2015 -- ANNUAL REPORT
- 01/04/2014 -- ANNUAL REPORT
- 01/19/2013 -- ANNUAL REPORT
- 01/11/2012 -- ANNUAL REPORT
- 01/18/2011 -- Amendment
- 01/17/2011 -- ANNUAL REPORT
- 01/04/2010 -- ANNUAL REPORT
- 02/05/2009 -- ANNUAL REPORT
- 01/18/2008 -- ANNUAL REPORT
- 10/19/2007 -- Amendment
- 04/15/2007 -- ANNUAL REPORT
- 04/28/2006 -- ANNUAL REPORT
- 04/08/2005 -- ANNUAL REPORT
- 08/13/2004 -- ANNUAL REPORT
- 04/21/2003 -- ANNUAL REPORT
- 03/24/2002 -- ANNUAL REPORT
- 04/30/2001 -- Name Change

View image in PDF format
Contract/Permit

Contract #: 18254
Date: 01 Sep 2016
User: DWBURNS
Status: Firm
Primary #: (615) 943-5166
Secondary #: ()
Other #: ()

HISTORIC KENWOOD NEIGHBORHOOD ASSOC
CAROLYN GAMBUTI
P.O. BOX 15134
ST PETERSBURG FL 33733 USA

Purpose of Use: PINOT IN THE PARK
Expected: 150
Co-Sponsored Event

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Fri 31 Mar 17 06:00 am
Ending: Sat 01 Apr 17 11:00 pm

Facility / Equipment: Seminole Park

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
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<tr>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Additional Fees:
- Co-Sponsored Application Fee: 1 $30.00 $0.00 $0.00 $30.00
- PKS Application Processing Fee: 1 $30.00 $0.00 $0.00 $30.00

Extra Fee Total: $60.00

Charges:
- Fees: $0.00
- Extra Fees: $60.00
- Tax: $0.00
- Total: $60.00
- Deposit: $0.00
- Total Applied: $0.00
- Contract Balance: $60.00
- Account Balance: $60.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name): CAROLYN GAMBUTI
(Print Name): HISTORIC KENWOOD NEIGHBORHOOD ASSOC

CITY OF ST. PETERSBURG, FLORIDA
(Sign Name): Parks and Recreation Superintendent
(Print Name): Parks and Recreation Department

Approved or Rejected: □ Approved or □ Rejected
Date:

Supervisor II / Foreman
Manager:

Printed: 01 Sep 2016, 09:31 AM
User: dwburns
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: 97X BBQ

Entity Name: COX MEDIA GROUP

Event Date(s): 5/20/17 OR 5/27/17 OR 5/28/17 OR 6/3/17

Location: VINOY PARK, SAINT PETERSBURG

Day 1 of Event: DATES ABOVE Time Gates Open: 12N Ending Time: 10P

Day 2 of Event: Time Gates Open: Ending Time: 

Day 3 of Event: Time Gates Open: Ending Time: 

Application Prepared by: JENNA KESNECK Phone: 7275792053

Title: DIRECTOR OF MARKETING AND PROMOTIONS Cell Phone: 7275604856

Address: 11300 4TH STREET NORTH, SUITE 300 City: ST PETERSBURG State: FL Zip: 33716

Email Address: JENNA.KESNECK@COXINC.COM

Additional Contact Person: DAN CONNELLY Day Phone: 7275792032

What month/year were you incorporated as nonprofit? N/A

List all 501(c)3 entities that will benefit from this event. PARC

Name of the for-profit entity? COX MEDIA GROUP

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

PEOPLE WILL BE ABLE TO ENJOY THE BEAUTIFUL WATERFRONT VINOY PARK WHILE ENJOYING LIVE MUSIC.

Describe what economic benefit and impact this event will bring to St. Petersburg.

GUESTS FROM SURROUNDING AREAS, BOTH LOCALLY AND REGIONALLY, WILL COME TO THIS SHOW SO THEY WILL LIKELY EAT AT RESTAURANTS, STAY AT HOTELS, USE PARKING GARAGES, ETC

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO

Are there plans to sell or distribute beer/wine at your event? YES NO

Will there be an admission / registration fee? YES NO Advanced Fee: $20 Day of: $40

Please provide the website address for your event. WWW.97XONLINE.COM

Please provide a phone number that can be advertised to the public. 7275792000

What is the estimated attendance for this event? Spectators 15,000 Participants 300 Last Year's Total Attendance 15,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
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<tr>
<th>Showmobile (Yes/No)</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>0</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
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<td>NO</td>
</tr>
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<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>0</td>
</tr>
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Special Events Facilities

| Non-City Locations |
|-------------------|----------------|
| Mahaffey Theater |
| Coliseum |
| Sunken Gardens |
| Boyd Hill |

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: JENNA KESNECK   Title: DIRECTOR OF MARKETING   Date: 7/21/16
Co-Sign: DAN CONNELLY   Title: DIRECTOR OF BRANDING   Date: 7/21/16

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendices listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
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<th>Obligation</th>
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<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
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</tr>
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<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
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<tr>
<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
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<tr>
<td>Require Street Closure</td>
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<td>VIP Area</td>
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<tr>
<td>Staging</td>
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<tr>
<td>Amplified Sound</td>
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<td>Security</td>
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<td>Sanitary Facilities - Port-O-Lets</td>
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<td>Off-site Parking / Shuttle</td>
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<td>Semitruck / Tractor Trailer</td>
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<td>Invitations</td>
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<td>Posters / Flyers</td>
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<td>Newspaper / Internet</td>
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<td>Marketing: Please check all that apply.</td>
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</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RVS □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

TO BE DETERMINED BUT WE WILL RENT GENERATORS IF NEEDED. CITY POWER HAS BEEN SUFFICIENT IN THE PAST WITH PEDASTALS AROUND THE PARK AND WE PROVIDE A GENERATOR FOR STAGE POWER.

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

WE WILL BE REQUESTING A LIQUOR PERMIT AS WELL AS ALCOHOL (BEER/WINE) PERMIT.

If City permits, licenses, or services are required for event, who will pay for them?

Name: COX MEDIA GROUP

Phone: 727-579-2000

Address (including zip): 1300 4TH STREET NORTH, SUITE 300, ST. PETERSBURG, FL 33716

Type of music, # of stages, and # of bands.

ALTERNATIVE ROCK/POP MUSIC. 1 STAGE APPROX 6-8 BANDS.

List Vending Products. Name & Provider.

VARIOUS VENDORS WILL BE SELLING FOOD, BEVERAGE, T SHIRTS, MERCHANDISE, ETC.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

PARC: 3190 TYRONE BLVD N, ST. PETERSBURG, FL 33710; 727-345-9111

Explain subject/purpose of all speeches/demonstrations which will occur.

STAGE ANNOUNCEMENTS BETWEEN BANDS WILL ANNOUNCE SPONSORS, PROMOTIONS AND DISCUSS STATION COPY POINTS

Discuss your load in/load out parking needs, include times and dates.

WE WILL BEGIN SETTING UP APPROXIMATELY 5-6 DAYS PRIOR TO SHOW DATE. WE WILL LOAD INTO PARK AND SHOULDN'T NEED MANY PARKING ACCOMMODATIONS. SAME FOR LOAD OUT BEGINNING THE DAY FOLLOWING SHOW DATE.
Other Comments: Please describe your fee structure.

ADVANCE TICKETS WILL BE AVAILABLE FOR FREE AT SPONSOR LOCATIONS DURING SELECT DATES AND TIMES. TICKETS WILL ALSO BE AVAILABLE ONLINE FOR $20 BEFORE THE SHOW AND $40 DAY OF SHOW.

Other comments:

CMG ABSOLUTELY LOVES WORKING WITH THE CITY OF ST PETERSBURG :)
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: PARC

Name of Responsible Party (President or CEO ONLY): KAREN HIGGINS

Title of Responsible Party: PRESIDENT AND CEO

Physical Address of Responsible Party: 3190 TYRONE BLVD N, ST. PETERSBURG, FL 33710

Phone Number of Responsible Party: 727 345 9111

Email Address of Responsible Party: KHIGGINS@PARC-FL.ORG

Nonprofit (Employee Identification Number): 59-0791038

---

Name of the **For-profit** Corporation: COX MEDIA GROUP

Name of Responsible Party (President or CEO ONLY): KEITH LAWLESS

Title of Responsible Party: VICE PRESIDENT AND MARKET MANAGER

Physical Address of Responsible Party: 11300 4THS TREE T, SUITE 300, ST. PETERSBURG, FL 33716

Phone Number of Responsible Party: 7275792000

Email Address of Responsible Party: KEITH.LAWLESS@COXINC.COM

For-profit (Employee Identification Number): 58-1620022

---

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit
# APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR’S EVENT**

(Must be completed)

---

### I. REVENUE SOURCES (attach sheet if more space is needed)

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**TOTAL GROSS REVENUE**

### II. EXPENSES (attach sheet if more space is needed)

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**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
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<tr>
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</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: [Name]  Date: [Date]

Submit Application by Email
Event Title: 97X BBQ
Entity Name: COX MEDIA GROUP
Event Date(s): 5/20/17 OR 5/27/17 OR 5/28/17 OR 6/3/17
Location: VINOY PARK, SAINT PETERSBURG

Day 1 of Event: DATES ABOVE
Day 2 of Event:
Day 3 of Event:

Application Prepared by: JENNA KESNECK
Title: DIRECTOR OF MARKETING AND PROMOTIONS
Address: 11300 4TH STREET NORTH, SUITE 300
Email Address: JENNA.KESNECK@COXINC.COM
Additional Contact Person: DAN CONNELLY

What month/year were you incorporated as nonprofit? N/A
List all 501(c)3 entities that will benefit from this event. PARC
Name of the for-profit entity? COX MEDIA GROUP

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
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Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ❌ YES ❏ NO
Are there plans to sell or distribute beer/wine at your event? ❌ YES ❏ NO
Will there be an admission / registration fee? ❌ YES ❏ NO
Advanced Fee: $20 Day of: $40

Please provide the website address for your event. WWW.97XONLINE.COM

Please provide a phone number that can be advertised to the public. 7275792000

What is the estimated attendance for this event? Spectators 15,000 Participants 300 Last Year's Total Attendance 15,000
Please check the equipment and/or facilities you are requesting.

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<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
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<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
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Name: JENNA KESNECK
Co-Sign: DAN CONNELLY

**Date:** 7/21/16

**Title:** DIRECTOR OF MARKETING AND DIRECTOR OF BRANDING AND

**NOTE:**

a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

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4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

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727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
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<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>How many? Over 30 Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
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<tr>
<td>How many? 12</td>
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</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td></td>
</tr>
<tr>
<td>Fence Installation</td>
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<tr>
<td>What type? CHAIN LINK</td>
<td></td>
</tr>
<tr>
<td>Other Structures</td>
<td></td>
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<tr>
<td>What structure? STAGE</td>
<td></td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td></td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
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<tr>
<td>VIP Area</td>
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<tr>
<td>Staging</td>
<td></td>
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<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
<td></td>
</tr>
</tbody>
</table>
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  ☒ YES  ☐ NO

If YES, check all that apply.  ☒ RV's  ☐ Coffee Vendors  ☒ Ice Bins  ☐ Freezers  ☐ Ice Cream Vendors  ☐ Catering Trucks

☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

TO BE DETERMINED BUT WE WILL RENT GENERATORS IF NEEDED. CITY POWER HAS BEEN SUFFICIENT IN THE PAST WITH PEDASTALS AROUND THE PARK AND WE PROVIDE A GENERATOR FOR STAGE POWER.

Will you supply your own generators?  ☒ YES  ☐ NO

Will your event have a licensed electrician on-site during the event?  ☒ YES  ☐ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

WE WILL BE REQUESTING A LIQUOR PERMIT AS WELL AS ALCOHOL (BEER/WINE) PERMIT.

If City permits, licenses, or services are required for event, who will pay for them?

Name: COX MEDIA GROUP
Phone: 7275792000

Address (including zip): 11300 4TH STREET NORTH, SUITE 300, ST. PETERSBURG, FL 33716

Type of music, # of stages, and # of bands.

ALTERNATIVE ROCK/POP MUSIC. 1 STAGE APPROX 6-8 BANDS.

List Vending Products. Name & Provider.

VARIOUS VENDORS WILL BE SELLING FOOD, BEVERAGE, T SHIRTS, MERCHANDISE, ETC.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

PARC- 3190 TYRONE BLVD N, ST. PETERSBURG, FL 33710; 727-345-9111

Explain subject/purpose of all speeches/demonstrations which will occur.

STAGE ANNOUNCEMENTS BETWEEN BANDS WILL ANNOUNCE SPONSORS, PROMOTIONS AND DISCUSS STATION COPY POINTS

Discuss your load in/load out parking needs, include times and dates.

WE WILL BEGIN SETTING UP APPROXIMATELY 5-6 DAYS PRIOR TO SHOW DATE. WE WILL LOAD INTO PARK AND SHOULDN'T NEED MANY PARKING ACCOMMODATIONS. SAME FOR LOAD OUT BEGINNING THE DAY FOLLOWING SHOW DATE.
Other Comments: Please describe your fee structure.

ADVANCE TICKETS WILL BE AVAILABLE FOR FREE AT SPONSOR LOCATIONS DURING SELECT DATES AND TIMES. TICKETS WILL ALSO BE AVAILABLE ONLINE FOR $20 BEFORE THE SHOW AND $40 DAY OF SHOW.

Other comments:

CMG ABSOLUTELY LOVES WORKING WITH THE CITY OF ST PTE! :)

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: JENNA KESNECK
Title: DIRECTOR OF MARKETING AND
Date: 7/21/16
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
## Appendix B

### President or CEO

#### Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>PARC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>KAREN HIGGINS</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>PRESIDENT AND CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>13190 TYRONE BLVD N, ST. PETERSBURG, FL 33710</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727 345 9111</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:KHIGGINS@PARC-FL.ORG">KHIGGINS@PARC-FL.ORG</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-0791038</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>COX MEDIA GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>KEITH LAWLESS</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>VICE PRESIDENT AND MARKET MANAGER</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>11300 4THS TREET N, SUITE 300, ST. PETERSBURG, FL 33716</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>7275792000</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:KEITH.LAWLESS@COXINC.COM">KEITH.LAWLESS@COXINC.COM</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>58-1620022</td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
# APPENDIX C

## STATEMENT OF REVENUE AND EXPENSES FORM

**PRIOR YEAR'S EVENT**

(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
</tr>
</tbody>
</table>

## I. REVENUE SOURCES (attach sheet if more space is needed)

<p>| | |</p>
<table>
<thead>
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<td>7.</td>
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</table>

**TOTAL GROSS REVENUE**

## II. EXPENSES (attach sheet if more space is needed)

<p>| | |</p>
<table>
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<td>10.</td>
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<td>11.</td>
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<td>12.</td>
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</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

## III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<p>| | |</p>
<table>
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<td>5.</td>
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<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by:  
Date:  

[Print Application] [Submit Application by Email]
Hi there-- attached is the 2017 event application for the 97X BBQ. We have holds on a few select dates next May and are really looking forward to continuing this event in the beautiful Vinoy Park!

Thank you so much and please let me know if there is anything else you may need.

Best,

JK

Jenna Kesneck | Director of Marketing & Promotions Cox Media Group Tampa | 11300 4th St. N Suite 300 | St. Petersburg, FL 33716
o: (727) 579-2053 | m: (727) 560-4856 | Email: Jenna.Kesneck@coxinc.com
**Contract/Permit**

**Contract #: 17672**  
**Date: 28 Jun 2016**  
**User: DWBurns**  
**Status: Firm**

**COX MEDIA GROUP INC**  
JENNA KESNECK  
11300 4TH ST N STE 300  
ST PETERSBURG FL 33716 USA  
Primary #: (727) 579-2032  
Secondary #: (727) 579-2032  
Other #: ( )

**Purpose of Use: 97X BBQ**  
**Expected:** 11,000  
**Co-Sponsored Event**  
**Contract Balance** $0.00

**Conditions of Use:** Insurance Required

**Other Information:**
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: Yes

**Date(s) and Time(s) of Use:**

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td>Fri</td>
<td>19 May 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Park</td>
<td></td>
<td>22 May 2017</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Vinoy Park</td>
<td>Fri</td>
<td>26 May 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$330.00</td>
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<tr>
<td>Park</td>
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<td>30 May 2017</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Vinoy Park</td>
<td>Thu</td>
<td>01 Jun 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Park</td>
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<td>05 Jun 2017</td>
<td>09:00 PM</td>
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**Additional Fees:**

<table>
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<tr>
<th>Description</th>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
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<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
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<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
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<tr>
<td>Co-Sponsored Park Permit Fee (Vinoy)</td>
<td>11:00</td>
<td>1</td>
<td>$300.00</td>
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<tr>
<td></td>
<td>2</td>
<td></td>
<td>$330.00</td>
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<td>$330.00</td>
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**Charges:**

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<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
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<tbody>
<tr>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
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</table>

Balance of rental due and payable immediately.

**Payments:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
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<tr>
<td>17 Aug 2016</td>
<td>$330.00</td>
<td>Check</td>
<td>Rental</td>
<td>2633965</td>
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**Additional Notes:**

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Sign Name)  
(Print Name) JENNA KESNECK  
COX MEDIA GROUP INC  
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA  
By: (Sign Name) Parks and Recreation Superintendent  
(Print Name) Parks and Recreation Department

Printed: 01 Sep 2016, 09:18 AM  
User: dwburns
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Detail by Entity Name

Florida Not For Profit Corporation
PARC, INC.

Filing Information

Document Number 715815
FEI/EIN Number 59-0791038
Date Filed 01/02/1969
State FL
Status ACTIVE
Last Event AMENDMENT AND NAME CHANGE
Event Date Filed 10/19/2011
Event Effective Date NONE

Principal Address
3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710

Changed: 02/22/1996

Mailing Address
3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710

Changed: 02/22/1996

Registered Agent Name & Address
HIGGINS, KAREN
3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710

Name Changed: 10/19/2011
Address Changed: 10/19/2011

Officer/Director Detail

Name & Address
Title P

HIGGINS, KAREN PRESIDE
3190 TYRONE BLVD NORTH
ST. PETERSBURG, FL 33710
Title D

AYOUB, LENA M, Esq.
3190 TYRONE BLVD NORTH
SAINT PETERSBURG, FL 33710

Title Chairman

HASBUN, MARCOS EESQ
101 E KENNEDY BLVD SUITE 1200
TAMPA, FL 33602

Title CHAIR ELECT

HILL, APRIL
3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710

Title VC

Perera, Raul, Mr
Superior Mechanical Systems
6482 Park Blvd
Pinellas Park, FL 33781

Annual Reports

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<td>02/23/2015</td>
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<tr>
<td>2016</td>
<td>02/08/2016</td>
</tr>
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</table>

Document Images

- 02/08/2016 -- ANNUAL REPORT
- 02/23/2015 -- ANNUAL REPORT
- 10/28/2014 -- AMENDED ANNUAL REPORT
- 02/17/2014 -- ANNUAL REPORT
- 03/19/2013 -- AMENDED ANNUAL REPORT
- 01/29/2013 -- ANNUAL REPORT
- 01/17/2012 -- ANNUAL REPORT
- 10/19/2011 -- Amendment and Name Change
- 04/06/2011 -- ANNUAL REPORT
- 03/01/2010 -- ANNUAL REPORT
- 02/18/2009 -- ANNUAL REPORT
- 04/10/2008 -- ANNUAL REPORT
- 04/05/2007 -- ANNUAL REPORT

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=PARC%207158151... 2/3
Detail by Entity Name

Foreign Limited Liability Company
COX MEDIA, L.L.C.

Filing Information
Document Number M05000001473
FEI/EIN Number 58-1444671
Date Filed 03/18/2005
State DE
Status ACTIVE

Principal Address
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Changed: 06/15/2015

Mailing Address
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Changed: 04/19/2016

Registered Agent Name & Address
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Authorized Person(s) Detail
Name & Address
Title President, Director

ESSER, PATRICK J
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Title VP

VICKERS, MARY
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328
Title Secretary
MUHL, SHAUNA S
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Title Treasurer, VP
Friedman, Maria
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Title Director, VP
BOWSER, MARK F
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Title Director
HIGHTOWER, JENNIFER
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Annual Reports
Report Year    Filed Date
2014           04/16/2014
2015           04/28/2015
2016           04/19/2016

Document Images
04/19/2016 -- ANNUAL REPORT
04/28/2015 -- ANNUAL REPORT
04/16/2014 -- ANNUAL REPORT
04/24/2013 -- ANNUAL REPORT
04/20/2012 -- ANNUAL REPORT
04/14/2011 -- ANNUAL REPORT
02/17/2010 -- ANNUAL REPORT
03/12/2009 -- ANNUAL REPORT
03/31/2008 -- ANNUAL REPORT
04/13/2007 -- ANNUAL REPORT
03/31/2006 -- ANNUAL REPORT
03/18/2005 -- Foreign Limited

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?Inquirytype=EntityName&directionType=ForwardList&searchNameOrder=COXMEDIA...
Event Title: United Music Fest
Entity Name: D&M Productions, Inc.
Event Date(s): June 10, 2017
Location: Vinoy Park
Day 1 of Event: June 10, 2017
Time Gates Open: 2:00 PM
Ending Time: 10:00 PM
Day 2 of Event: Time Gates Open:
Ending Time:
Day 3 of Event: Time Gates Open:
Ending Time:
Application Prepared by: Mike Mikkola
Title: Vice President
Address: 2305 N Ridgewood Ave
City: Tampa
State: FL
Zip: 33602
Email Address: mikemikkola@gmail.com
Additional Contact Person: David Larry
What month/year were you incorporated as nonprofit? 81-3313167
List all 501(c)3 entities that will benefit from this event.
A New Beginning, Inc. and the City of St. Petersburg
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
This is a program of music from diverse sources to foster inclusion and harmony for all. This is an event designed to bring all elements of our community united together without regard to race, ethnicity, religion, or sexual preference/identification. We plan this event to showcase a universal theme through music. We want to reach out to all members of our community to show brotherhood and fellowship for all.
Describe what economic benefit and impact this event will bring to St. Petersburg.
The city will benefit from additional exposure to people both inside and outside of the Bay Area. In addition, D & M Promotions, Inc. intends to give the City of St. Petersburg some of the proceeds to be used at their discretion to help all citizens of our community. City merchants should benefit as well from the increased number of people in the downtown area.
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.
Does your group presently have liability insurance? YES NO
How much? $1,000,000/$2,000,000
Are there plans to sell or distribute beer/wine at your event? YES NO
Will there be an admission / registration fee? YES NO
Advanced Fee: $40 Day of: $50
Please provide the website address for your event.
www.unitedmusicfest.com
Please provide a phone number that can be advertised to the public.
727-300-9388
What is the estimated attendance for this event? Spectators 15,000 Participants 100 Last Year's Total Attendance NA
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Coliseum</td>
<td>Which Location?</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Sunken Gardens</td>
<td>Vinoy Park</td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td>Public Address System Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Mike Mikkola    Title: Vice President    Date: August 1, 2016
Co-Sign: David Larry    Title: President    Date: August 1, 2016

Note: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

For further information, please call Lynn Gordon, Parks & Recreation Manager,
727-893-7766 or email: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Professional</td>
</tr>
<tr>
<td>Security</td>
<td>Announcemen Only</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

<table>
<thead>
<tr>
<th>Invitations</th>
<th>Radio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

TBD

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO  If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: D & M Promotions Inc  Phone: 727-641-0090
Address (including zip): 2305 N Ridgewood Ave, Tampa, FL 33602

Type of music, # of stages, and # of bands.

There will a unifying mixture of music to include rock, salsa, jazz, hip hop, and reggae. There will be five bands performing. We would need one stage.

List Vending Products. Name & Provider.

Master vendor.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

A New Beginning Inc, 1200 37th Street North, Unit 105, St. Petersburg, FL 33713

Explain subject/purpose of all speeches/demonstrations which will occur.

NA

Discuss your load in/load out parking needs, include times and dates.

Afternoon before the event for load in. Day after the event for load out.
Other Comments: Please describe your fee structure.

We will charge $40 per person prior to the day of the event and $50 the day of the event for general admission. Reserved will be $60 per person prior to the day of the event and $75 the day of the event.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON Whose BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Mike Mikkola
Title: Vice President
Date: August 1, 2016
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
### Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation</th>
<th>A New Beginning, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>Michel K. Mikkola</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>2350 N Ridgewood Avenue, Tampa, FL 33602</td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td>727-641-0090</td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td><a href="mailto:mikemikkola@gmail.com">mikemikkola@gmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number)</td>
<td>36-4805962</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation</th>
<th>D &amp; M Promotions, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>David Larry</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>1200 37th Street North, Unit 105, St. Petersburg, FL 33713</td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td>727-272-5067</td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td><a href="mailto:dllarry790@gmail.com">dllarry790@gmail.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>81-3313167</td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR’S EVENT
(Must be completed)

Name of Event: First year - Not applicable
Date(s) of Event:

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<tr>
<td>7.</td>
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<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>4.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<td>9.</td>
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<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td></td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Most net proceeds will go to A New Beginning Inc., with the balance to the City of St. Petersburg.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
</tr>
</tbody>
</table>

Prepared by: ____________________________ Date: ________________

Print Application Page 8 of 8 Submit Application by Email
United Music Fest

STAGE

RESERVED

General Admission
Dear Applicant,

We received your application for exemption from federal income tax and your user fee payment.

During the initial review process, applications for exemption are separated into two groups:

1. Those that can be processed based on information submitted
2. Those that require additional information to be processed

If your application falls in the first group you'll receive a determination letter within approximately 90 days from the date of this notice stating that you're exempt from federal income tax.

If your application falls in the second group, you'll be contacted when your application has been assigned to an Exempt Organizations specialist for review. You can expect to be contacted within approximately 180 days from the date of this notice. After 180 days, if you haven't been notified your application was assigned to a specialist, you can contact Customer Account Services Monday through Friday at the toll-free number shown above to check on its status. The individual calling on your behalf will need the following information:

* Your name
* Your employer identification number (EIN)
* The document locator number listed above and assigned to your request
* A proper power of attorney submitted with your exemption application, unless the individual calling is an officer or director and legally authorized to represent you

The IRS doesn't issue "tax-exempt numbers" or "tax-exempt certificates" for state or local sales or income taxes. If you need exemption from these taxes, contact your state or local tax offices.

Most organizations are required to file an annual information return...
(Form 990, Form 990-EZ, or Form 990-PF) or electronic notice (Form 990-N, the e-Postcard) while their applications for exemption or miscellaneous determination requests are pending. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked. Visit www.irs.gov and type "annual exempt organization return: who must file" in the search box for information on the types of organizations that are required to file annual returns or notices.

To receive the Exempt Organizations' EO Update, an electronic newsletter with information for tax-exempt organizations and tax practitioners, go to www.irs.gov/charities and click on "Free e-Newsletter."

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

Sincerely yours,

Jeffrey I. Cooper
Director, EO Rulings & Agreement
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$330.00</td>
</tr>
<tr>
<td>Applied To: 18253 - UNITED MUSIC FEST</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vinoy Park - Vinoy Park</td>
<td></td>
</tr>
<tr>
<td>June 7, 2017  6:00 am to June 12, 2017 12:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($300.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$30.00</td>
</tr>
</tbody>
</table>
**Purpose of Use:** UNITED MUSIC FEST  
**Expected:** 15,000  
**Co-Sponsored Event:**  
**Contract Balance:** $30.00

**Conditions of Use:** Insurance Required

**Other Information:**
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: No

**Date(s) and Time(s) of Use:**
- **Starting:** Wed 07 Jun 17 06:00 am  
- **Ending:** Mon 12 Jun 17 12:00 pm

**Facility/Equipment**
- Vinoy Park
  - **Day:** Wed  
  - **Date:** 07 Jun 17  
  - **Time:** 06:00 AM

**Facility/Equipment**
- Vinoy Park
  - **Day:** 12 Jun 17  
  - **Time:** 12:00 PM

**Additional Fees:**
- **Extra Fee**
  - **Quantity:** 1  
  - **Charge:** $30.00  
  - **Tax:** $0.00  
  - **Total:** $30.00
  - **Co-Sponsored Application Fee**
  - **Quantity:** 1  
  - **Charge:** $300.00  
  - **Tax:** $0.00  
  - **Total:** $300.00

**Charges:**
- **Fees:** $0.00  
- **Extra Fees:** $330.00  
- **Tax:** $0.00  
- **Total:** $330.00

**Balance of rental due and payable immediately.**

**Payments:**
- **Date:** 01 Sep 2016  
- **Amount:** $300.00  
- **Payment Type:** Check  
- **Reference:** Rental  
- **Recapit Number:** 2640627

**Additional Notes:**
- I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendant or designee.

**CITY OF ST. PETERSBURG, FLORIDA**
- **By:** Parks and Recreation Superintendant
- **(Print Name):** MIKE MIKKOLA
- **(Print Name):** Parks and Recreation Department

**Manager**
- **Approved or Rejected:**  
- **Date:**

**Supervisor II / Foreman**
- **Approved or Rejected:**  
- **Date:**
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
**Rental #:** 18253  
**D & M PROMOTIONS INC**  
2305 N RIDGEWOOD AVE  
TAMPA FL 33602 USA

**UNITED MUSIC FEST**

**Amendment Reason:** INPUT ERROR

i) **Purpose of Use:**  
- **Function:** Not Changed  
- **Description:**

ii) **Conditions of Use:**  
- Insurance Required

iii) **Dates and Time of Use:**  
- # of Bookings: 1  
- Starting: N/C  
- Ending: N/C  
- Expected: N/C

iv) **Additional Fees:**

<table>
<thead>
<tr>
<th>Mode</th>
<th>Extra Fee</th>
<th>Old Qty</th>
<th>Old Amount</th>
<th>New Quantity</th>
<th>New Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deleted</td>
<td>Co-Sponsored Application Late Fee</td>
<td>1</td>
<td>$1,200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Added</td>
<td>Co-Sponsored Application Fee</td>
<td></td>
<td></td>
<td>1</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

v) **Payment Method:**  
- **Damage Deposit:** N/C  
- **Adjustment:** N/C  
- **Initial Due:** N/C  
- **Prior Contract Total:** $1,500.00  
- **Statementing:** N/C  
- **Payable By:** N/C  
- **Adj:** N/C  
- **Initial Pay:** N/C  
- **Contract Total:** $330.00

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Sep 2016</td>
<td>$30.00</td>
</tr>
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</table>

---

**MIKE MIKKOLA**

Supervisor II / Foreman

Manager

Superintendent

[Approval Options]

- [ ] Approved or [ ] Rejected  
- Date

---

Page: 1
Detail by Entity Name

Florida Profit Corporation
D & M PROMOTIONS INC

Filing Information
Document Number P16000060361
FEI/EIN Number NONE
Date Filed 07/19/2016
State FL
Status ACTIVE

Principal Address
1200 37TH STREET NORTH
SUITE 105
ST. PETERSBURG, FL 33713

Mailing Address
1200 37TH STREET NORTH
SUITE 105
ST. PETERSBURG, FL 33713

Registered Agent Name & Address
MIKKOLA, MICHEL K
401 W 20TH STREET
SANFORD, FL 32771

Officer/Director Detail
Name & Address
Title VP
MIKKOLA, MICHEL
401 W 20TH STREET
SANFORD, FL 32771

Title P
LARRY, DAVID
1200 37TH STREET NORTH
ST. PETERSBURG, FL 33713

Annual Reports
No Annual Reports Filed

Document Images

07/19/2016 -- Domestic Profit

View image in PDF format
Detail by Entity Name

**Florida Not For Profit Corporation**

A NEW BEGINNING INC

**Filing Information**

- Document Number: N14000004579
- FEI/EIN Number: 36-4805962
- Date Filed: 05/09/2014
- Effective Date: 05/09/2014
- State: FL
- Status: ACTIVE

**Principal Address**

1651 29th Avenue North
St. Petersburg, FL 33713

Changed: 04/15/2015

**Mailing Address**

1200 37th Street North
SUITE 105
St. Petersburg, FL 33713

Changed: 04/15/2015

**Registered Agent Name & Address**

MIKKOLA, MICHEL K
401 W 20th Street
SANFORD, FL 32771

Address Changed: 04/15/2015

**Officer/Director Detail**

**Name & Address**

Title P

MIKKOLA, MICHEL K
401 W 20th Street
SANFORD, FL 32771

Title VP
Larry, David  
1200 37th Street North  
SUITE 105  
St. Petersburg, FL 33713

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>04/15/2015</td>
</tr>
<tr>
<td>2016</td>
<td>04/21/2016</td>
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</table>

### Document Images

<table>
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<tr>
<th>Date</th>
<th>Description</th>
<th>View in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/21/2016</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/15/2015</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>05/09/2014</td>
<td>Domestic Non-Profit</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>

https://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=ANEWBEGINNIN...
Event Title: American Stage in the Park
Phone No.: 727-823-1600
Fax No.: 727-821-2444

Entity Name: The America Stage Company, Inc
Federal I.D. Number: 59-1777189

Event Date(s): April 19-May 14, 2017
Location: Men's Landing

Day 1 of Event: Wed-Sunday
Time Gates Open: 6:00pm
Ending Time: 10:30pm

Day 2 of Event: 
Time Gates Open: 
Ending Time: 

Day 3 of Event: 
Time Gates Open: 
Ending Time: 

Application Prepared by: Tom Block
Phone: 823-1600 208

Title: General Manager
Cell Phone: 727-403-9100

Address: P.O. Box 1560
City: St. Petersburg
State: FL
Zip: 33731

Email Address: tomblock@americanstage.org

Additional Contact Person: Stephanie Gularte
Day Phone: 823-1600

What month/year were you incorporated as nonprofit? October 1977

List all 501(c)3 entities that will benefit from this event. American Stage

Name of the for-profit entity?

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

It will contribute to the quality of life in the region. Bringing professional theatre to the downtown waterfront. 14,000 plus will enjoy a live professional play under the stars. One of the oldest cultural events in the region.

Describe what economic benefit and impact this event will bring to St. Petersburg.


Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES □ NO
How much? $1,000,000.00

Are there plans to sell or distribute beer/wine at your event? YES □ NO

Will there be an admission / registration fee? YES □ NO Advanced Fee: $16.00 Day of: $20.00

Please provide the website address for your event. americanstage.org

Please provide a phone number that can be advertised to the public. 823-7529

What is the estimated attendance for this event? Spectators 14,000 Participants 50 Last Year's Total Attendance 15,000

Page 1 of 8
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td></td>
<td></td>
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</table>

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Tom Block
Title: General Manager
Co-Sign: ____________________________
Title: ____________________________
Date: 8/26/2016

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity’s 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day’s events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Public Invited</td>
<td>General Liability Insurance</td>
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<tr>
<td>☑ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☑ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>☑ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☑ Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>☑ Vending Beer / Wine</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>☑ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Other Structures</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>☑ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>☑ Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>☑ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☑ VIP Area</td>
<td></td>
</tr>
<tr>
<td>☑ Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>☑ Amplified Sound</td>
<td>Showmobile</td>
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<tr>
<td>☑ Security</td>
<td>Other</td>
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<tr>
<td>☑ Sanitary Facilities - Port-O-Lets</td>
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<tr>
<td>☑ Off-site Parking / Shuttle</td>
<td>Daytime - Private</td>
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<tr>
<td>☑ Semitruck / Tractor Trailer</td>
<td>Overnight - Private</td>
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<tr>
<td>☑</td>
<td>Announcement Only</td>
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<tr>
<td>☑</td>
<td>Event Time Frame - SPPD</td>
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<td>☑</td>
<td>Regular Units [13]</td>
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<td>☑</td>
<td>Disabled Units [2]</td>
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<tr>
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<td>Hand Washing [2]</td>
</tr>
<tr>
<td>☑</td>
<td>Hand Washing [2]</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

☑ Invitations
☑ Posters / Flyers
☑ Newspaper / Internet
☑ Radio
☑ Television
☑ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

The park has the needed power.

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: American Stage

Phone: 823-1600

Address (including zip): P.O. Box 1560 St. Petersburg, Fl 33731

Type of music, # of stages, and # of bands.

Music from the musical with live band

List Vending Products. Name & Provider.

Food, beer and wine, soda, ice cream and tee shirts. American Stage.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

American Stage

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.

Load in will begin March 20 until opening and 4 days after we close from 9-5 Monday thru Friday. Plus some evening for working with lights.
Other Comments: Please describe your fee structure.

Reserved Chairs $38.00
Premium Blankets $35.00
General Wed, Thurs, Sunday $16.00 plus $4.00 at gate
Friday and Saturday $21.00 plus $4.00 at gate.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Tom Block  Title: General Manager  Date: 8/26/2016
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>The American Stage Company, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Mike Alford</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Chair</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>880 Carillon Parkway St. Petersburg, FL 33716</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-567-5198</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Mike.alford@raymondjames.com">Mike.alford@raymondjames.com</a></td>
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<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1777189</td>
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<tr>
<td>Title of Responsible Party:</td>
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<td>Physical Address of Responsible Party:</td>
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<td>Email Address of Responsible Party:</td>
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</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
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APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: American Stage in the Park
Date(s) of Event: April 19, 2017 - May 14, 2017

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<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. Tickets</td>
<td>$285,722.00</td>
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<tr>
<td>2. Concessions</td>
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<td>3. Donations</td>
<td>$77,900.00</td>
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<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$409,749.00</td>
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<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
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<td>1. Fees and Royalties</td>
<td>$87,306.00</td>
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<tr>
<td>2. Payroll</td>
<td>$72,708.00</td>
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<tr>
<td>3. Production Costs Including City</td>
<td>$146,851.00</td>
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<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$306,865.00</td>
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<tr>
<td>TOTAL NET INCOME</td>
<td>$102,884.00</td>
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</table>

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<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. American Stage</td>
<td>$102,884.00</td>
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<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$102,884.00</td>
</tr>
</tbody>
</table>

Prepared by: Tom Block
Date: 8/26/2016
Dear Taxpayer:

This is in response to your request of Mar. 17, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in August 1978, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott
Manager, EO Determinations
DEMEMS LANDING 332 L AVE SE

AMERICAN STAGE IN THE PARK

E

STAGE

TRAILER

OFFICE

FOOD STAND

FREE STUFF

TOWNS

LIGHT EACH

POWERS

TRAILER

TRAILER
### Florida Not For Profit Corporation

THE AMERICAN STAGE COMPANY, INC.

#### Filing Information

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<td>Event Date Filed</td>
<td>03/31/1982</td>
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<td>Event Effective Date</td>
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#### Principal Address

244 2ND AVENUE NORTH
SUITE 320
ST PETERSBURG, FL 33701

Changed: 03/20/2009

#### Mailing Address

P O BOX 1560
ST PETERSBURG, FL 33731

Changed: 01/21/2016

#### Registered Agent Name & Address

GULARTE, STEPHANIE
244 2ND AVENUE NORTH
ST PETERSBURG, FL 33701

Name Changed: 04/06/2015

Address Changed: 03/20/2009

#### Officer/Director Detail

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALFORD, MICHAEL</td>
</tr>
</tbody>
</table>
244 2ND AVENUE NORTH
SAINT PETERSBURG, FL 33701

Title CO-CHAIR
RUDNICKI, ROBERT
244 2ND AVENUE NORTH
ST PETERSBURG, FL 33701

Title TREASURER
MAINELLI, KARI
244 2ND AVENUE NORTH
SUITE 320
ST PETERSBURG, FL 33701

Title SECRETARY
FORNUTO, CLAUDETTE
244 2ND AVENUE NORTH
SAINT PETERSBURG, FL 33701

Title PRODUCING ARTISTIC DIRECTOR
GULARTE, STEPHANIE
244 2ND AVENUE NORTH
ST PETERSBURG, FL 33701

Annual Reports

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Document Images

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<td>07/14/1995</td>
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</table>
### Contract/Permit

**Contract #:** 18256  
**Date:** 01 Sep 2016  
**User:** SCTegard  
**Status:** Firm

**THE AMERICAN STAGE COMPANY INC**  
**TOM BLOCK**  
**PO BOX 1560**  
**ST PETERSBURG FL 33731 USA**  
**Primary #:** (727) 823-1600  
**Secondary #:** ()  
**Other #:** ()

**Purpose of Use:** American Stage  
**Expected:** 0  
**Co-Sponsored Event**  
**Contract Balance** $0.00

**Conditions of Use:** Insurance Required

**Other Information:**  
Use of beer and wine: Yes  
Use of fencing: No  
Use of liquor: No

**Date(s) and Time(s) of Use:**  
***Starting: Mon 27 Mar 17 06:00 am***  
***Ending: Sun 21 May 17 11:59 pm***

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<th>Day</th>
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<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
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Date: 01 Sep 2016

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**Additional Fees:**

- **Extra Fee - Bookings**
  - Co-Sponsored Application Fee: 17:59 1 $30.00 $0.00 $30.00
  - Co-Sponsored Park Permit Fee: 17:59 3 $600.00 $0.00 $600.00

**Charges:**

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Balance of rental due and payable immediately.

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**Additional Notes:**

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name)

(TOM BLOCK)

THE AMERICAN STAGE COMPANY INC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name):

(Parks and Recreation Superintendent)

(Print Name):

(Parks and Recreation Department)
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
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**MEMO**

The American Stage Company, Inc.

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### City of St. Petersburg

**THE AMERICAN STAGE COMPANY INC**  
TOM BLOCK  
PO BOX 1560  
ST PETERSBURG, FL 33731 USA  

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Applied To: 18256 - American Stage  
Demens Landing Park - Park  
March 27, 2017 6:00 am to May 21, 2017 11:59 pm  

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Balance: $0.00
**Event Title:** The Great BrainWash  
**Phone No.:** 727-781-4673  
**Fax No.:** 

**Entity Name:** Brain Tumor Alliance  
**Federal I.D. Number:** 26-2429074  

**Event Date(s):** August 4-5, 2017  
**Location:** North Straub Park, Vinoy Park, Flora Wylie  

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**Application Prepared by:** Debbie Turner  
**Title:** Executive Director  
**Address:** 4110 Bayshore Blvd NE  
**City:** St. Pete  
**State:** FL  
**Zip:** 33703  
**Email Address:** debbie@braintumoralliance.org  

**What month/year were you incorporated as nonprofit?** September 2008  

**List all 501(c)3 entities that will benefit from this event.** Brain Tumor Alliance and All Children's Hospital  

**Name of the for-profit entity?** N/A  

**Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.**  
We will be bringing families to the downtown area wherein they will be enjoying water slides, obstacles and a huge party in the park afterwards, thereby utilizing the beautiful downtown parks, the waterfront and bringing business to local hotels, shops, restaurants and a great tourist destination. Our events this year brought people from all over the United State, Canada and Europe.  

**Describe what economic benefit and impact this event will bring to St. Petersburg.**  
The participants will be staying in hotels, eating at restaurants and shopping in the stores. Moving the event from South Straub to North Straub will increase the use of shops and restaurants by further visibility to participants and the business establishments.  

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.  

**Does your group presently have liability insurance?**  
☑ YES ☐ NO  

**Are there plans to sell or distribute beer/wine at your event?**  
☑ YES ☐ NO  

**Will there be an admission / registration fee?**  
☑ YES ☐ NO  

**Please provide the website address for your event:** braintumoralliance.org/brainwash  

**Please provide a phone number that can be advertised to the public:** 727-781-4673  

**What is the estimated attendance for this event?**  
Spectators: 50  
Participants: 800  
Last Year's Total Attendance: 843
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ] Yes [ ] No

# of bleacher(s) needed. Each bleacher approx. 180 people

Tables (6 ft) # needed

Chairs # needed

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: [ ]

Title: [ ]

Date: [ ]

Co-Sign: [ ]

Title: [ ]

Date: [ ]

Note: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

Please attach the following:

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

For further information, please call Lynn Gordon, Parks & Recreation Manager, 727-893-7766 or email: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

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<th>Obligation</th>
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<td>Park Permit</td>
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<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
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<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
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<td>Vendors / Exhibitors</td>
<td>Alcohol Permit</td>
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<td>Vending Beer / Wine</td>
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<td>Fence Installation</td>
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<td>Other Structures</td>
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<td>Performers</td>
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<td>Off-site Parking / Shuttle</td>
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<td>Semitrick / Tractor Trailer</td>
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Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- Radio
- Television
- Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV's □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: ___________________________ Phone: ___________________________

Address (including zip): ___________________________

Type of music, # of stages, and # of bands.
DJ, no stages and no band

List Vending Products. Name & Provider.

Tijuana Flats, Fresh Kitchen, Einstein Bages, Little Cesars, Power Crunch, Florida Cane Vodka

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Brain Tumor Alliance. We do not sell beer as it is free to participants

Explain subject/purpose of all speeches/demonstrations which will occur.

Brain tumor survivors, mayor and other dignitaries

Discuss your load in/load out parking needs, include times and dates.

Load and in out on Friday, August 4 and August 5.
Other Comments: Please describe your fee structure.

$25 through February, increase to $30 through May when it increases to $35 through June, then up to $40 through day of event then it becomes $45.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Debbie Turner Title: Executive Director Date: 8/30/2016
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Brain Tumor Alliance

Name of Responsible Party (President or CEO ONLY): Debbie Turner

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 4110 Bayshore Blvd NE, St. Pete., FL 33703

Phone Number of Responsible Party: 727-781-4673

Email Address of Responsible Party: debbie@braintumoralliance.org/brainwash

Nonprofit (Employee Identification Number): 26-3429074

Name of the For-profit Corporation: 

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

For-profit (Employee Identification Number) 

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
## APPENDIX C
### STATEMENT OF REVENUE AND EXPENSES FORM
#### PRIOR YEAR’S EVENT
(Must be completed)

**I. REVENUE SOURCES** (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 800 runners</td>
<td>$32,000.00</td>
</tr>
<tr>
<td>2. Sponsors</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>3. Vendors</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>4. Fundraising</td>
<td>$15,000.00</td>
</tr>
<tr>
<td>5. Donations</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE** $78,000.00

**II. EXPENSES** (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. City of St. Pete</td>
<td>$14,000.00</td>
</tr>
<tr>
<td>2. Fun Air Games</td>
<td>$8,000.00</td>
</tr>
<tr>
<td>3. Rentals</td>
<td>$2,200.00</td>
</tr>
<tr>
<td>4. Shirts and medals</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>5. Permits</td>
<td>$75.00</td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $27,775.00

**TOTAL NET INCOME** $50,225.00

**III. ALLOCATION OF NET INCOME** (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 60% to All Childrens</td>
<td>$30,000.00</td>
</tr>
<tr>
<td>2. BTA</td>
<td>$20,225.00</td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME** $50,225.00
### Event Information

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>The Great Brain Wash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Event:</td>
<td>8/15/2017</td>
</tr>
<tr>
<td>Assembly Time:</td>
<td>5:30 am</td>
</tr>
<tr>
<td>Start Time:</td>
<td>8:00 am</td>
</tr>
<tr>
<td>End Time:</td>
<td>3:00 pm</td>
</tr>
</tbody>
</table>

### Event Specifics

Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:

5K Run to raise funds for brain tumors. Participants will run down the main street and then the way they will slide down water slides from North Avenue to 15th Ave.

Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.

See attached map

Specify any Public Facilities, Parks and/or Equipment to be used:
North Avenue, Spa Beach, Vinny & Flora Wylie

Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.
No recording equipment, signs marking the route (1'x6" to 2'x4")

Will alcoholic beverages be SOLD or CONSUMED as part of this event?  
X Yes  
No

Estimated number of people taking part is the event:  
800

Estimated number and type of animals taking part in the event:  
0

Will this event take place in the roadway?  
X Yes  
No

If Yes, will the entire event be in the roadway or just a portion of the event?  
Only Brookside, 95th Ave

Will this event take place on the sidewalks?  
X Yes  
No

If Yes, will the entire event be on the sidewalks or just a portion of the event?  
Along Brookside to 15th Ave

Estimated number of volunteers or Parade Marshals that will be assisting with this event:  
60

Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however the responsibility for informing the public and affected commerce rests with the applicant.

What steps will the applicant(s) take to ensure the community is properly notified?

Signature or mailing
Event Fees, Costs and Insurance Requirements
A non-refundable application fee of Thirty Dollars ($30.00) is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

Waiver Request for Fees, Costs and Insurance Requirements
If the applicant is indigent and is engaged in public issue speech or conduct, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

Do you wish to apply to the City for a claim of Indigence and request a waiver of fees, costs and Insurance requirements?  

Yes  ☐ No  ☐

Organization Sponsoring Event Information
Applicant
Name: Debbie Turner  
Address: 410 Bayshore Blvd NE, St. Pete, FL 33713  
Email: debbie@braininjuredalliance.org  
Phone: Cell: 727-674-3746  Home:  
Work: 727-781-4673

Organization
Name: Brain Injured Alliance  
Address: PO Box 7207 St. Pete, FL 33704  
Email: debbie@braininjuredalliance.org  
Phone: Cell: 727-674-3746  Home:  
Work: 727-781-4673

President or Head of Organization
Name: Debbie Turn  
Address:  
Email:  
Phone:  

Person or Entity Responsible for Payment of City Services
Name: Debbie Turner  
Address:  
Email:  
Phone:  

Person Responsible for Event Conduct
Name: Debbie Turner  
Address:  
Email:  
Phone:  

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587
September 1, 2017

Parks & Recreation Department
1400 19th Street North
St. Petersburg, FL 33713

Re: Request to serve Hard Liquor at The Great BrainWash 2017

Dear Denis:

On August 5, 2017 we will again be putting on our fifth annual Brain Tumor 5k run. We are in the process of obtaining the necessary permits from the City of St. Petersburg to hold this event in North Straub Park and Vinoy Park. We will also obtain insurance showing that it will be an event including alcohol.

As we did this year, we would like to apply for approval to serve hard liquor at our August 5, 2017 Great BrainWash event. We will not be selling the liquor, but will have a vendor doing liquor tastings such as Florida Cane Vodka.

Please let me know if there is anything further that you require.

Sincerely,

Debbie Turner
Executive Director
# Receipt

**Description** | **Amount**
--- | ---
Previous Balance | $730.00

**Applied To:** 18262 - THE GREAT BRAINWASH

- North Straub Park - Park
- August 4, 2017 6:00 am to August 5, 2017 5:00 pm

**Payment:** Check

**Balance:** $0.00

---

*Approved Refunds Are By Check Only*
BRAIN TUMOR ALLIANCE INC  
DEBBIE TURNER  
2561 NURSERY RD STE D  
CLEARWATER FL 33764 USA  

Purpose of Use: THE GREAT BRAINWASH  
Conditions of Use: Insurance Required  

Other Information:  
Use of beer and wine: Yes  
Use of fencing: Yes  
Use of liquor: Yes  

Date(s) and Time(s) of Use:  
Starting: Fri 04 Aug 17 06:00 AM  
Ending: Sat 05 Aug 17 05:00 pm  

Facility/Equipment          Day   Date       Time          Fee    Extra Fee    Tax    Total  
North Straub Park           Fri    04 Aug 2017  06:00 AM  $0.00  $200.00  $0.00  $200.00  
Park                        Fri    05 Aug 2017  05:00 PM  $0.00  $300.00  $0.00  $300.00  
Vinoy Park                 Fri    04 Aug 2017  06:00 AM  $0.00  $200.00  $0.00  $200.00  
Park                        Fri    05 Aug 2017  05:00 PM  $0.00  $300.00  $0.00  $300.00  
Elva Rouse Park            Fri    04 Aug 2017  06:00 AM  $0.00  $200.00  $0.00  $200.00  
Park                        Fri    05 Aug 2017  05:00 PM  $0.00  $300.00  $0.00  $300.00  

Additional Fees:  
Extra Fee                  Quantity   Charge  Tax    Total  
Co-Sponsored Application Fee   1  $30.00  $0.00  $30.00  
Extra Fee - Bookings         Hours   Quantity   Charge  Tax    Total  
Co-Sponsored Park Permit Fee  70:00   2  $400.00  $0.00  $400.00  
Co-Sponsored Park Permit Fee (Vinoy)  35:00   1  $300.00  $0.00  $300.00  
   3  $700.00  $0.00  $700.00  

Charges:  
Fees          Extra Fees        Tax   Total  Deposit  Total Applied  Contract Balance  Account Balance  
$ 0.00         $730.00          $0.00  $730.00  $0.00  $730.00  $0.00  $0.00  

Balance of rental due and payable immediately.  

Payments:  
Date          Amount    Payment Type    Reference    Receipt Number  
02 Sep 2016   $730.00    Check    Rentsl    2641154  

Additional Notes:
I have read this Agreement and agree to comply with the terms
and conditions set forth in this Agreement. I also understand this
Agreement is not final until approved and executed by the Parks
and Recreation Superintendent or designee.

By (Sign Name): DEBBIE TURNER
(Print Name) BRAIN TUMOR ALLIANCE INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent
(Print Name) Parks and Recreation Department

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Relay For Life of St. Petersburg
Phone No.: 727.546.9822
Fax No.: 727.545.3753

Entity Name: American Cancer Society, Inc.
Federal I.D. Number: 13-1788491

Event Date(s): April 28, 2017
Location: South Straub Park

Day 1 of Event: April 28, 2017
Time Gates Open: 2PM
Ending Time: 10PM

Day 2 of Event:

Day 3 of Event:

Application Prepared by: Melissa Weest
Phone: 727.546.9822

Title: Community Manager, Relay For Life
Cell Phone: 727.631.7781

Address: 4801 86th Ave N
City: Pinellas Park
State: FL
Zip: 33782

Email Address: melissa.weest@cancer.org

Additional Contact Person: Steven Rose
Day Phone: 727.546.9822

What month/year were you incorporated as nonprofit? November 1942

List all 501(c)3 entities that will benefit from this event. American Cancer Society, Inc.

Name of the for-profit entity?

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The Relay For Life of St. Petersburg is a family-friendly event that raises money for the mission of the American Cancer Society. The event is organized around teams formed from businesses, schools, community groups, or families which builds the sense of community amongst participants. As an event open to the public, there will be an increase of education for prevention and early detection methods within the community leading toward a healthier St. Petersburg. The American Cancer Society has a 96% brand recognition rate - aligning with our brand enhances the overall image of companies and organizations who participate in our events.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The Relay For Life of St. Petersburg raises money for cancer research that all residents of St. Petersburg will benefit from. In addition, funds from the Relay are utilized for our services available to all residents of St. Petersburg including 24/7 Information and Support available through our National Cancer Information Center (1.800.227.2345) and cancer.org, rides to treatment increasing access to care, lodging at any of our 32 Hope Lodge communities including one in Tampa, support groups, etc. all free of charge.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO

Are there plans to sell or distribute beer/wine at your event? YES NO

Will there be an admission/registration fee? YES NO

Advanced Fee:

Day of:

Please provide the website address for your event. www.relayforlife.org/stpetersburgfl

Please provide a phone number that can be advertised to the public. 1.800.227.2345

What is the estimated attendance for this event? Spectators: 150 Participants: 200 Last Year's Total Attendance: 150
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
<th>Which Location?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Coliseum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Sunken Gardens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>Boyd Hill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: [Signature] Title: Community Mgr, Relay For Life Date: 9/6/16
Co-Sign: [Signature] Title: Sr. Manager, Relay For Life Date: 9/6/16

Note: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity’s 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

Please attach the following:

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

For further information, please call Lynn Gordon, Parks & Recreation Manager, 727-893-7766 or email: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>☒ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☒ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>☒ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☒ Vendors / Exhibitors</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>☒ Vending Beer / Wine</td>
<td>Additional Insurance Required</td>
</tr>
<tr>
<td>☒ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>☒ Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>☒ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☒ VIP Area</td>
<td></td>
</tr>
<tr>
<td>☒ Staging</td>
<td>☒ Professional ☒ Showmobile ☒ Other</td>
</tr>
<tr>
<td>☒ Amplified Sound</td>
<td>☒ Performers ☒ Announcement Only</td>
</tr>
<tr>
<td>☒ Security</td>
<td>☒ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD</td>
</tr>
<tr>
<td>☒ Sanitary Facilities - Port-O-Lets</td>
<td>☒ Regular Units ☒ Disabled Units ☒ Hand Washing</td>
</tr>
<tr>
<td>☒ Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>☒ Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

☒ Invitations ☒ Radio
☒ Posters / Flyers ☒ Television
☒ Newspaper / Internet ☒ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks

□ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain:

If City permits, licenses, or services are required for event, who will pay for them?

Name: ____________________________ Phone: ____________________________

Address (Including zip): ____________________________

Type of music, # of stages, and # of bands.

Family friendly music from one 8ft by 12 ft stage.

List Vending Products. Name & Provider.

nen/a

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

n/a

Explain subject/purpose of all speeches/demonstrations which will occur.

Opening & closing ceremonies to include purpose of the American Cancer Society and thank you to all participants and sponsors.

Discuss your load in/load out parking needs, include times and dates.

One parking spot for storage of POD from 8AM on 4/28/2017 until noon on 5/1/2017 on Bay Shore Drive NE closest to 2nd Ave NE in order to have entry/exit space for POD delivery truck. Request for additional 9 spots along Bay Shore Drive NE on 4/28/17 only.
Other Comments: Please describe your fee structure.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: [Signature] Title: Community Mgr, Relay For Life Date: 9/6/16
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>American Cancer Society, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Gary Reedy</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>250 Williams Street NW, Atlanta, GA 30303</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>1.800.227.2345</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Gary.Reedy@cancer.org">Gary.Reedy@cancer.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>13-1788491</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Relay For Life of St. Petersburg
Date(s) of Event: Apr 28, 2017

I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team/Individual Donations</td>
<td>$24,703.00</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>$833.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$25,536.00</td>
</tr>
</tbody>
</table>

II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survivor Shirts &amp; Medals</td>
<td>$110.25</td>
</tr>
<tr>
<td>Participant Shirts</td>
<td>$215.92</td>
</tr>
<tr>
<td>Event Signage</td>
<td>$166.50</td>
</tr>
<tr>
<td>Participant Incentives</td>
<td>$262.32</td>
</tr>
<tr>
<td>Park Fees</td>
<td>$467.83</td>
</tr>
<tr>
<td>Rentals (Stage, Tents, Tables, Chairs)</td>
<td>$1,308.80</td>
</tr>
<tr>
<td>DJ/Amplified Sound</td>
<td>$450.00</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
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<tr>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$2,981.62</td>
</tr>
</tbody>
</table>

TOTAL NET INCOME: $22,554.38

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Research</td>
<td>$3,601.00</td>
</tr>
<tr>
<td>Patient Services</td>
<td>$8,301.00</td>
</tr>
<tr>
<td>Education</td>
<td>$2,934.00</td>
</tr>
<tr>
<td>Treatment &amp; Detection</td>
<td>$2,075.00</td>
</tr>
<tr>
<td>Support Services</td>
<td>$5,638.00</td>
</tr>
<tr>
<td>Rounding</td>
<td>$5.38</td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME: $22,554.38

Prepared by:  Steven Rose  Date:  9/6/2016
Dear Sir or Madam:

This is in response to your March 21, 2016, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in November 1942, and that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list you submitted as exempt from Federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Because your subordinate organizations are organizations described in section 170 (c) of the Code, donors may deduct contributions made to them.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

[Signature]

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements
OPERATIONAL DELEGATION OF SIGNATORY AUTHORITY

Pursuant to the authority delegated by the Board of Directors of the American Cancer Society, Inc. ("Society") to the Chief Executive Officer effective January 8, 2014, the following delegations are adopted. Employees with delegated authority are accountable for the documents they sign. This delegation supersedes all prior delegations by the Chief Executive Officer and applies to the following:

Chief Financial Officer
Chief Cancer Control Officer
Sr. EVP, Field Operations
Chief Development Officer
Chief Medical and Scientific Officer and EVP Research
EVP, Enterprise Governance & Corporate Affairs
General Counsel
Chief Information Officer
Chief Talent Officer
Senior Vice President, Integrated Marketing
Senior Vice President, Corporate Communications

1. Real Property: All contracts, deeds, agreements and other legal instruments related to the sale, purchase, lease, sub-lease, or lease renewal of real property are within the sole functional area of the Chief Financial Officer and signature authority is as follows for such document:

1.1. If the value of the document is up to $1,000,000, it may be signed by the Chief Financial Officer.

1.2. If the value of the document is greater than $1,000,000, both the Chief Financial Officer and the Chief Executive Officer are required to sign.

2. All other agreements:

2.1. Each of those listed above shall have authority to sign in the name and on behalf of the Society all contracts, deeds, agreements and other legal instruments within his or her functional area of responsibility up to a value of no more than $200,000.

2.2. Non-real property contracts, deeds, agreements and other legal instruments with a value greater than $200,000 require the signature of either the Chief Financial Officer or the Chief Executive Officer.

3. All nationwide revenue generating agreements shall be signed by the Chief Development Officer.
Operational Delegation of Authority

4. The authority granted in paragraphs 1 and 2 may be further sub-delegated, in whole or in part, within the authorizing employee's functional department or area of responsibility, using a form approved by the Office of the Chief Executive Officer, provided that:
   4.1. The sub-delegation is by title.
   4.2. The recipient of the sub-delegation either reports directly to the authorizing individual or reports directly to an individual who directly reports to the authorizing individual. For contracts related to the procurement of goods and services related to a single, local event, the recipient may be an individual within the Supply Chain structure of the Office of the Chief Financial Officer.
   4.3. The sub-delegation is in writing and is signed by both the authorizing individual and the recipient of the sub-delegated authority, with a copy promptly sent to the Vice President, Business Governance.

5. In addition to the authority given above, the Chief Financial Officer is authorized to open accounts with financial institutions and brokerage firms on behalf of the Society as he or she may deem necessary or advisable, as well as execute deeds, indentures of mortgage, checks, notes, drafts or other financial instruments on behalf of the Society and such delegation may be sub-delegated within the Office of the Chief Financial Officer within the limits and as provided within this delegation.

6. A series of related transactions shall be considered as a single transaction for the purposes of determining authority within this Delegation of Authority.

7. Award letters to grant recipients for grants made through the Society Extramural Research program may be signed by either the Chief Medical and Scientific Officer and EVP Research or the Vice President, Extramural Research.

8. Notwithstanding this Delegation of Authority, the execution of contracts, deeds, agreements and other legal instruments requires review and approval as set forth in the Contracts policy and procedures promulgated by the Office of the Chief Executive Office.
9. Any authority delegated or sub-delegated pursuant to this Delegation of Authority may be revoked at any time.

Gary M. Reedy  
Chief Executive Officer  
Effective Date: 10/10/18
SUB-DELEGATION OF CONTRACTUAL SIGNATURE AUTHORITY
FOR CONTRACTS WITHIN THE FUNCTIONAL AREA OF THE SENIOR EXECUTIVE VICE PRESIDENT OF FIELD OPERATIONS

Pursuant to the Operational Delegation of Authority effective October 20, 2015, I sub-delegate signature authority to division staff listed on the attached document in the amounts stated on the document.

Joe Cahoon
Senior Executive Vice President, Field Operations

Date
<table>
<thead>
<tr>
<th>Community Engagement</th>
<th>Health Systems</th>
<th>Corp &amp; Distinguished Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$0 - $15,000</strong></td>
<td><strong>$0 - $5000</strong></td>
<td><strong>$0 - $15,000</strong></td>
</tr>
<tr>
<td>Community Manager: Relay, Special Events, MSABC</td>
<td>Senior Manager; Hosp. System or Primary Care</td>
<td>Devel. Manager, Distinguished Events</td>
</tr>
<tr>
<td>Senior Community Manager: Relay, Special Events, MSABC</td>
<td>Senior Manager, Division Support Services</td>
<td>Sr Devel. Manager, Distinguished Events</td>
</tr>
<tr>
<td>Senior Market Manager</td>
<td>Senior Director: Mission Delivery</td>
<td>Account Manager, Corporate Relations</td>
</tr>
<tr>
<td>Senior Manager: Relay, or Community Events</td>
<td>Senior Director: State Health System, Hosp. System, Primary Care</td>
<td>Senior Manager, Distinguished Events</td>
</tr>
<tr>
<td>Senior Director: Relay, Cmnty Events, Cmnty Engagement</td>
<td>VP, Health Systems</td>
<td>Senior Director: Corporate Relations or Distinguished Events</td>
</tr>
<tr>
<td>Managing Director, Cmnty Engagement</td>
<td>SVP, Operations</td>
<td>VP, Corp &amp; Dist Partners</td>
</tr>
<tr>
<td>VP, Community Engagement</td>
<td>EVP, Division</td>
<td>EVP, Division</td>
</tr>
<tr>
<td>SVP, Operations</td>
<td>Sr EVP, Field Operations</td>
<td>Sr EVP, Field Operations</td>
</tr>
</tbody>
</table>

**$0 - $5,000**

Same as above

**$0 - $24,999**

Same as above

**$25k - $50k**

Same as above

**$25k - $50k**

Same as above

**$50k**

Same as above

**$50k**

Exclusivity w/in Division
CERTIFICATE OF INSURANCE

DATE: 9/3/2016
CERTIFICATE NUMBER: 20160716426866

AGENCY:
ESIX 3 LLC
d/b/a Entertainment & Sports Insurance eXperts (ESIX)
d/b/a Entertainment and Sports Insurance Agency (California)
2727 Paces Ferry Road, Building Two, Suite 1500
Atlanta, GA 30339
678-324-3300 (Telephone)
678-324-3303 (Facsimile)

THIS CERTIFICATE IS IssUED AS A MATTER OF INFORMATION ONlY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES
NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES
BELOW.

NAMED INSURED:
USA Track & Field, Inc.
132 East Washington Street, Suite 600
Indianapolis IN 46204
First to the Cross Ministries

INSURERS AFFORDING COVERAGE:
INSURER A
Philadelphia Indemnity Ins Co.
NAIC #: 18558

INSURER B
Philadelphia Indemnity Ins Co.
NAIC #: 18558

EVENT INFORMATION:
The Sunrise Run & Festival (9/24/2016 - 9/25/2016)

POLICY/COVERAGE INFORMATION:
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY
REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE
INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS TYPE OF INSURANCE: | POLICY NUMBER(S): | EFFECTIVE: | EXPIRES: | LIMITS: |
---|---|---|---|---|
A GENERAL LIABILITY | | | |
X Occurrence | PHPK1403938 | 11/1/2015 12:01 AM | 11/1/2016 12:01 AM | GENERAL AGGREGATE (Applies Per Event) $3,000,000 |
X Participant Legal Liability | | | | EACH OCCURRENCE $1,000,000 |

B UMBRELLA/EXCESS LIABILITY | | | |
X Occurrence | PHUB517449 | 11/1/2015 12:01 AM | 11/1/2016 12:01 AM | EACH OCCURRENCE $10,000,000 |
| | | | AGGREGATE (Applies Per Event) $10,000,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
Coverage applies to USA Track & Field sanctioned events and registered practices, including any directly related activities, such as event set-up and tear-down, participant check-in and award ceremonies.

The certificate holder is an additional insured as required by written contract or written agreement, but only for liability arising out of the negligence of the Named Insureds per the following endorsement: Additional Insured - Certificate Holders (Form PI-AM-002)

The General Liability policy is primary and non-contributory with respect to the negligence of the Named Insureds (Form CG 00 01).

The General Liability policy contains a blanket Waiver of Subrogation as required by contract per Waiver of Transfer of Rights of Recovery Against Others (Form CG 24 04).

Excess policy follows form of underlying General Liability.

CERTIFICATE HOLDER:
City of St. Petersburg
One 4th Street N.
St. Petersburg FL 33704

NOTICE OF CANCELLATION:
Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

AUTHORIZED REPRESENTATIVE:
CERTIFICATE OF INSURANCE

AGENCY:

ESIX 3 LLC
d/b/a Entertainment & Sports Insurance eXports (ESIX)
d/b/a Entertainment and Sports Insurance Agency (California)
2727 Peachtree Road, Building Two, Suite 1500
Atlanta, GA 30339
678-324-3300 (Telephone)
678-324-3303 (Facsimile)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

CERTIFICATE NUMBER: 20160715426545

NAMED INSURED:

USA Track & Field, Inc.
132 East Washington Street, Suite 600
Indianapolis IN 46204

First to the Cross Ministries

CERTIFICATE HOLDER: Notice of Cancellation:

First to the Cross Ministries
1660 Long Bow Lane
Clearwater FL 33764

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

AUTHORIZED REPRESENTATIVE:

[Signature]
Detail by Entity Name

Foreign Not For Profit Corporation

AMERICAN CANCER SOCIETY, INC.

Filing Information

Document Number: F01000002790
FEI/EIN Number: 13-1788491
Date Filed: 05/24/2001
State: NY
Status: ACTIVE
Last Event: CORPORATE MERGER
Event Date Filed: 08/30/2012
Event Effective Date: 09/01/2012

Principal Address

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 04/06/2016

Mailing Address

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 04/06/2016

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 12/13/2012
Address Changed: 12/13/2012

Officer/Director Detail

Name & Address

Title Director
Alfonso, John
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title Director
Crome, Patricia J.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title Director
Cullen, Kevin
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title Director
Foxhall, Lewis E.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title Director
Hamilton, John W.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title Director
Heflin, Eugene
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title Director
Heist, Daniel P.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title Director
Henderson, Allen
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title Director
Henry, Susan
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title: Director

Hernandez, Enrique
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title: Director

Jackson, Carol
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title: Secretary, Treasurer

Kean, Jeffrey L.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title: Director

Lopez, Jorge Luis
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title: Chief Executive Officer

Reedy, Gary M.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title: Director

Rhee, Carolyn F.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title: Director

Rose, Clement
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title: Director
Title Director
Warne, Donald
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director
West, Gil
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Chairman of the Board
Youle, Robert E.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Annual Reports

<table>
<thead>
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<th>Report Year</th>
<th>File Date</th>
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<tr>
<td>2015</td>
<td>03/30/2015</td>
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<tr>
<td>2016</td>
<td>04/06/2016</td>
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</table>

Document Images

- 04/06/2016 -- ANNUAL REPORT
- 03/30/2015 -- ANNUAL REPORT
- 04/03/2014 -- ANNUAL REPORT
- 03/22/2013 -- ANNUAL REPORT
- 12/13/2012 -- Reg. Agent Change
- 08/30/2012 -- Merger
- 03/14/2012 -- ANNUAL REPORT
- 03/03/2011 -- ANNUAL REPORT
- 02/23/2010 -- ANNUAL REPORT
- 03/30/2009 -- ANNUAL REPORT
- 04/08/2008 -- ANNUAL REPORT
- 04/06/2007 -- ANNUAL REPORT
- 04/14/2006 -- ANNUAL REPORT
- 09/10/2005 -- ANNUAL REPORT
- 06/28/2005 -- Reg. Agent Change
- 11/05/2004 -- REINSTATEMENT
<table>
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<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
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<td>ANNUAL REPORT</td>
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<td>09/03/2002</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
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<td>04/09/2002</td>
<td>Reg. Agent Change</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>05/24/2001</td>
<td>Foreign Non-Profit</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
### Purpose of Use:
Relay for Life

### Conditions of Use:
Insurance Required

### Other Information:
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

### Date(s) and Time(s) of Use:
Starting: Fri 28 Apr 17 02:00 pm
Ending: Fri 28 Apr 17 11:00 pm

### Facility/Equipment:
- South Straub Park
  - Fri 28 Apr 2017 02:00 PM - 11:00 PM
  - Fee: $0.00
  - Extra Fee: $230.00
  - Tax: $0.00
  - Total: $230.00

### Additional Fees:
- Extra Fee - Bookings
  - Hours: 9:00 - 9:00
  - Quantity: 1
  - Charge: $30.00
  - Tax: $0.00
  - Total: $30.00

- Co-Sponsored Application Fee
  - Hours: 9:00 - 9:00
  - Quantity: 1
  - Charge: $200.00
  - Tax: $0.00
  - Total: $200.00

### Charges:
- Fees: $0.00
- Extra Fees: $230.00
- Tax: $0.00
- Total: $230.00

### Contract Balance:
- $230.00

### Payments:
Balance of rental due and payable immediately.

### Additional Notes:
I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name): MELISSA WEEST
(Print Name) AMERICAN CANCER SOCIETY
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent
(Print Name) Parks and Recreation Department

Supervisor II / Foreman
Manager

Approved or Rejected Date:

Approved or Rejected Date:
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Extreme Mud Wars
Entity Name: Active Endeavors Inc dba Tampa Bay Club Sport
Event Date(s): 7/15/17
Location: Spa Beach Park
Day 1 of Event: 7/15/17
Time Gates Open: 8:30 AM
Ending Time: 4pm
Day 2 of Event: 
Time Gates Open: 
Ending Time: 
Day 3 of Event: 
Time Gates Open: 
Ending Time: 
Application Prepared by: Chris Giebner
Title: Owner
Cell Phone: 727-420-6868
Address: 10901 Roosevelt Blvd, Ste 100-D
City: St Pete
State: FL
Zip: 33716
Email Address: chris@tampabayclubsport.com
Additional Contact Person: Ian Elston
Day Phone: 877-820-2582
What month/year were you incorporated as nonprofit? n/a
List all 501(c)3 entities that will benefit from this event. TASCO, Hand4Hope, Pier Aquarium
Name of the for-profit entity? Active Endeavors, Inc dba Tampa Bay Club Sport
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

Provide unique recreational opportunities to residents.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Bring 1000+ young professionals downtown with spending money. 2015 economic impact is estimated at $15-20K on top of team fees.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO
How much? $2000000
Are there plans to sell or distribute beer/wine at your event?
YES NO
Will there be an admission / registration fee?
YES NO
Advanced Fee: 300 Day of:
Please provide the website address for your event. www.ExtremeMudWars.com
Please provide a phone number that can be advertised to the public. 877-820-2582 ext2
What is the estimated attendance for this event?
Spectators 150 Participants 600 Last Year's Total Attendance 750
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Special Events Facilities</td>
<td>Non-City Locations</td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>Mahaffey Theater</td>
<td>Spa Beach Park</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td># of portable risers needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td>Boyd Hill</td>
<td></td>
</tr>
</tbody>
</table>

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

| POLICE: | Public Safety Personnel, Marine Services |
| TRAFFIC: | Personnel, Equipment (cones, barricades, no parking signs) |
| FIRE: | Paramedics, Inspectors |
| PARKS SERVICES: | Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration |
| RECREATION SERVICES: | On site Presence, Logistics Help, Liaison with Other Departments |

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

**Name:** Chris Giebner  
**Title:** Owner  
**Date:** 8/14/15  

**Co-Sign:**  
**Title:**  
**Date:**

**NOTE:**

**a.** If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

**b.** If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

**c.** Applications lacking information or the required completed appendixes listed below will not be processed.

**PLEASE ATTACH THE FOLLOWING**

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL JOHN ARMBRUSTER, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>☒ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☒ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>☒ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☒ Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>☒ Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>☒ Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>☒ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☒ VIP Area</td>
<td></td>
</tr>
<tr>
<td>☒ Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>☒ Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>☒ Security</td>
<td>Performed</td>
</tr>
<tr>
<td>☒ Sanitary Facilities - Port-O-Lets</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>☒ Off-site Parking / Shuttle</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td>☒ Semitruck / Tractor Trailer</td>
<td>Overnight - Private</td>
</tr>
<tr>
<td></td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td></td>
<td>Regular Units</td>
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<tr>
<td></td>
<td>Disabled Units</td>
</tr>
<tr>
<td></td>
<td>Hand Washing</td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>☒ Invitations</td>
<td>☒ Radio</td>
</tr>
<tr>
<td>☒ Posters / Flyers</td>
<td>☒ Television</td>
</tr>
<tr>
<td>☒ Newspaper / Internet</td>
<td>☒ Remote Broadcast</td>
</tr>
<tr>
<td></td>
<td>City logo should be used in any promotional</td>
</tr>
<tr>
<td></td>
<td>materials, posters, flyers, ads, website,</td>
</tr>
<tr>
<td></td>
<td>public service announcements, and press</td>
</tr>
<tr>
<td></td>
<td>releases.</td>
</tr>
</tbody>
</table>
Electrical Requirements:
Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO
If YES, check all that apply. □ RV’S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: [Tampa Bay Club Sport or TASCO] Phone: 877-820-2582, ext 2

Address (including zip): 10901 Roosevelt Blvd #100-D, ST. Petersburg, FL 33716

Type of music, # of stages, and # of bands:

Showmobile with MC

List Vending Products. Name & Provider.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Pier Aquarium (most likely)
(727) 803-9799, Ext. 202 -or- info@thesecretsofthesea.org

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.

up to TASCO
Other Comments: Please describe your fee structure.

Teams can sign up ahead of time at $450 - 500/team. Spectators are free.

Other comments:

Tampa Bay Club Sport plans to run an adult version of TASCO's mudwars using their existing setups. TBCS will do the marketing and registration of adult teams for the event. TASCO will provide the equipment and staff for the event. Plans are to partner with the Secrets of the Seas Aquarium again to provide beer/wine sales to the participants. The charity will have all the proper permits etc for alcohol sales.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Tracey Giebner          Title: President          Date: 8/17/16
Co-sponsored event park fee structure.

1. Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

2. Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

The above fees will be due at the same time the $30.00 co-sponsored application fee is due. If you decide to cancel your event, all but $60.00 is refundable.

* Requests made after the co-sponsored process, must be submitted no fewer than six (6) months before planned event.

* Any event applying for the co-sponsorship inside the six (6) month time frame will be assessed a $1,200.00 administrative late fee.

The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: ITasco

Name of Responsible Party (President or CEO ONLY): Shawn Drouin

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

Nonprofit (Employee Identification Number): 

Name of the **For-profit** Corporation: Active Endeavors, INC d/b/a Tampa Bay Club Sport

Name of Responsible Party (President or CEO ONLY): Tracey Giebner

Title of Responsible Party: President

Physical Address of Responsible Party: 10901 Roosevelt Blvd 100D, St. Pete, FL 33716

Phone Number of Responsible Party: 877-820-2582 x2

Email Address of Responsible Party: chris@tampabayclubsport.com

For-profit (Employee Identification Number) 26-0016418

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR’S EVENT
(Must be completed)

Name of Event: Extreme Mud Wars
Date(s) of Event: Jul 11, 2015 - Jul 12, 2015

I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
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<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
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<td>Team fees</td>
<td>$36,500.00</td>
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<tr>
<td>Sponsors</td>
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</table>

TOTAL GROSS REVENUE $41,500.00

II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>City fees (fire/park/rec/police)</td>
<td>$20,824.00</td>
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<tr>
<td></td>
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<tr>
<td></td>
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</tr>
<tr>
<td>Club Sport expense (staff/signage/shirts/trophies/cc fees/advertising)</td>
<td>$5,528.00</td>
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</tbody>
</table>

TOTAL OPERATING EXPENSES $26,352.00
TOTAL NET INCOME $15,148.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>Club Sport</td>
<td>$7,574.00</td>
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<tr>
<td>TASCO donation</td>
<td>$7,574.00</td>
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</tbody>
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TOTAL ALLOCATION OF NET INCOME $15,148.00

Prepared by: Ian Elston
Date: Sep 6, 2016
Florida Not For Profit Corporation
PIER AQUARIUM, INC.

Filing Information
Document Number: N26771
FEI/EIN Number: 59-2899571
Date Filed: 06/03/1988
State: FL
Status: ACTIVE
Last Event: NAME CHANGE AMENDMENT
Event Date Filed: 06/21/1988
Event Effective Date: NONE

Principal Address
244 Second Ave N
Suite 203
ST. PETERSBURG, FL 33701
Changed: 02/25/2015

Mailing Address
244 Second Ave N
Suite 203
ST. PETERSBURG, FL 33701
Changed: 01/20/2014

Registered Agent Name & Address
LUTHER, MARK, Phd
2180 GRAND BAYOU GRANDE BLVD. NE
ST PETERSBURG, FL 33704
Name Changed: 02/22/2016
Address Changed: 02/22/2016

Officer/Director Detail
Name & Address
Title D
JOHNSON, LARI
200 2ND AVE S STE 159
SAINT PETERSBURG, FL 33701

Title P

LUTHER, MARK PH.D
2180 BAYOU GRANDE NE
SAINT PETERSBURG, FL 33701

Title D

BETZER, PETER PH.D
1830 7TH ST N
SAINT PETERSBURG, FL 33704

Title D

HILTON, ROBERT
300 BEACH DR. NE #501
SAINT PETERSBURG, FL 33701

Title VP

WALLACE, SUSAN H
343 BRIGHTWATERS BLVD NE.
ST. PETERSBURG, FL 33704

Annual Reports

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<td>02/25/2015</td>
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<td>2016</td>
<td>02/22/2016</td>
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Document Images

- 02/22/2016 -- ANNUAL REPORT [View image in PDF format]
- 02/25/2015 -- ANNUAL REPORT [View image in PDF format]
- 01/20/2014 -- ANNUAL REPORT [View image in PDF format]
- 01/16/2013 -- ANNUAL REPORT [View image in PDF format]
- 01/10/2012 -- ANNUAL REPORT [View image in PDF format]
- 01/06/2011 -- ANNUAL REPORT [View image in PDF format]
- 01/12/2010 -- ANNUAL REPORT [View image in PDF format]
- 06/29/2009 -- ANNUAL REPORT [View image in PDF format]
- 01/10/2008 -- ANNUAL REPORT [View image in PDF format]
- 01/16/2007 -- ANNUAL REPORT [View image in PDF format]
- 04/13/2006 -- ANNUAL REPORT [View image in PDF format]
- 02/02/2005 -- ANNUAL REPORT [View image in PDF format]
- 02/17/2004 -- ANNUAL REPORT [View image in PDF format]
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Detail by Entity Name

Florida Profit Corporation
ACTIVE ENDEAVORS, INC.

Filing Information

Document Number: P02000004011
FEI/EIN Number: 26-0016418
Date Filed: 01/11/2002
State: FL
Status: ACTIVE

Principal Address
10901 ROOSEVELT BLVD N
100-D
ST. PETERSBURG, FL 33716

Changed: 02/14/2012

Mailing Address
10901 ROOSEVELT BLVD N
100-D
ST. PETERSBURG, FL 33716

Changed: 02/14/2012

Registered Agent Name & Address
GIEBNER, CHRISTOPHER S
791 Suwannee Ct Ne
ST. PETERSBURG, FLORIDA, FL 33702

Address Changed: 01/12/2015

Officer/Director Detail

Name & Address

Title P

GIEBNER, TRACEY L
791 Suwannee Ct NE
ST. PETERSBURG, FL 33702

Title TS

GIEBNER, CHRISTOPHER S
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</thead>
<tbody>
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<td>2015</td>
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<td>2016</td>
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**Document Images**

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- 01/12/2015 -- ANNUAL REPORT [View image in PDF format]
- 01/21/2014 -- ANNUAL REPORT [View image in PDF format]
- 01/16/2013 -- ANNUAL REPORT [View image in PDF format]
- 02/14/2012 -- ANNUAL REPORT [View image in PDF format]
- 01/31/2011 -- ANNUAL REPORT [View image in PDF format]
- 03/03/2010 -- ANNUAL REPORT [View image in PDF format]
- 04/06/2009 -- ANNUAL REPORT [View image in PDF format]
- 04/28/2008 -- ANNUAL REPORT [View image in PDF format]
- 08/09/2007 -- ANNUAL REPORT [View image in PDF format]
- 04/11/2006 -- ANNUAL REPORT [View image in PDF format]
- 01/26/2005 -- ANNUAL REPORT [View image in PDF format]
- 04/12/2004 -- ANNUAL REPORT [View image in PDF format]
- 01/05/2003 -- ANNUAL REPORT [View image in PDF format]
- 01/11/2002 -- Domestic Profit [View image in PDF format]
**Purpose of Use:** Extreme Mud Wars

**Conditions of Use:** Insurance Required

**Other Information:**
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: Yes

**Date(s) and Time(s) of Use:**
- **Starting:** Sat 15 Jul 17 06:00 am
- **Ending:** Sat 15 Jul 17 09:00 pm

**Facility/Equipment**
- **Albert Whitted Park**
  - **Day:** Sat
  - **Date:** 15 Jul 2017
  - **Time:** 09:00 AM
  - **Fee:** $0.00
  - **Extra Fee:** $230.00
  - **Tax:** $0.00
  - **Total:** $230.00

- **Spa Beach Park**
  - **Day:** Sat
  - **Date:** 15 Jul 2017
  - **Time:** 09:00 PM
  - **Fee:** $0.00
  - **Extra Fee:** $0.00
  - **Tax:** $0.00
  - **Total:** $0.00

**Additional Fees:**
- **Extra Fee - Bookings**
  - **Hours:** 15:00
  - **Quantity:** 1
  - **Charge:** $30.00
  - **Tax:** $0.00
  - **Total:** $30.00

- **Co-Sponsored Application Fee**
  - **Hours:** 15:00
  - **Quantity:** 1
  - **Charge:** $200.00
  - **Tax:** $0.00
  - **Total:** $200.00

- **Co-Sponsored Park Permit Fee**
  - **Hours:** 15:00
  - **Quantity:** 2
  - **Charge:** $230.00
  - **Tax:** $0.00
  - **Total:** $230.00

**Charges:**
- **Fees:** $0.00
- **Extra Fees:** $230.00
- **Tax:** $0.00
- **Total:** $230.00

**Balance of rental due and payable immediately.**

**Payments:**

**Additional Notes:**

---

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Sign Name)  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department

---

City of St. Petersburg, Florida

---

Printed: 15 Sep 2016, 06:30 PM  
User: sctegard
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Heroes Memorial 5K/10K Run
Event Date(s): March 24, 2017
Day 1 of Event: March 24, 2017
Day 2 of Event: March 24, 2017
Day 3 of Event: March 24, 2017
Location: Demens Landing Park
Application Prepared by: Scott MacDonald
Title: Board Member
Address: 100 2nd Ave South #600
City: St. Petersburg
State: FL
Zip: 33701
Email Address: Scott.MacDonald@StPete.org
Additional Contact Person: Dawn Peters
Phone: 727-551-3079
Fax No.: 727-551-3079
Federal I.D. Number: 20-0342484

What month/year were you incorporated as nonprofit? 03/2004
List all 501(c)3 entities that will benefit from this event. Heroes of the St Pet Police Inc.
Name of the for-profit entity? NJA

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

This is a 10K/5K and Kid's Fun Run to encourage citizens to support the families of fallen officers.

Describe what economic benefit and impact this event will bring to St. Petersburg.

This event will bring individuals to downtown St. Petersburg to enjoy all that St. Petersburg has to offer.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? [ ] YES [ ] NO
How much? [ ] Will Be Getting $2M Coverage

Are there plans to sell or distribute beer/wine at your event? [ ] YES [ ] NO

Will there be an admission / registration fee? [ ] YES [ ] NO
Advanced Fee: [ ] 530 Day of: [ ] 535

Please provide the website address for your event. TBD
Please provide a phone number that can be advertised to the public. TBD

What is the estimated attendance for this event? Spectators [ ] Participants [ ] 500 Last Year's Total Attendance [ ] 500
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [NO]

# Bleacher(s) needed. Each bleacher approx. 180 people) [NO]

Tables (6 ft) # needed 16
Chairs # needed 100

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [NO]

Special Events Facilities

- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

Non-City Locations

Which Location? [Dennis Landing]

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: [Signature]
Title: Board Member
Date: 9-14-16

Co-Sign: [Signature]
Title: [Title]
Date: [Date]

Note: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

Please attach the following:

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

For further information, please call Lynn Gordon, Parks & Recreation Manager, 727-893-7766 or email: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

### Condition

- Public Invited
- Located in Park
- Vending Product / Merchandise Sales
- Vending Food / Beverage
- Vendors / Exhibitors
- Vending Beer / Wine
- Erecting Tents - Larger than 10ft x 12ft
- Fence Installation
- Other Structures
- Open Flame Food Preparation
- Pyrotechnics
- Require Street Closure
- VIP Area
- Staging
- Amplified Sound
- Security
- Sanitary Facilities - Port-O-Lets
- Off-site Parking / Shuttle
- Semitruck / Tractor Trailer

### Obligation

- General Liability Insurance
- Park Permit
- Occupational License
- Health Inspection
- Alcohol Permit Additional insurance Required
- Temporary Structure Permit
- Fire Inspection Permit
- Parade or Street Closure Permit(s)

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspapers / Internet
- Radio
- Television
- Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV's □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

- LIVE MUSIC / DJ

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO □ If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

Unknown

If City permits, licenses, or services are required for event, who will pay for them?

Name: Heroes of the St Pete Police Inc. Phone: 727-551-3079

Address (including zip): 100 2nd Avenue South, #600 St Petersburg, FL 33701

Type of music, # of stages, and # of bands.

TBD

List Vending Products. Name & Provider.

TBD

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Heroes of the St Pete Police Inc.
100 2nd Avenue South, #600
St Petersburg, Florida 33701

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

Discuss your load in/load out parking needs, include times and dates.

Parking along city streets / city lots and use of all Lang parking lot. We expect participants to begin arriving at 1600 hours and departing between 1900 and 2200 hours.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: [Signature]
Title: [Title]
Date: 9-14-16
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 months prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non-refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

| Name of the **Nonprofit** Corporation: | Heroes of the St. Pete Police, Inc. |
| Name of Responsible Party (President or CEO ONLY): | James Newman |
| Title of Responsible Party: | President |
| Physical Address of Responsible Party: | 100 2nd Avenue South #600, St. Petersburg FL 3370 |
| Phone Number of Responsible Party: | 727-821-6161 ext. 230 |
| Email Address of Responsible Party: | jnewman@gsscpa.com |
| Nonprofit (Employee Identification Number): | 20-0342484 |

| Name of the **For-profit** Corporation: |
| Name of Responsible Party (President or CEO ONLY): |
| Title of Responsible Party: |
| Physical Address of Responsible Party: |
| Phone Number of Responsible Party: |
| Email Address of Responsible Party: |
| For-profit (Employee Identification Number) |

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
Florida Not For Profit Corporation

HEROES OF THE ST. PETE POLICE, INC.

Filing Information

Document Number: N03000009213
FEI/EIN Number: 20-0342484
Date Filed: 10/22/2003
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 10/20/2004

Principal Address

C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOUTHERN STE 600
ST PETERSBURG, FL 33701

Mailing Address

C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOUTHERN STE 600
ST PETERSBURG, FL 33701

Registered Agent Name & Address

NEWMAN, JAMES G
100 2ND AVENUE SOUTH
SUITE 600
ST. PETERSBURG, FL 33701

Name Changed: 10/20/2004
Address Changed: 10/20/2004

Officer/Director Detail

Name & Address

Title Treasurer

NEWMAN, JAMES G
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701

Title President
NEWMAN, JAMES G  
100 -2ND AVENUE SOUTH STE 600 
ST. PETERSBURG, FL 33701

Title: Secretary

ROBBINS, GARY  
100 -2ND AVENUE SOUTH STE 600 
ST. PETERSBURG, FL 33701

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2014</td>
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</tr>
<tr>
<td>2015</td>
<td>01/09/2015</td>
</tr>
<tr>
<td>2016</td>
<td>02/04/2016</td>
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</tbody>
</table>

### Document Images

- 02/04/2016 -- ANNUAL REPORT | View image in PDF format
- 01/09/2015 -- ANNUAL REPORT | View image in PDF format
- 01/10/2014 -- ANNUAL REPORT | View image in PDF format
- 01/24/2013 -- ANNUAL REPORT | View image in PDF format
- 01/06/2012 -- ANNUAL REPORT | View image in PDF format
- 02/21/2011 -- ANNUAL REPORT | View image in PDF format
- 01/13/2010 -- ANNUAL REPORT | View image in PDF format
- 04/27/2009 -- ANNUAL REPORT | View image in PDF format
- 04/25/2008 -- ANNUAL REPORT | View image in PDF format
- 02/22/2007 -- ANNUAL REPORT | View image in PDF format
- 05/08/2006 -- ANNUAL REPORT | View image in PDF format
- 01/06/2005 -- ANNUAL REPORT | View image in PDF format
- 10/20/2004 -- REINSTATEMENT | View image in PDF format
- 08/27/2004 -- Name Change | View image in PDF format
- 05/12/2004 -- Name Change | View image in PDF format
- 10/22/2003 -- Domestic Non-Profit | View image in PDF format

HEROES OF THE ST. PETE POLICE INC  
SCOTT MACDONALD  
100 2ND AVE S #600  
ST PETERSBURG FL 33701 USA

Purpose of Use: Heroes Memorial 5K/10L Run  
Expected: 0  
Co-Sponsored Event

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of fencing: No
- Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Fri 24 Mar 17 12:00 pm  
Ending: Fri 24 Mar 17 09:00 pm

Facility/Equipment
<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demens Landing Park</td>
<td>Fri 24 Mar 2017</td>
<td>12:00 PM</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Bookings
  | Quantity | Charge | Tax | Total |
  | Hours    |       |     |       |
  | 9:00     | 1     | $30.00 | $0.00 | $30.00 |
  | 9:00     | 1     | $200.00 | $0.00 | $200.00 |

Charges:
- Fees: $0.00  
- Extra Fees: $230.00  
- Tax: $0.00  
- Total: $230.00

Rental charges are due according to the following schedule:
- Date: Friday, Mar 10, 2017  
- Amount: $230.00

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name): SCOTT MACDONALD  
(Print Name): HEROES OF THE ST. PETE POLICE INC  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name):  
Parks and Recreation Superintendent

(Print Name):  
Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: TAMPA BAY CARIBBEAN CARNIVAL
Entity Name: TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA
Event Date(s): JUNE 10 & 11TH, 2016
Location: ALBERT WHITTED PARK, 480 BAUSHORE DR, SE ST.PETERSBURG
Day 1 of Event: JUNE 10TH, 2016 Time Gates Open: NOON Ending Time: 10:00 PM
Day 2 of Event: JUNE 11TH, 2016 Time Gates Open: NOON Ending Time: 10:00 PM
Day 3 of Event: Time Gates Open: Ending Time:
Application Prepared by: GEORGE CARRINGTON
Title: PRESIDENT OF TBCC
Address: 3150 PINELLAS POINT DR APT 3
City: ST.PETERSBURG State: FL Zip: 33712
Email Address: CARRINGTONGEORGE@HOTMAIL.COM
Additional Contact Person: DAVE MOHAMMAD
Day Phone: 727-224-7825
What month/year were you incorporated as nonprofit? 1990
Name of the for-profit entity? N/A
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

Describe what economic benefit and impact this event will bring to St. Petersburg.
OUR GUEST FOR THIS EVENT WILL BE IN NEED OF LODGING AND DINING OPPORTUNITIES, NOT TO EXCLUDE SHOPPING AND TRANSPORTATION. LOCAL ST.PETE'S BUSINESSES WILL QUICKLY BENEFIT FROM THE ECONOMICAL IMPACT OF THE EVENT.

Tampa Bay Caribbean Carnival will sell or distribute beer/wine at your event? 

Does your group presently have liability insurance? 

Are there plans to sell or distribute beer/wine at your event? 

Will there be an admission / registration fee? 

Please provide the website address for your event.

Please provide a phone number that can be advertised to the public.

What is the estimated attendance for this event? Spectators: 10,000 Participants: 300 Last Year's Total Attendance: NA

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? 

Are there plans to sell or distribute beer/wine at your event? 

Will there be an admission / registration fee?

Please provide the website address for your event.

Please provide a phone number that can be advertised to the public.

What is the estimated attendance for this event? Spectators: 10,000 Participants: 300 Last Year's Total Attendance: NA
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) | YES

# Bleacher(s) needed. Each bleacher approx. 180 people | YES

Tables (6 ft) # needed | 30
Chairs # needed | 60

Public Address System | NO

# of portable risers needed (4 in. x 8 in. x 16 in. sections) | YES

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel. Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: GEORGE CARRINGTON

Co-Sign: 

Title: PRESIDENT

Date: 09/05/2016

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>☒ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☒ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>☒ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☒ Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>☒ Vending Beer / Wine</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>☒ Erecting Tents - Larger than 10ft x 12ft</td>
<td>How many? 4</td>
</tr>
<tr>
<td>☒ Fence Installation</td>
<td>WIRE</td>
</tr>
<tr>
<td>☒ Other Structures</td>
<td>SOUND STAGE</td>
</tr>
<tr>
<td>☒ Open Flame Food Preparation</td>
<td></td>
</tr>
<tr>
<td>☒ Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>☒ Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>☒ VIP Area</td>
<td></td>
</tr>
<tr>
<td>☒ Staging</td>
<td>☐ Professional ☐ Showmobile ☐ Other</td>
</tr>
<tr>
<td>☒ Amplified Sound</td>
<td>☐ Performers ☐ Announcement Only</td>
</tr>
<tr>
<td>☒ Security</td>
<td>☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD</td>
</tr>
<tr>
<td>☒ Sanitary Facilities - Port-O-Lets</td>
<td>Regular Units 10 ☐ Disabled Units 4 ☐ Hand Washing 6</td>
</tr>
<tr>
<td>☒ Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>☒ Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- ☒ Invitations
- ☒ Posters / Flyers
- ☒ Newspaper / Internet
- ☒ Radio
- ☒ Television
- ☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks

□ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

THREE (3) RV'S - 220 AMP

STAGE AUDIO - 220 AMP

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who? MELVIN JOHNSON

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

□ NO

If City permits, licenses, or services are required for event, who will pay for them?

Name: TAMPA BAY CARIBBEAN CARNIVAL Phone: 727-434-4282

Address (including zip): 3150 PINELLA POINT DR, APT 3 ST.PETERSBURG, FL 33712

Type of music, # of stages, and # of bands.

CARIBBEAN MUSIC

ONE STAGE

FOUR BANDS

List Vending Products. Name & Provider.

PRODUCTS: AUTHENTIC CARIBBEAN AND AMERICAN FOODS AND FRUIT DRINKS

NAME & PROVIDER: VARIOUS VENDORS

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

GREAT BAY DISTRIBUTORS, 2310 STARKY RD, LARGO, FL 33771 - PHONE 727-584-8626

Explain subject/purpose of all speeches/demonstrations which will occur.

JUST ANNOUNCEMENTS OF ENTERTAINER/PERFORMERS

Discuss your load in/load out parking needs, include times and dates.

LOAD IN ON WEDNESDAY, JUNE 7TH, 2017 8:00AM - 4:00 PM

LOAD OUT ON MONDAY 12TH, 2017 8:00AM - NOON
Other Comments: Please describe your fee structure.

Presale of tickets to event is $10.00 per person

day of event ticket sale is $15.00 per person.

Kids 12 years and under is free

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

Without limiting the generality of the foregoing, I acknowledge that I have read and fully understand the parks and recreation department policies and procedures pertaining to the use of parks and the park rules set forth in Article II, Chapter 21, of the St. Petersburg City Code, including but not limited to the indemnification and inspection obligations assumed by me and the person or entity on whose behalf this application is being made.

I certify that the facts contained in this application are accurate.

Name: George Carrington
Title: President
Date: 09/06/16
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: TRINIDAD AND TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Name of Responsible Party (President or CEO ONLY): GEORGE CARRINGTON

Title of Responsible Party: PRESIDENT

Physical Address of Responsible Party: 13150 PINELLAS POINT DR, ST.PETERSBURG, FL 33712

Phone Number of Responsible Party: 727-434-4282

Email Address of Responsible Party: CARRINGTONGEORGE@HOTMAIL.COM

Nonprofit (Employee Identification Number): 59-3363879

Name of the **For-profit** Corporation: N/A

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

For-profit (Employee Identification Number) 

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
## APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

---

### I. REVENUE SOURCES

<table>
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<tr>
<th>Source Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>SPONSORSHIP - BRIGHT HOUSE</td>
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<tr>
<td>VENDORS</td>
<td>$15,000.00</td>
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<tr>
<td>GATE RECEIPTS</td>
<td>$35,000.00</td>
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<tr>
<td>CITY OF ST. PETERSBURG - RECREATION / WATER BILL INSERTS</td>
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<tr>
<td>SPONSORSHIP - CBS - ADVERTISING</td>
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**TOTAL GROSS REVENUE**: $147,500.00

### II. EXPENSES

<table>
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<tr>
<td>STAGE, SOUND, EQUIPMENT &amp; FENCE</td>
<td>$20,000.00</td>
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<td>PERMITS, WATER &amp; LICENSE</td>
<td>$1,500.00</td>
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<tr>
<td>MARKETING - MEDIA, FLYERS, WEB</td>
<td>$10,000.00</td>
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<tr>
<td>ENTERTAINMENT</td>
<td>$30,000.00</td>
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<tr>
<td>ARTIST ACCOMODATION AND TRANSPORTATION</td>
<td>$7,000.00</td>
</tr>
<tr>
<td>SECURITY</td>
<td>$2,000.00</td>
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<tr>
<td>MISCELLANEOUS - VOLUNTEERS, GOLF CARTS</td>
<td>$3,000.00</td>
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**TOTAL OPERATING EXPENSES**: $136,500.00

**TOTAL NET INCOME**: $11,000.00

### III. ALLOCATION OF NET INCOME

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<tr>
<th>Allocation Description</th>
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**TOTAL ALLOCATION OF NET INCOME**: $4,000.00

---

Prepared by: GEORGE CARRINGTON

Date: 09/06/2017
Contract/Permit

Contract #: 18367
Date: 15 Sep 2016
User: DWBurns
Status: Firm

TRINIDAD & TOBAGO AMERICAN ASSOCIATION O
GEORGE CARRINGTON
3150 PINELLAS POINTE DR
ST PETERSBURG FL 33712 USA

Primary #: (727) 434-4282
Secondary #: ()
Other #: ()

Purpose of Use: TAMPA BAY CARIBBEAN CARNIVAL
Expected: 7,000
Co-Sponsored Event
Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:
Use of beer and wine
Use of fencing
Use of liquor
Yes
Yes
No

Date(s) and Time(s) of Use:
Starting: Wed 07 Jun 17 06:00 am
Ending: Mon 12 Jun 17 09:00 pm

Facility/Equipment
Day     Date      Time        Fee  Extra Fee  Tax  Total
Albert Whitted Park Wed 07 Jun 2017 06:00 AM $0.00  $400.00  $0.00  $400.00
Park      12 Jun 2017 09:00 PM

Additional Fees:
Extra Fee
Co-Sponsored Application Fee
Quantity 1
Charge $30.00
Tax $0.00
Total $30.00

Extra Fee - Bookings
Co-Sponsored Park Permit Fee
Hours 135:00
Quantity 2
Charge $400.00
Tax $0.00
Total $400.00

Total Charge: $400.00
Total Extra Fee: $400.00
Total Tax: $0.00
Total Total: $400.00

Charges:
Fees $0.00
Extra Fees $430.00
Tax $0.00
Total $430.00
Deposit $0.00
Total Applied $430.00
Contract Balance $0.00
Account Balance ($170.00)

Balance of rental due and payable immediately.

Payments:
Date 09 Dec 2015
Amount $430.00
Payment Type Check
Reference Rental
Receipt Number 2465640

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name)
GEORGE CARRINGTON
TRINIDAD & TOBAGO AMERICAN ASSOCIATION O
Name of User Organization, If Applicable

By (Sign Name): Parks and Recreation Superintendent

By (Sign Name): Parks and Recreation Department

CITY OF ST. PETERSBURG, FLORIDA

Printed: 15 Sep 2016, 09:30 AM
User: dwburns
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Florida Not For Profit Corporation

TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Filing Information

Document Number: N96000000677
FEI/EIN Number: 59-3363879
Date Filed: 02/05/1996
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 05/23/2014

Principal Address

3150 PINELLAS POINT DR S
APT 3
ST PETERSBURG, FL 33712

Changed: 05/23/2014

Mailing Address

3150 PINELLAS POINT DR S
APT 3
ST PETERSBURG, FL 33712

Changed: 05/23/2014

Registered Agent Name & Address

CARRINGTON, GEORGE
3150 PINELLAS POINT DR S
APT 3
ST PETERSBURG, FL 33712

Name Changed: 06/06/2002
Address Changed: 05/23/2014

Officer/Director Detail

Name & Address

TROTMAN, JENNIFER
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<th>Filed Date</th>
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<td>12/10/2014</td>
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<td>2015</td>
<td>01/02/2015</td>
</tr>
<tr>
<td>2016</td>
<td>04/29/2016</td>
</tr>
</tbody>
</table>

**Document Images**

- 04/29/2016 -- ANNUAL REPORT
- 01/02/2015 -- ANNUAL REPORT
- 12/12/2014 -- AMENDED ANNUAL REPORT
- 12/10/2014 -- AMENDED ANNUAL REPORT
- 09/27/2012 -- ANNUAL REPORT
- 01/07/2011 -- REINSTATEMENT
- 10/28/2009 -- REINSTATEMENT
- 03/03/2008 -- REINSTATEMENT
- 05/15/2006 -- REINSTATEMENT
- 02/13/2004 -- REINSTATEMENT
- 06/06/2002 -- REINSTATEMENT
- 02/06/1998 -- ANNUAL REPORT
- 01/31/1997 -- ANNUAL REPORT
- 02/05/1996 -- DOCUMENTS PRIOR TO 1997

View image in PDF format
Event Title: Purina Pro Plan Incredible Dog Challenge
Entity Name: Carson International Inc.
Event Date(s): April 7 - 8, 2017 Location: Albert Whitted Park
Day 1 of Event: April 7, 2017 Time Gates Open: 7:00AM Ending Time: 5:30PM
Day 2 of Event: April 8, 2017 Time Gates Open: 7:00AM Ending Time: 5:00PM
Day 3 of Event: Time Gates Open: Ending Time:
Application Prepared by: Paul Carson Phone: 2087265990
Title: CEO Carson International Inc Cell Phone: 2087206371
Address: PO Box 2103 City: Ketchum State: ID Zip: 83340
Email Address: pcarsen@carsonevents.com
Additional Contact Person: Kathy Carson Day Phone: 2087206391
What month/year were you incorporated as nonprofit? n/a
List all 501(c)3 entities that will benefit from this event: n/a
Name of the for-profit entity? Carson International Inc
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
See attached Host Site Proposal
Describe what economic benefit and impact this event will bring to St. Petersburg.
See attached Host Site Proposal

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO How much? 5,000,000
Are there plans to sell or distribute beer/wine at your event? YES NO
Will there be an admission / registration fee? YES NO Advanced Fee: Day of:
Please provide the website address for your event: www.carsonevents.com; www.incredibledogchallenge.com
Please provide a phone number that can be advertised to the public: TBD
What is the estimated attendance for this event? Spectators 2000 Participants 70 Last Year's Total Attendance 1800
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ] No

# Bleacher(s) needed. Each bleacher approx. 180 people) [ ] 6

Tables (6 ft) # needed [ ] 26

Chairs # needed [ ] 160

Public Address System [ ] n/a

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [ ] 8

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s). Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: [ ] Paul Carson

Title: [ ] CEO

Date: [ ] 9/20/16

Co-Sign: [ ]

Title: [ ]

Date: [ ]

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day’s events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER.

727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
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<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td></td>
</tr>
<tr>
<td>Fence Installation</td>
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<tr>
<td>Other Structures</td>
<td></td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td></td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
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<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
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<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- Radio
- Television
- Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

TV Production Truck - 200 amp, 208v, 3 phase

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

NO

If City permits, licenses, or services are required for event, who will pay for them?

Name: Carson International, Inc. Phone: 208.726.5990

Address (including zip): PO Box 2103, Ketchum, ID 83340

Type of music, # of stages, and # of bands.

popular family oriented music, over PA in between events. 1 stage.

List Vending Products. Name & Provider.

t-shirts/event merchandise TBD.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

n/a

Explain subject/purpose of all speeches/demonstrations which will occur.

see attached host site proposal

Discuss your load in/load out parking needs. Include times and dates.

Event set up will begin on Tuesday and will load out Saturday evening/Sunday with the semi on site. TV production truck will be on site Friday and Saturday.
Other Comments: Please describe your fee structure.

See Host Site Proposal.

Other comments:

See Host Site Proposal.

We would like to work with the city to help promote our event as we have done in the past. (i.e. flyer in utility bills, announcing on website, etc.)

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: [Signature]  Title: CEO  Date: 9/20/2016
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
# Appendix B

**President or CEO**

**Responsible Party Information**

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
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<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
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<tr>
<td>Title of Responsible Party:</td>
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<tr>
<td>Physical Address of Responsible Party:</td>
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</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
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<tr>
<td>Email Address of Responsible Party:</td>
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<tr>
<td>Nonprofit (Employee Identification Number):</td>
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<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>Carson International</th>
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</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Paul Carson</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>323 Lewis Street, Suite 0, Ketchum, ID 83340</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>208.726.5990 ex 201</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:pcarson@carsonevents.com">pcarson@carsonevents.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>840933142</td>
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Please include a copy of the current IRS Nonprofit Affidavit / For Profit
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Purina Pro Plan Incredible Dog Challenge
Date(s) of Event: April 7, 2017 - April 8, 2017

I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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II. EXPENSES (attach sheet if more space is needed)

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III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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<td></td>
<td></td>
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<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
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</tbody>
</table>

Prepared by: Paul Carson                      Date: 9/20/2016
INCREDiBLE DOG Challenge

2017 Host Site Package

Presented by Carson International, Inc.
Paul Carson, CEO
pcarson@carsonevents.com
208.720.6371
The Purina Pro Plan Incredible Dog Challenge (PPPIDC) is the single most successful and well-known marketing campaign in the pet industry. 2017 will mark its 20th year anniversary.

The Purina Pro Plan Incredible Dog Challenge is a series of athletic canine competitions showcasing “incredible” dogs competing in Olympic-style events, including Agility, Diving Dog, Freestyle Flying Disc, Head-to-Head 60-Weave Pole Racing, Fetch-it and Jack Russell Hurdle Racing.

The series receives national television distribution via a network syndication package. Airing on weekend afternoons on ABC, NBC, CBS, FOX, and CW.

In 2017, Carson International will produce two PPPIDC regional events, each with two original 60-minute television programs and a National Championship with one 60-minute television program:

- Two 60-minute shows from the Eastern Regional event – St. Petersburg, April 7&8, 2017
- Two 60-minute shows from the Western Regional event – Huntington Beach, June 9&10 2017
- One 60-minute show from the National Finals - Purina Farms, September 29&30, 2017

To view a sample Video News Release click the link below:
https://vimeo.com/user25475764/review/17119810/88785f19a4
Media & Television Exposure

Media - Public Relations
The popularity of the Purina Pro Plan Incredible Dog Challenge has been evident via its phenomenal media coverage. Promotional extensions have included multiple placements on such outlets as The Tonight Show, The Late Show, The Today Show, The CBS Morning Show, Good Morning America, The Ellen Degeneres Show, ESPN’s SportsCenter and various CNN programming.

The PPPIDC is heavily promoted by Nestle Purina PetCare and Carson International via local and regional media outreach, digital distribution, and through the production and national distribution of a Video News Release. In total, each event over the past three years has averaged over 20 million documented media impressions.

National Television Exposure
Two 60-minute television shows will be produced from the event, and distributed nationwide via a syndication package. The host entity will receive exposure within both shows in the form of verbal mentions, graphics, and numerous beauty shots of the city/host venue.

Television syndication is a very effective means to achieve network distribution across the country. Local network affiliates (ABC, CBS, FOX, NBC, CW) in markets across the country are contracted to carry the two hours of programming during designated calendar windows, usually 7-8 weeks in duration. For example, the CBS affiliate in Boston may air the first show on a Sunday from 12:00 – 1:00 PM during an August weekend, and the second show two weeks later. The NBC affiliate in Miami may show the first show from 5:00 – 6:00 PM on a Saturday later in August, but still in the designated calendar window, and so on across the country.

Carson guarantees the shows will receive network delivery, through local affiliates, in 70% of U.S. markets, with 85% reach likely, including all top-10 markets. These shows typically reach around 750,000 households, or around 1.5 million viewers each.

Digital Live Stream
In addition to the TV and PR campaigns, Carson also provides live streaming of the events, utilizing a full day of cameras and TV hosts on Saturday.
Host Overview

The PPPIDC typically draws approximately 2,000 spectators over the two days to each event. The host site receives two days of quality dog & family entertainment, a local and national public relations program, and direct national television exposure by hosting one of the regional competitions.

Carson International, Inc., Event and television production, provides turn key management of the site, competitors, television production & distribution, national public relations campaign and core equipment specific to the PPPIDC.

The objective of hosting this event is designed to be mutually beneficial. The host site obtains a nationally-known, family entertainment grandstand event that will be televised nationally. The PPPIDC in return has a promotional partner for the event and a venue sharing in some of logistical provisions.

Sample Site Overview
Schedule and Logistics

Event days are Friday and Saturday. Friday, the first day usually consists of approximately five hours of practice and open public qualifying/try-out events. Ideal times are anywhere from 11:00 AM - 6:00 PM. The second day is the actual competition, with all five to six disciplines running back-to-back over a five-hour window. Ideal times on this day are from 10:30 AM - 4:30 PM. In addition, three days are required prior to the event to set-up and one day post event to remove and strike equipment and also serve as a rain date.

Carson International, Inc. will supply all necessary competition equipment, to include corporate signage, staging, sound, diving dog pool, etc. If possible the host venue/entity is asked to consider supplying the following:

- Waiver or reduction of any site fees
- Outdoor, flat, grass surface area, approximately 175' X 250'
- 1,000 bleacher/grandstand seats (if available)
- 21,000 gallons of potable water (with drainage availability)
- Electrical power for event (110) and TV truck (220 3 phase)
- Restrooms/ port-o-let service
- Other: overnight security, material handling equipment, janitorial/trash services

PLEASE NOTE: The above are asks if the host site has available and NOT requirements.
Contact Information

Carson International, the leading producer of televised canine-oriented events, will handle all event and TV production on a turn key basis. For further IDC information.

Paul Carson, CEO  pcarson@carsonevents.com  208.720.6371 cell
Kathy Carson, President  kcarson@carsonevents.com  208.720.6391 cell

CARSON EVENTS
Events · Television · Digital Media

PO Box 2103
Ketchum, ID 83340
208.726.5990
www.carsonevents.com
www.nationaldogshow.com
www.facebook.com/carsonevents
www.youtube.com/carsonevents
**Purpose of Use:** Purina Dog Challenge

**Conditions of Use:** Insurance Required

**Other Information:**
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

**Date(s) and Time(s) of Use:**

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
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<td>$0.00</td>
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<tr>
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<td>06 Apr 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Albert Whitted Park Park</td>
<td>Fri</td>
<td>07 Apr 2017</td>
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<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
</tr>
<tr>
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<td>08 Apr 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
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</table>

**Additional Fees:**
- Extra Fee - Bookings
  - Co-Sponsored Application Fee: 15:00, 1 Quantity, Charge $30.00, Tax $0.00, Total $30.00
  - Co-Sponsored Park Permit Fee: 30:00, 2 Quantity, Charge $400.00, Tax $0.00, Total $400.00

**Budget:**
- $0.00
- $430.00 Extra Fees
- $0.00 Tax
- Total: $430.00

**Deposit:** $0.00
**Total Applied:** $400.00
**Contract Balance:** $30.00
**Account Balance:** $30.00

**Payments:**
- Date: 27 Sep 2016
- Amount: $400.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 2652251

**Additional Notes:**
I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Sign Name) PAUL CARSON
(Print Name) CARSON INTERNATIONAL
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name): ____________________________
Parks and Recreation Superintendent

(Print Name): ____________________________
Parks and Recreation Department

Approved or Rejected Date: ________________

Supervisor II / Foreman

Approved or Rejected Date: ________________

Manager

Approved or Rejected Date: ________________

Manager

The Americans with Disabilities Act (ADA) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TDD devices, please contact us using the Florida Relay Service at 800-955-8771.
City of St. Petersburg

CARSON INTERNATIONAL
ART DAVES
PO BOX 2103
KETCHUM, ID 83340 USA

Description | Amount
---|---
Previous Balance | $430.00

Applied To: 18468 - Purina Dog Challenge
Albert Whitted Park - Park
April 5, 2017 6:00 am to April 8, 2017 9:00 pm

Payment: Check ($400.00)

Balance | $30.00

Receipt #: 2652251
User: SCTegard
Issued: Tue 27 Sep 16 02:44 pm

APPROVED REFUNDS ARE BY CHECK ONLY
CARSON INTERNATIONAL INC
INCREDIBLE DOG CHALLENGE
PO BOX 2103
KETCHUM, ID 83340

PAY TO THE ORDER OF
City of St. Petersburg, Parks & Recreation

four hundred dollars

$400.00

MEMO
permit fee - special event PPP/DC

Peter Carson
AUTHORIZED SIGNATURE

9/21/16

CARSON INTERNATIONAL INC INCREDIBLE DOG CHALLENGE
Event Title: Warped Tour
Entity Name: Live Nation
Event Date(s): June 23
Location: Vinoy Park
Application Prepared by: David J Harb
Title: General Manager - Tampa St. Pete Market
Address: 4802 US Hwy 301 N
City: Tampa
State: FL
Zip: 33610
Email Address: davidharb@livenation.com
Additional Contact Person: Dan Murphy
What month/year were you incorporated as nonprofit? [ ]
List all 501(c)3 entities that will benefit from this event. My Hope Chest
Name of the for-profit entity? My Hope Chest
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
Music festival event that provides a day of entertainment for local concert going fans
Describe what economic benefit and impact this event will bring to St. Petersburg.
Local hotels, restaurants, parking facilities

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.
Does your group presently have liability insurance? [X] YES [ ] NO
Are there plans to sell or distribute beer/wine at your event? [X] YES [ ] NO
Will there be an admission / registration fee? [X] YES [ ] NO
Advanced Fee: TBD Day of: TBD
Please provide the website address for your event. www.livenation.com
Please provide a phone number that can be advertised to the public. 813-600-1001
What is the estimated attendance for this event? Spectators [X] 9,000 Participants [ ] TBD Last Year's Total Attendance 8,900
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

- Showmobile (Yes/No): No
- # Bleacher(s) needed: No
- Tables (6 ft) # needed: Yes - TBD
- Chairs # needed: Yes - TBD
- Public Address System: No
- # of portable risers needed (4 in. x 8 in. x 16 in. sections): Yes - TBD

Special Events Facilities

- Non-City Locations
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill
- Vinoy Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

- POLICE: Public Safety Personnel, Marine Services
- TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
- FIRE: Paramedics, Inspectors
- PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
- RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: David J Harb
Co-Sign: 
Title: General Manager
Date: Sept. 29, 2016

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.
   b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.
   c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

### Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>☒ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☒ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>☒ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☒ Vendors / Exhibitors</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>☒ Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>☒ Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>☒ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☒ VIP Area</td>
<td></td>
</tr>
<tr>
<td>☒ Staging</td>
<td>☒ Professional ☒ Showmobile ☒ Other</td>
</tr>
<tr>
<td>☒ Amplified Sound</td>
<td>☒ Performers ☒ Announcement Only</td>
</tr>
<tr>
<td>☒ Security</td>
<td>☒ Daytime - Private ☒ Overnight - Private</td>
</tr>
<tr>
<td>☒ Sanitary Facilities - Port-O-Lets</td>
<td>☒ Event Time Frame - SPPD</td>
</tr>
<tr>
<td>☒ Off-site Parking / Shuttle</td>
<td>Regular Units ☒ Disabled Units ☒ Hand Washing</td>
</tr>
<tr>
<td>☒ Semitruck / Tractor Trailer</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

<table>
<thead>
<tr>
<th>Marketing</th>
<th>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Invitations</td>
<td>☒ Radio</td>
</tr>
<tr>
<td>☒ Posters / Flyers</td>
<td>☒ Television</td>
</tr>
<tr>
<td>☒ Newspaper / Internet</td>
<td>☒ Remote Broadcast</td>
</tr>
</tbody>
</table>
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☒ RV'S ☒ Coffee Vendors ☒ Ice Bins ☒ Freezers ☒ Ice Cream Vendors ☒ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

TBD - Power needed to power music stages, catering area, RV's, cooking locations throughout the festival area.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on site during the event? ☒ YES ☐ NO If YES, who? TBD

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

Amplified sound starting at 10am

If City permits, licenses, or services are required for event, who will pay for them?

Name: Live Nation Phone: 813-600-1003
Address (including zip): 4802 US Hwy 301 N Tampa, F: 33610

Type of music, # of stages, and # of bands.

Young alternative rock music across multiple stages, multiple food locations, beverages, vendor set ups

List Vending Products. Name & Provider.

Vendor list TBD. Type of products sold will be art, clothing, jewelry, etc

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

My Hope Chest - Alisia Savoretti - 727-642-4243

Explain subject/purpose of all speeches/demonstrations which will occur.

Live Music - non political

Discuss your load in/load out parking needs, include times and dates.

Will need access to park early in week @ Monday to start prep for weekend event. Will require parking lot next to pool area for back stage operations.
Other Comments: Please describe your fee structure.

General admission. Tickets sales thru Ticket Master

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: David J Harb
Title: General Manager
Date: Sept. 29, 2016
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
**Appendix B**  
**President or CEO**  
**Responsible Party Information**

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>My Hope Chest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Alisia Savoretti</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>will be provided at later date</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-642-4243</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Alisia@myhopechest.org">Alisia@myhopechest.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>Live Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>David Harb</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>General Manager - Tampa / St Pete</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4802 US Hwy 301 N Tampa, FL 33610</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-600-1003</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:davidharb@livenation.com">davidharb@livenation.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
## APPENDIX C
**STATEMENT OF REVENUE AND EXPENSES FORM**
**PRIOR YEAR'S EVENT**
(Must be completed)

### I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticket Sales - TBD</td>
<td>$0.00</td>
</tr>
<tr>
<td>Concession Sales - TBD</td>
<td>$0.00</td>
</tr>
<tr>
<td>Merch Sales - TBD</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE** $0.00

### II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production Exp - TBD</td>
<td>$0.00</td>
</tr>
<tr>
<td>Advertising Exp - TBD</td>
<td>$0.00</td>
</tr>
<tr>
<td>Operational Exp - TBD</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $0.00

**TOTAL NET INCOME** $0.00

### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Allocation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: David J Harb

Date: Sep 29, 2016
LIVE NATION WORLD WIDE INC  
DAVID HARB  
4802 US HWY 301 N  
TAMPA FL 33610 USA

Purpose of Use: VANS WAPED TOUR  
Expected:  
11,000  
Co-Sponsored Event  
Contract Balance $330.00

Conditions of Use: Insurance Required

Other information:  
Use of beer and wine: Yes  
Use of fencing: Yes  
Use of liquor: No

Date(s) and Time(s) of Use:  
Starting: Tue 20 Jun 17 06:00 am  
Ending: Sun 02 Jul 17 09:00 pm

Facility/Equipment  
Day  
Date  
Time  
Fee  
Extra Fee  
Tax  
Total
Vinoy Park  
Tue  
20 Jun 2017  
06:00 AM  
$0.00  
$300.00  
$0.00  
$300.00
Vinoy Park  
26 Jun 2017  
09:00 PM  
$0.00  
$0.00  
$0.00  
$0.00
Vinoy Park  
Wed  
28 Jun 2017  
06:00 AM  
$0.00  
$0.00  
$0.00  
$0.00
Vinoy Park  
02 Jul 2017  
09:00 PM  
$0.00  
$0.00  
$0.00  
$0.00

Additional Fees:  
Extra Fee  
Quantity  
Charge  
Tax  
Total
Co-Sponsored Application Fee  
1  
$30.00  
$0.00  
$30.00
Extra Fee - Bookings  
Hours  
Quantity  
Charge  
Tax  
Total
Co-Sponsored Park Permit Fee (Vinoy)  
159:00  
1  
$300.00  
$0.00  
$300.00

Charges:  
Fees  
Extra Fees  
Tax  
Total  
Deposit  
Total Applied  
Contract Balance  
Account Balance
$0.00  
$330.00  
$0.00  
$330.00  
$0.00  
$0.00  
$330.00  
$0.00

Rental charges are due according to the following schedule:  
Date  
Amount
Tuesday, Jun 6, 2017  
$330.00

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Signature)  
DAVID HARB  
LIVE NATION WORLD WIDE INC  
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Signature)  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department

Printed: 04 Oct 2016, 02:18 PM  
User: dwburns  
Page: 1
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
rental #: 17833
live nation world wide inc
4802 us hwy 301 n
tampa fl 33610 usa
vans waped tour

amendment reason: fee applied

i) purpose of use: function: not changed

ii) conditions of use: insurance required

iii) dates and time of use:

<table>
<thead>
<tr>
<th># of bookings:</th>
<th>starting: n/c</th>
<th>ending: n/c</th>
<th>expected: n/c</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 jun 2017</td>
<td>06:00 am</td>
<td>26 jun 2017</td>
<td>09:00 pm</td>
</tr>
<tr>
<td>revised vinoy park - vinoy park</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mode: revised</td>
<td>facility / equipment: vinoy park</td>
<td>start date: 20 jun 2017</td>
<td>start time: 06:00 am</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>revised vinoy park - vinoy park</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mode: revised</td>
<td>facility / equipment: vinoy park</td>
<td>start date: 20 jun 2017</td>
<td>start time: 08:00 am</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$300.00</td>
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</table>

iv) additional fees:

v) payment method:

<table>
<thead>
<tr>
<th>damage deposit:</th>
<th>payable by:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>n/c</td>
</tr>
<tr>
<td>initial due:</td>
<td>initial pay:</td>
</tr>
<tr>
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<td>n/c</td>
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<tr>
<td>prior contract total:</td>
<td>contract total:</td>
</tr>
<tr>
<td>$0.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>statementing:</td>
<td></td>
</tr>
<tr>
<td>n/c</td>
<td></td>
</tr>
<tr>
<td>date</td>
<td>amount</td>
</tr>
<tr>
<td>06 jun 2017</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

__________________________
general manager

__________________________
supervisor / foreman

__________________________
manager

__________________________
superintendent

__________________________
david harb

[ ] approved or [ ] rejected
Rental #: 17833
LIVE NATION WORLD WIDE INC
4802 US HWY 301 N
TAMPA FL 33610 USA
VANS WAPED TOUR

Amendment Reason: Updated

i) Purpose of Use: Function: Not Changed

ii) Conditions of Use: Insurance Required

iii) Dates and Time of Use:

<table>
<thead>
<tr>
<th># of Bookings</th>
<th>Starting</th>
<th>Ending</th>
<th>Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>N/C</td>
<td>02 Jul 2017</td>
<td>N/C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mode</th>
<th>Facility / Equipment</th>
<th>Day</th>
<th>Start Date</th>
<th>Start Time</th>
<th>End Date</th>
<th>End Time</th>
<th>Function</th>
<th>Charge</th>
</tr>
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<tbody>
<tr>
<td>Revised</td>
<td>Vinoy Park - Vinoy Park</td>
<td>Wed</td>
<td>28 Jun 2017</td>
<td>06:00 AM</td>
<td>05 Jul 2017</td>
<td>09:00 PM Co-Sponsored Eve</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To</td>
<td>28 Jun 2017</td>
<td>06:00 AM</td>
<td>02 Jul 2017</td>
<td>09:00 PM Co-Sponsored Eve</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

iv) Additional Fees:
v) Payment Method:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 Jun 2017</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

DAVID HARB

---

Date

[ ] Approved or [ ] Rejected

Supervisor II / Foreman

[ ] Approved or [ ] Rejected

Manager

[ ] Approved or [ ] Rejected

Superintendent

[ ] Approved or [ ] Rejected

Page: 1
Rental #: 17833
LIVE NATION WORLD WIDE INC
4802 US HWY 301 N
TAMPA FL 33610 USA
VANS WAPED TOUR

Amendment Reason: Application Cost

i) Purpose of Use:
   Function: Not Changed
   Description:

ii) Conditions of Use:
   Insurance Required

iii) Dates and Time of Use:
   # of Bookings: 2  Starting: N/C  Ending: N/C  Expected: N/C

iv) Additional Fees:
   Mode | Extra Fee      | Old Qty. | Old Amount | New Quantity | New Amount
   Added | Co-Sponsored Application Fee | 1 | $30.00  

v) Payment Method:
   Damage Deposit: N/C  Payable By: N/C
   Adjustment: N/C  Adj: N/C
   Initial Due: N/C  Initial Pay: N/C
   Prior Contract Total: $300.00
   Contract Total: $330.00
   Statementing: N/C

Date | Amount
--- | ---
06 Jun 2017 | $330.00

DAVID HARBO

[Approval Options]

Supervisor / Foreman

[Approval Options]

Manager

[Approval Options]

Superintendent

[Approval Options]
Detail by Entity Name

Foreign Profit Corporation
LIVE NATION WORLDWIDE, INC.

Filing Information
Document Number: F06000007422
FEI/EIN Number: 13-3977880
Date Filed: 11/29/2006
State: DE
Status: ACTIVE
Last Event: CORPORATE MERGER
Event Date Filed: 12/21/2007
Event Effective Date: 12/31/2007

Principal Address
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Mailing Address
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Registered Agent Name & Address
Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

Name Changed: 04/04/2013
Address Changed: 04/04/2013

Officer/Director Detail
Name & Address
Title President, CFO, Asst Secretary, Director
WILLARD, KATHY
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Treasurer and Asst Secretary
LOWE, BILL
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title EVP, General Counsel, Secretary, Director
ROWLES, MICHAEL
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title COO, Asst Secretary
Berchtold, Joe
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, CAO, Asst Secretary
Capo, Brian
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Deputy General Counsel, Asst Secretary
Lassen, Eric
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title Controller, Accounting Reporting, Asst Secretary
Lecoq, Brandy
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Corporate Tax, Asst Secretary
McKenzie, Gary
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2014</td>
<td>02/19/2014</td>
</tr>
<tr>
<td>2015</td>
<td>03/19/2015</td>
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<td>2016</td>
<td>03/16/2016</td>
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Document Images

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<th>Description</th>
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<td>03/16/2016</td>
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<td>03/19/2015</td>
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<td>02/19/2014</td>
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</tr>
<tr>
<td>04/04/2013</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
Detail by Entity Name

Foreign Not For Profit Corporation
MY HOPE CHEST CORPORATION

Filing Information
Document Number          F100000002667
FEI/EIN Number           20-0299888
Date Filed               06/09/2010
State                    NV
Status                   ACTIVE

Principal Address
7777 131ST ST N STE 5
SEMINOLE, FL 33776

Changed: 04/30/2015

Mailing Address
P.O. BOX 3081
SEMINOLE, FL 33775-3081

Registered Agent Name & Address
SAVORETTI, ALISA
7380 128 ST N
SEMINOLE, FL 33776

Name Changed: 12/31/2012
Address Changed: 12/31/2012

Officer/Director Detail
Name & Address
Title Founder/CEO
SAVORETTI, ALISA
7380 128TH ST. NO
SEMINOLE, FL 33776

Title Treasurer
Seay, Tonya
6516 Camden Bay  
#202  
Tampa, FL 33635

Title Secretary

Tsagaris, Barbie  
8707 Bardmoor Place #103C  
Largo, FL 33777

### Annual Reports

<table>
<thead>
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<th>Report Year</th>
<th>Filed Date</th>
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<td>2015</td>
<td>04/30/2015</td>
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<tr>
<td>2016</td>
<td>04/28/2016</td>
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### Document Images

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<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/28/2016</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>04/30/2015</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>04/28/2014</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>06/19/2013</td>
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<td>04/30/2013</td>
<td>ANNUAL REPORT</td>
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<td>12/31/2012</td>
<td>Reg. Agent Change</td>
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<tr>
<td>04/11/2012</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/18/2011</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>06/09/2010</td>
<td>Foreign Non-Profit</td>
</tr>
</tbody>
</table>
### Event Title:
Running For All Children 5k, 10k & 1-mile fun run

| Event Date(s): | May 13, 2017 | Location: 501 6th Ave. S, St. Petersburg, FL 33701 |
| Day 1 of Event: | May 13, 2017 | Time Gates Open: 7:00 AM Ending Time: 10:00 AM |
| Day 2 of Event: | N/A | Time Gates Open: Ending Time: |
| Day 3 of Event: | N/A | Time Gates Open: Ending Time: |

**Application Prepared by:** Brian Powers  
**Title:** President  
**Phone:** 727-638-1910

**Address:** 6354 118th Ave N.  
**City:** Largo  
**State:** FL  
**Zip:** 33773

**Email Address:** info@runforallchildren.com

**What month/year were you incorporated as nonprofit?** 2/16/16

**List all 501(c)3 entities that will benefit from this event:** Running For All Children, All Children’s Hospital Foundation

**Name of the for-profit entity?** N/A

**Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.**
Together, Running For All Children and the All Children’s Hospital Guild are hosting the 4th annual running for All children 5k, 10k and 1-mile fun run race on Saturday, May 13, 2017, to raise funds and support healthy living throughout the west coast of Florida. There will be something for everyone from kids doing a 100 yard dash, a 1 mile fun run for beginners or families, and chip timed 5K & 10K courses.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The primary beneficiary of the event will be the children and families associated with Johns Hopkins All Children’s Hospital, but so too will the local businesses benefit by the more than 3,000 anticipated runners, including but not limited to the St. Petersburg area hotels, restaurants, boutique downtown stores and the like.

This will be a "destination" race for many of the athletes who will be traveling to the area from other cities.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

<table>
<thead>
<tr>
<th>Does your group presently have liability insurance?</th>
<th>☒ YES</th>
<th>☐ NO</th>
<th>How much?</th>
</tr>
</thead>
</table>

| Are there plans to sell or distribute beer/wine at your event? | ☐ YES | ☒ NO |

<table>
<thead>
<tr>
<th>Will there be an admission / registration fee?</th>
<th>☒ YES</th>
<th>☐ NO</th>
<th>Advanced Fee:</th>
</tr>
</thead>
</table>

| Please provide the website address for your event. | runforallchildren.com |

Please provide a phone number that can be advertised to the public. 727-546-3561

| What is the estimated attendance for this event? | Spectators 1000 | Participants 3000 | Last Year’s Total Attendance 2000 |
Please check the equipment and/or facilities you are requesting.

**Recreation Equipment**

- Showmobile (Yes/No): NO
- # Bleacher(s) needed. Each bleacher approx. 180 people: [ ]
- Tables (6 ft) # needed: [ ]
- Public Address System: [ ]
- # of portable risers needed (4 in. x 8 in. x 16 in. sections): [ ]

**Special Events Facilities**

- [ ] Mahaffey Theater
- [ ] Coliseum
- [ ] Sunken Gardens
- [ ] Boyd Hill
- [ ] Non-City Locations

**Which Location?**

- Poynter Park

**Non-City Locations**

Which Location?

**The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.**

- **POLICE:** Public Safety Personnel, Marine Services
- **TRAFFIC:** Personnel, Equipment (cones, barricades, no parking signs)
- **FIRE:** Paramedics, Inspectors
- **PARKS SERVICES:** Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
- **RECREATION SERVICES:** On-site Presence, Logistics Help, Liaison with Other Departments

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

**Name:** [ ]
**Title:** President
**Date:** 09.28.2016

**Co-Sign:** [ ]
**Title:** Treasurer
**Date:** 09.28.2016

**Note:**

a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

**PLEASE ATTACH THE FOLLOWING**

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

**FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,**
727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional Insurance Required</td>
</tr>
<tr>
<td>How many?</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>How many?</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>What type?</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td></td>
</tr>
<tr>
<td>What structure?</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td></td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
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</tr>
<tr>
<td>Staging</td>
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</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>How many?</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
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</tr>
<tr>
<td>Other</td>
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<td>Security</td>
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<tr>
<td>Performers</td>
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<tr>
<td>Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>Event Time Frame - SPPD</td>
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</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
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</tr>
<tr>
<td>Hand Washing</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Regular Units</td>
<td></td>
</tr>
<tr>
<td>Disabled Units</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- Radio
- Television
- Remote Broadcast
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  YES  NO

If YES, check all that apply.  RV's  Coffee Vendors  Ice Bins  Freezers  Ice Cream Vendors  Catering Trucks  Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

N/A

Will you supply your own generators?  YES  NO

Will your event have a licensed electrician on-site during the event?  YES  NO  If YES, who?  ConServ Building Services, INC

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name:  Running For All Children          Phone:  727-546-3561

Address (Including zip):  6354 118th Ave. N., Largo, FL 33773

Type of music, # of stages, and # of bands.

N/A

List Vending Products. Name & Provider.

N/A

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

N/A

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

Discuss your load in/load out parking needs, include times and dates.

Participants will arrive near the start/finish area located at 501 6th Ave. S at approximately 6:45AM on May 7th. Approximately 1/2 of the participants will be finished by 8:00 AM and the remaining participants will be complete the event before 10:00 AM.
Other Comments: Please describe your fee structure.

5k & 10k pre-registered runners: $30.00
5k & 10k day of registration: $40.00

1-mile fun run pre-registered runners: $20.00
1-mile fun run day of registration: $25.00

100 yard Kid's Dash - Free

Other comments:
The attached race route has been reviewed by Sgt. Pratt, City of St. Petersburg Police Dept., Special Events Coordinator. Sgt. Pratt has taken no exceptions to the proposed race route.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: [Signature]  Title: President  Date: 09.28.2016
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
### Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>Running For All Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Brian Powers</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>6354 118th Ave. N., Largo, FL 3377</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-546-3561</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:info@runforallchildren.com">info@runforallchildren.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>47-3523420</td>
</tr>
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<table>
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<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
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<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
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</tr>
<tr>
<td>Title of Responsible Party:</td>
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</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
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</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Running For All Children
Date(s) of Event: May 13, 2017 - May 13, 2017

I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
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</table>

TOTAL GROSS REVENUE

II. EXPENSES (attach sheet if more space is needed)

<table>
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<tr>
<th>Amount</th>
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</table>

TOTAL OPERATING EXPENSES
TOTAL NET INCOME

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
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<td></td>
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</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME

Prepared by: Brian Powers
Date: Sep 28, 2016
# Running for All Children

## Balance Sheet

For the Month Ended August 31, 2016

## Assets

<table>
<thead>
<tr>
<th>Current Assets</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synovus Operating Account</td>
<td>$ 5,890.30</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>$ 15,250.00</td>
</tr>
<tr>
<td>Day of Race/Non Spec Expen</td>
<td>$ 6,956.63</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>$ 28,096.93</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long Term Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Long Term Assets</td>
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</tbody>
</table>
Running for All Children  
Balance Sheet  
For the Month Ended August 31, 2016  

Liabilities and Equity

<table>
<thead>
<tr>
<th>Current Liabilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Current Liabilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long Term Liabilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Term Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Liabilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equity</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3500</td>
<td>Retained Earnings</td>
<td>$ 4,598.28</td>
</tr>
<tr>
<td></td>
<td>Net Income</td>
<td>23,498.65</td>
</tr>
<tr>
<td>Total Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Liabilities &amp; Equity</td>
<td></td>
<td>$ 28,096.93</td>
</tr>
</tbody>
</table>

Confidential: For Internal Use Only
Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.
We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements
2017 Running For All Children

10k race route – USA Track and Field Certified Course

Start: John’s Hopkins Medicine All Children’s Hospital - 501 6th Ave. S.
FINISH/ Athlete Expo: Poynter Park - 1000 3rd St. S.
10k turnaround: intersection of Beach Dr. NE/ Coffee Pot Blvd. NE
Medical Tent: Poynter Park
2017 Running For All Children

5k race route – USA Track and Field Certified Course

Start: John’s Hopkins Medicine All Children’s Hospital - 501 6th Ave. S.

FINISH/ Athlete Expo: Poynter Park - 1000 3rd St. S.

5k turnaround: Bay Shore Dr. NE (between 2nd Ave NE & 5th Ave NE)

Medical Tent: Poynter Park
2017 Running For All Children

1 Mile Fun-Run

Start: John's Hopkins Medicine All Children's Hospital - 501 6th Ave. S.

FINISH/ Athlete Expo: Poynter Park - 1000 3rd St. S.

1mile turnaround: Dali Blvd.

Medical Tent: Poynter Park
Detail by Entity Name

Florida Not For Profit Corporation
RUNNING FOR ALL CHILDREN INC

Filing Information
Document Number  N14000009064
FEI/EIN Number  47-3523420
Date Filed  09/29/2014
Effective Date  09/29/2014
State  FL
Status  ACTIVE
Last Event  AMENDMENT
Event Date Filed  11/16/2015
Event Effective Date  NONE

Principal Address
6354 118TH AVENUE
LARGO, FL 33773

Mailing Address
6354 118TH AVENUE
LARGO, FL 33773

Registered Agent Name & Address
FIELDS, JOHN D
6354 118TH AVENUE
LARGO, FL 33773

Officer/Director Detail
Name & Address
Title DP
POWERS, BRIAN
6354 118TH AVENUE
LARGO, FL 33773

Title DST
FIELDS, JOHN D
6354 118TH AVENUE
LARGO, FL 33773
Title D
GEYER, LESLEY
3929 AMERICANA DRIVE
TAMPA, FL 33634

Title D
CRANDALL, BROOKE
13319 92ND AVENUE
SEMINOLE, FL 33776

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2015</td>
<td>04/30/2015</td>
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<tr>
<td>2016</td>
<td>03/29/2016</td>
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### Document Images

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<th>Date</th>
<th>Description</th>
<th>View image in PDF format</th>
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<tr>
<td>03/29/2016</td>
<td>ANNUAL REPORT</td>
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<td>11/16/2015</td>
<td>Amendment</td>
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<tr>
<td>04/30/2015</td>
<td>ANNUAL REPORT</td>
<td></td>
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<tr>
<td>09/29/2014</td>
<td>Domestic Non-Profit</td>
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</tr>
</tbody>
</table>
RUNNING FOR ALL CHILDREN INC
BRIAN POWERS
6354 118TH AVE N
LARGO FL 33773 USA

Purpose of Use: RUNNING FOR ALL CHILDREN 10K & 5K
Expected: 4,000

Conditions of Use: Insurance Required

Date(s) and Time(s) of Use:
Starting: Thu 11 May 17 06:00 am
Ending: Mon 15 May 17 12:00 pm

Facility/Equipment

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Poynter Park</td>
<td>Thu</td>
<td>11 May 17</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td>15 May 17</td>
<td>12:00 PM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

Additional Fees:

<table>
<thead>
<tr>
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<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
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<tr>
<td>Co-Sponsored Park Permit Fee</td>
<td>102:00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$230.00</td>
<td></td>
<td>$230.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Rental charges are due according to the following schedule:
Date: Thursday, Apr 27, 2017
Amount: $230.00

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Signature)
BRIAN POWERS
RUNNING FOR ALL CHILDREN INC

CITY OF ST. PETERSBURG, FLORIDA

By (Signature): Parks and Recreation Superintendent
(Print Name) BRIAN POWERS
(Print Name): Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
**COPY**

### INVOICE

**Running for All Children**

**Vendor:** The City of St. Petersburg

**INVOICE NO:** 09302016-1

<table>
<thead>
<tr>
<th>Invoice Date</th>
<th>Invoice No.</th>
<th>Description</th>
<th>Inv. Amount</th>
<th>Disc. Taken</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-30-16</td>
<td></td>
<td></td>
<td>30.00</td>
<td>.00</td>
<td>30.00</td>
</tr>
</tbody>
</table>

**Check Date:** September 30, 2016

**Chk. Date:** 9-30-16  **Chk. No.:** 15032  **Total:** .00  **.00  .00  30.00

**Running for All Children**

**Vendor:** The City of St. Petersburg

**INVOICE NO:** 09302016-1

<table>
<thead>
<tr>
<th>Invoice Date</th>
<th>Invoice No.</th>
<th>Description</th>
<th>Inv. Amount</th>
<th>Disc. Taken</th>
<th>Balance</th>
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</thead>
<tbody>
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<td></td>
<td>30.00</td>
<td>.00</td>
<td>30.00</td>
</tr>
</tbody>
</table>

**Check Date:** September 30, 2016

**Chk. Date:** 9-30-16  **Chk. No.:** 15032  **Total:** .00  **.00  .00  30.00

**Synovus Bank of Tampa Bay**

**DATE:** September 30, 2016

**Chk. #1 15032**

**$30.00**
### Running for All Children

**Vendor:** The City of St. Petersburg  
**Check Date:** September 30, 2016

<table>
<thead>
<tr>
<th>INVOICE DATE</th>
<th>INVOICE NO</th>
<th>DESCRIPTION</th>
<th>INV. AMOUNT</th>
<th>DISCNT TAKEN</th>
<th>BALANCE</th>
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<tbody>
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**Check Date:** 9-30-16  
**Chk. No.:** 15033  
**Total:** 30.00

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**Vendor:** The City of St. Petersburg  
**Check Date:** September 30, 2016

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<tr>
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<th>INVOICE NO</th>
<th>DESCRIPTION</th>
<th>INV. AMOUNT</th>
<th>DISCNT TAKEN</th>
<th>BALANCE</th>
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<tbody>
<tr>
<td>9-30-16</td>
<td>09302016-2</td>
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</table>

**Check Date:** 9-30-16  
**Chk. No.:** 15033  
**Total:** 30.00
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<tr>
<th>Description</th>
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<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($60.00)</td>
</tr>
</tbody>
</table>

City of St. Petersburg
City of St. Petersburg

BCH MECHANICAL FOUNDATION  
JOHN FIELDS  
6354 118TH AVE N  
LARGO, FL 33773 USA

Receipt #: 2655844  
User: PPBranno  
Issued: Tue 04 Oct 16 09:18 am

<table>
<thead>
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<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Previous Balance</td>
<td>$0.00</td>
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<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($30.00)</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
**Contract/Permit**

**Contract #:** 18544  
**Date:** 04 Oct 2016

**Purpose of Use:** RUNNING FOR ALL CHILDREN 10K & 5K  
**Expected:** 4,000

**Conditions of Use:** Insurance Required

**Other Information:**
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

**Date(s) and Time(s) of Use:**
- **Starting:** Thu 11 May 17 06:00 am
- **Ending:** Mon 15 May 17 12:00 pm

**Facility/Equipment:**
- Poynter Park
- Park

**Fee** | **Extra Fee** | **Tax** | **Total**
---|---|---|---
$0.00 | $200.00 | $0.00 | $200.00
$0.00 | $200.00 | $0.00 | $200.00

**Hours** | **Quantity** | **Charge** | **Tax** | **Total**
---|---|---|---|---
102:00 | 1 | $200.00 | $0.00 | $200.00
1 | $200.00 | $0.00 | $200.00

**Charges:**

<table>
<thead>
<tr>
<th><strong>Fees</strong></th>
<th><strong>Extra Fees</strong></th>
<th><strong>Tax</strong></th>
<th><strong>Total</strong></th>
<th><strong>Deposit</strong></th>
<th><strong>Total Applied</strong></th>
<th><strong>Contract Balance</strong></th>
<th><strong>Account Balance</strong></th>
</tr>
</thead>
</table>
$0.00 | $230.00 | $0.00 | $230.00 | $0.00 | $60.00 | $170.00 | $170.00 |

Balance of rental due and payable immediately.

**Payments:**

<table>
<thead>
<tr>
<th><strong>Date</strong></th>
<th><strong>Amount</strong></th>
<th><strong>Payment Type</strong></th>
<th><strong>Reference</strong></th>
<th><strong>Receipt Number</strong></th>
</tr>
</thead>
</table>
04 Oct 2016 | $30.00 | Check | Rental | 2656222 |
04 Oct 2016 | $30.00 | Check | Rental | 2656223 |

**Additional Notes:**

---

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name): BRIAN POWERS  
(Print Name): RUNNING FOR ALL CHILDREN INC

---

**CITY OF ST. PETERSBURG, FLORIDA**

By (Sign Name):  
(Print Name): Parks and Recreation Department

---

Printed: 04 Oct 2016, 02:56 PM  
User: dwburns
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
### Contract/Permit Amendment

**Printed:** 04 Oct 2016, 02:56 PM  
**User:** dwburns

**Rental #:** 18544  
**Amendment #:** 1  
**Amended:** 04 Oct 2016

**RUNNING FOR ALL CHILDREN INC**  
6354 118TH AVE N  
LARGO FL 33773 USA

**RUNNING FOR ALL CHILDREN 10K & 5K**

<table>
<thead>
<tr>
<th>Amendment Reason:</th>
<th>Cost Due Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Purpose of Use:</td>
<td>Function: Not Changed</td>
</tr>
<tr>
<td>Description:</td>
<td></td>
</tr>
<tr>
<td>ii) Conditions of Use:</td>
<td>Insurance Required</td>
</tr>
</tbody>
</table>
| iii) Dates and Time of Use: | # of Bookings: 1  
Starting: N/C  
Ending: N/C  
Expected: N/C |
| iv) Additional Fees: | |
| v) Payment Method: | Damage Deposit: N/C  
Adjustment: N/C  
Initial Due: N/C  
Prior Contract Total: $230.00  
Statementing: Due immediately |
| Payable By: | N/C  
Adj: N/C  
Initial Pay: N/C  
Contract Total: N/C |
| Date | Amount |
| 04 Oct 2016 | $170.00 |

---

**BRIAN POWERS**  
Date [ ] Approved or [ ] Rejected Date

**Supervisor II / Foreman**  
Date [ ] Approved or [ ] Rejected Date

**Manager**  
Date [ ] Approved or [ ] Rejected Date

**Superintendent**  
Date [ ] Approved or [ ] Rejected Date

Page: 1
RUNNING FOR ALL CHILDREN INC  
BRIAN POWERS  
6354 118TH AVE N  
LARGO, FL 33773 USA

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$200.00</td>
</tr>
<tr>
<td>Applied To: 18544 - RUNNING FOR ALL CHILDREN 10K &amp; 5K</td>
<td>$30.00</td>
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<tr>
<td>Poynter Park - Park</td>
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</tr>
<tr>
<td>May 11, 2017  6:00 am to May 15, 2017  12:00 pm</td>
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</table>

Payment: Check ($30.00)

Balance $170.00
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Previous Balance</td>
<td>($60.00)</td>
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<tr>
<td>Payment Cancellation: Check - Entered to wrong</td>
<td>$30.00</td>
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<tr>
<td>account</td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td>($30.00)</td>
</tr>
</tbody>
</table>
## City of St. Petersburg

**BCH MECHANICAL FOUNDATION**  
JOHN FIELDS  
6354 118TH AVE N  
LARGO, FL 33773 USA

Receipt #: 2656218  
User: DWBurns  
Issued: Tue 04 Oct 16 02:51 pm

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<td>($30.00)</td>
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<tr>
<td>Payment Cancellation: Check - Entered to wrong account</td>
<td>$30.00</td>
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</table>
| Balance                                                  | $0.00      

**APPROVED REFUNDS ARE BY CHECK ONLY**
<table>
<thead>
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<td>Previous Balance</td>
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<tr>
<td>Applied To: 18544 - RUNNING FOR ALL CHILDREN 10K &amp; 5K</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

Poynter Park - Park  
May 11, 2017 6:00 am to May 15, 2017 12:00 pm  

Payment: Check  
($30.00)

Balance $200.00