City of St. Petersburg
City Council
Co-Sponsored Events Committee
Thursday, February 2, 2017, 3:00PM
City Hall Room 100
Committee Members
Lisa Wheeler-Bowman
Charlie Gerdes
Jim Kennedy
Ed Montanari
Steve Kornell (Alternate)

Agenda

I. Call to Order

II. Approval of fifteen (15) events for FY 17
   a. waiving the non-profit requirement for four (4) events
   b. waiving the $1200 late application fee for two (2) events
   c. approval of liquor requests for two (2) events

III. Approval of seventeen (17) events for FY 18
    a. waiving the non-profit requirement for five (5) events
    b. approval of liquor requests for four (4) events

IV. Ordinance to amend St Petersburg City Code to add Williams Park and Elva Rouse Park to list of approved parks for alcohol

V. Adjournment
Event Listing
2016 - 2017

<table>
<thead>
<tr>
<th>Application #</th>
<th>Event Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>78</td>
<td>Painting in the Park 2017</td>
</tr>
<tr>
<td>79</td>
<td>Lord of the Wings Festival</td>
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<tr>
<td>80</td>
<td>Rebolution Fest</td>
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<tr>
<td>81</td>
<td>St Pete Pride Weekend</td>
</tr>
<tr>
<td>82</td>
<td>St. Petersburg Festival - SPF17</td>
</tr>
<tr>
<td>83</td>
<td>Battle at the Bay</td>
</tr>
<tr>
<td>84</td>
<td>Girls on the Run 5K</td>
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<tr>
<td>85</td>
<td>Tampa Bay Superheroes Unite</td>
</tr>
<tr>
<td>86</td>
<td>Nomadic Tempest</td>
</tr>
<tr>
<td>87</td>
<td>St Petersburg Wanderlust 108</td>
</tr>
<tr>
<td>88</td>
<td>Lionfish Safari</td>
</tr>
<tr>
<td>89</td>
<td>One Step Closer 5K</td>
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<tr>
<td>90</td>
<td>2017 TB Walk for Children with Aprxia</td>
</tr>
<tr>
<td>91</td>
<td>Komen Florida Suncoast Pink Stiletto Run</td>
</tr>
<tr>
<td>92</td>
<td>Back to School Care Fair</td>
</tr>
</tbody>
</table>
**Event Title:** Painting in the Park 2017  
**Phone No.:** 727-896-2667  
**Fax No.:** 727-894-4638

**Entity Name:** Museum of Fine Arts St. Petersburg, FL  
**Federal I.D. Number:** 590949278

**Event Date(s):**  
- **Day 1 of Event:** Sunday April 30th 2017  
  - **Time Gates Open:** 12:00pm  
  - **Ending Time:** 4:00pm

**Location:** North Straub Park/Museum Grounds

**Application Prepared by:** JP Fatseas  
**Phone:** 727-896-2667  
**Cell Phone:** 727-667-3830

**Address:** 255 Beach Dr. NE  
**City:** St. Petersburg  
**State:** FL  
**Zip:** 33701

**Email Address:** JPFatseas@mfastpete.org

**What month/year were you incorporated as nonprofit?** 02/20/1965

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

**Name of the for-profit entity?** None

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

This is a free outdoor activity that celebrates the creativity within all of us. Art Activities are designed for all ages and abilities with an emphasis on painting. Last year we brought 3000 people that participated in community built murals, hands on activities, and experimenting with different modalities of painting. Through this process we raised awareness of local cottage industries and independent businesses. At painting in the park 2015 we welcomed 900 people.

The event is a metaphor for the city of St. Petersburg arts, ingenuity, collaboration, philanthropy, and business. The Museum works with St. Anthony’s Triathlon to inform the athletes of the opportunity to participate with their families. The Buds Artisan Collective organized vendors to provide food and education opportunities (anything from making kombucha to starting your own succulent garden); Keep St. Pete Local utilized their social media contracts to promote the event; Kanes Furniture provided financial support for the purchase of supplies; and HSN provided over 15 volunteers.

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

The increase in pedestrian traffic to the event overflows into local business along Beach Dr. by collaborating with local enterprises we raise awareness of the resources in the this community. Having a free arts event during the Triathlon weekend underscores the city’s image as a vibrant arts 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?** 1,000,000.00

**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:** Day of:

**Please provide the website address for your event.**

**Please provide a phone number that can be advertised to the public.** 727-896-2667

**What is the estimated attendance for this event?**  
- **Spectators:** 4000  
- **Participants:** 50  
- **Last Year's Total Attendance:** 3000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)  [ ]

# Bleachers 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

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: Jerry Smith
Co-Sign: 
Title: Interim Director
Date: 10/27/16

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.

### Condition

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<th>What type?</th>
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<th>Temporary Structure Permit</th>
<th>Temporary Structure Permit</th>
<th>Fire Inspection Permit</th>
<th>Fireworks Permit</th>
<th>Parade or Street Closure Permit(s)</th>
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<td>Off-site Parking / Shuttle</td>
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<td>Semitruck / Tractor Trailer</td>
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### Obligation

- General Liability Insurance
- Alcohol Permit Additional insurance Required
- Park Permit
- Occupational License
- Health Inspection
- Temporary Structure Permit
- Temporary Structure Permit
- Temporary Structure Permit
- Fire Inspection Permit
- Fireworks Permit
- Parade or Street Closure Permit(s)

**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.

We are finalizing our vendor detail, when this is available we will forward the info.

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: Museum Of Fine Arts Phone: 727-896-2667

Address (including zip): 255 Beach Dr. NE, St. Petersburg, FL 33701

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

Kid & Family friendly pop music played by a DJ

List Vending Products. Name & Provider.

We are finalizing our vendor detail, when this is available we will forward the info.

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

Museum of Fine Arts, St. Petersburg, FL 33701

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

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

Load in: using the Northern most museum ramp off of Bayshore on to the Museum grounds and North Straub Park. Load in 10am-12:00pm
Other Comments: Please describe your fee structure.

Art activities are free for everyone. Vendors will have a fee, but are notified that this event is advertised as free and to price their items accordingly.

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: [Title] Date: 10-22-16
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 Nonprofit Corporation:</th>
<th>Museum of Fine Arts, St. Petersburg FL 33701</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Jerry Smith</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Interim Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>255 Beach Dr. NE St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-896-2667</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:jsmith@mfas.org">jsmith@mfas.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-0949278</td>
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<table>
<thead>
<tr>
<th>Name of the For-profit 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>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
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<tr>
<td>For-profit (Employee Identification Number)</td>
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</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: Painting in the Park 2017
Date(s) of Event: April 30th 2017 - April 30th 2017

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

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<tr>
<th>Description</th>
<th>Amount</th>
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<td>In kind advertising</td>
<td>$300.00</td>
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<td>Vendor Participation Fee</td>
<td>$250.00</td>
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<td>Sponsorships</td>
<td>$5,000.00</td>
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<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$5,550.00</td>
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II. EXPENSES (attach sheet if more space is needed)

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<tr>
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<td>Performing Vendors</td>
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<td>Bar Tenders</td>
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<tr>
<td>Refreshments for Volunteers</td>
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<td>T Shirts for volunteers</td>
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<td>Printing Postcards</td>
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<td>Furniture Rental</td>
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<tr>
<td>Labor</td>
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<td>TOTAL OPERATING EXPENSES</td>
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<td>TOTAL NET INCOME</td>
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III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
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</tbody>
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Prepared by: JP Fatseas
Date: Oct 27, 2016
Erupting paintings
Zoom Through Color
Legend
- Banyan Trees
- Tents
- Clean up station
- Activity, no tent
- Car painting
FLORIDA DEPARTMENT OF STATE

Detail by FEI/EIN Number

Florida Not For Profit Corporation
MUSEUM OF FINE ARTS OF ST PETERSBURG, FLORIDA, INC.

Filing Information
Document Number 702039
FEI/EIN Number 59-0949278
Date Filed 02/20/1961
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 05/05/2015
Event Effective Date NONE

Principal Address
255 BEACH DR NE
SAINT PETERSBURG, FL 33701-0498

Changed: 05/23/2000

Mailing Address
255 BEACH DR NE
SAINT PETERSBURG, FL 33701-0498

Changed: 05/23/2000

Registered Agent Name & Address
Shepherd, Kristen A., Ms.
255 BEACH DRIVE N.E.
ST PETERSBURG, FL 33701

Name Changed: 01/06/2017

Address Changed: 06/05/2008

Officer/Director Detail
Name & Address
Title Chairman
Mahaffey, Mark, Mr.
255 BEACH DR. NE.
ST. PETERSBURG, FL
Title VC

Collins, Cathy, Mrs.
255 BEACH DRIVE N.E.
ST. PETERSBURG, FL 33701

### Annual Reports

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<th>Filed Date</th>
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</tr>
<tr>
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<td>03/04/2016</td>
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<tr>
<td>05/01/1995</td>
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</tbody>
</table>
MUSEUM OF FINE ARTS
JP FATSEAS
255 BEACH DRIVE NE
ST PETERSBURG FL 33701 USA

Purpose of Use: Painting in the Park 2017

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: Sun 30 Apr 17 10:00 am
Ending: Sun 30 Apr 17 07:00 pm

Facility/Equipment

<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>
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<tr>
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<td>10:00 AM</td>
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<td>$230.00</td>
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Additional Fees:

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<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
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<td>2</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>
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<th>Account Balance</th>
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<tbody>
<tr>
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<td>$230.00</td>
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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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</thead>
<tbody>
<tr>
<td>02 Nov 2016</td>
<td>$230.00</td>
<td>Check</td>
<td>Rental</td>
<td>2669961</td>
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</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): JP FATSEAS
(Print Name): MUSEUM OF FINE ARTS
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:

Manager

Printed: 02 Nov 2016, 04:04 PM
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>
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<tr>
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</tr>
<tr>
<td>Payment: Check</td>
<td>($230.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($230.00)</td>
</tr>
</tbody>
</table>
**Event Title:** Lord of the Wings Festival

**Entity Name:** Active Endeavors Inc dba Tampa Bay Club Sport

**Event Date(s):**
- Day 1 of Event: 4/1/17
- Day 2 of Event: 4/1/17
- Day 3 of Event: 4/1/17

**Location:** Spa Beach Park

**Time Gates Open:**
- Day 1: 12 PM
- Day 2: 12 PM
- Day 3: 12 PM

**Ending Time:**
- Day 1: 5 PM
- Day 2: 5 PM
- Day 3: 5 PM

**Application Prepared by:** Ilan Elston

**Title:** Director of Marketing

**Address:** 10901 Roosevelt Blvd, Ste 100-D

**City:** St Pete

**State:** FL

**Zip:** 33716

**Email Address:** chris@tampabayclubsport.com

**Additional Contact Person:** Chris Giebner

**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.** TBD

**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 a unique festival experience to residents, while raising $ for charity.

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

Bring 3000+ people downtown with spending money. Parking at Spa Beach park and the parking garages will get more people DT for shopping at the various businesses in DT.

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

**How much?** $2000000

**Are there plans to sell or distribute beer/wine at your event?** Yes

**Will there be an admission / registration fee?** Yes

**Advanced Fee:** $10

**Day of:** $15

**Please provide the website address for your event.** TBD

**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 500, Participants 1500, Last Year’s Total Attendance NA
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [ ] yes [ ] no

# Bleacher(s) needed. Each bleacher approx. 180 people) [ ] 0

Tables (6 ft) # needed: [ ] TBD Chairs # needed: [ ] per tasco

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: Tracey Giebner Title: owner Date: 10/27/16

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 JOHN ARMBRUSTER, 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>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>
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<tr>
<td>VIP Area</td>
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<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>
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</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.

All of this will be TBD as we work through the needs of this first time event

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
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 or a local band

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.

Pier Aquarium (most likely...subject to change)
(727) 803-9799, Ext. 202 -or- info@thesecretsofthesea.org

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

NA

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

TBD
Other Comments: Please describe your fee structure.

$10 advanced pricing and $X/cost per wing. There will be VIP tickets sold for a TBD price.

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: Tracey Gebner  Title: President  Date: 10/27/16
Appendix A

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: TBD

Name of Responsible Party (President or CEO ONLY): TBD

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: lian@tampabayclubsport.com

For-profit (Employee Identification Number) 26-0016418

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

Page 7 of 8
<table>
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<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
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<td>4.</td>
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<td>7.</td>
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<td>TOTAL GROSS REVENUE</td>
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<td>3.</td>
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<td>4. Club Sport expense (staff/signage/shirts/trophies/cc fees/advertising)</td>
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<td>2. Charity</td>
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<tr>
<td>6.</td>
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<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
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Prepared by: Ian Elston  
Date: Oct 27, 2016
Detail by Entity Name
Florida Profit Corporation
ACTIVE ENDEAVORS, INC.

Filing Information
Document Number: FEI/EIN Number: Date Filed: State: Status:
P0200004011 26-0016418 01/11/2002 FL 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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<th>Filed Date</th>
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<td>2016</td>
<td>03/01/2016</td>
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<tr>
<td>2017</td>
<td>01/09/2017</td>
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**Document Images**

- [View image in PDF format](#) for 01/09/2017
- [View image in PDF format](#) for 03/01/2016
- [View image in PDF format](#) for 01/12/2015
- [View image in PDF format](#) for 01/21/2014
- [View image in PDF format](#) for 01/16/2013
- [View image in PDF format](#) for 02/14/2012
- [View image in PDF format](#) for 01/31/2011
- [View image in PDF format](#) for 04/06/2009
- [View image in PDF format](#) for 04/29/2008
- [View image in PDF format](#) for 08/09/2007
- [View image in PDF format](#) for 01/26/2005
- [View image in PDF format](#) for 04/12/2004
- [View image in PDF format](#) for 01/10/2003
- [View image in PDF format](#) for 01/11/2002
**Contract/Permit**

**Contract #**: 18806  
**Date**: 02 Nov 2016  
**User**: SCTegard  
**Status**: Firm

**TAMPA BAY CLUB SPORT**  
IAN ELSTON  
10901 ROOSEVELT BLVD  
ST PETERSBURG FL 33716 USA

---

**Purpose of Use**: Lord of the Wings Festival  
**Expected**: 0  
**Co-Sponsored Event**: No  
**Contract Balance**: $230.00

**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**:

<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>
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<td>Sat</td>
<td>01 Apr 17</td>
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<td>$230.00</td>
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</tr>
<tr>
<td></td>
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<td></td>
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<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>09:00 PM</td>
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</tbody>
</table>

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

**Charges**:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
</tr>
</tbody>
</table>

**Deposit**: $0.00  
**Total Applied**: $0.00  
**Contract Balance**: $230.00  
**Account Balance**: $24,601.35

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

<table>
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<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, Mar 31, 2017</td>
<td>$230.00</td>
</tr>
</tbody>
</table>

**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) IAN ELSTON  
(TPrint Name) TAMPA BAY CLUB SPORT  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name):  
Parks and Recreation Superintendent

(Pin Name):  
Parks and Recreation Department

Printed: 02 Nov 2016, 12:29 PM  
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.
Event Title: REVELATION
Entity Name: WEARECONCERTS / NOCURS
Event Date(s): AUG 24-27 OR AUG 31 SEASON VINOY PARK
Day 1 of Event: TBD
Day 2 of Event: TBD
Day 3 of Event: TBD
Application Prepared by: GABEANO EFUGI HTO
Title: PRESS
Address: 666 CENTRAL AVE
City: St Pete State: FL Zip: 33712
Email Address: noclubsresents@icloud.com
Additional Contact Person: Day Phone: 941 504 0283
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? WEARECONCERTS / NOCURS
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
As in previous years, attract many people from outside St. Pete that are willing to spend in indie businesses for tickets and food sales
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? 

Are there plans to sell or distribute beer/wine at your event? 

Will there be an admission / registration fee? 

Advanced Fee: 

How much? 

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? 

Advanced Fee: 

How much? 

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 

Participants 

Last Year's Total Attendance 

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

**Recreation Equipment**
- Showmobile (Yes/No)
- # Bleecher(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: [Signature]  
Title: [Title]  
Date: [Date]

Co-Sign:  
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.

<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>✓ Open Structures</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>✓ Pyrotechnics</td>
<td>Fire Inspection Permit</td>
</tr>
<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>
<td></td>
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<tr>
<td>✓ Amplified Sound</td>
<td></td>
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<tr>
<td>✓ Security</td>
<td></td>
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<tr>
<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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</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. □ 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.

Band equipment

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? [M. ALSDISH]

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: WE ARE CONCERTS / NO CLUBS
Phone: 941.504.8285
Address (including zip): 1666 Central Ave. St. Petersburg, FL 33701

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

Of a Reggae nature

List Vending Products. Name & Provider.

Food/Clothing/ Literature

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

Refuge Ministries

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

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

Artist trucks will be arriving 6:00 AM
Staging will be set up previous day.

Page 4 of 8
Other Comments: Please describe your fee structure.

Determined by the Artist.

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: Pres  
Date: 23 Nov 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:

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:

Nonprofit (Employee Identification Number):

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
<table>
<thead>
<tr>
<th>Name of Event:</th>
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<tbody>
<tr>
<td>Date(s) of Event:</td>
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### 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)

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**TOTAL ALLOCATION OF NET INCOME**

Prepared by: [Name]  
Date: [Date]
### Description

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<td>Applied To: 19091 - REBELUTION</td>
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Applied To: 19091 - REBELUTION
Vinoy Park - Vinoy Park
August 22, 2017  6:00 am to September 4, 2017  9:00 pm

Payment: Check

Balance: $0.00

Approved refunds are by check only.
Contract/Permit

Contract #: 19091  
Date: 16 Dec 2016

WE ARE CONCERTS LLC  
GAETANO RIFUGIATO  
665 CENTRAL AVE  
ST PETERSBURG FL 33701 USA

Primary #: (941) 504-0282
Secondary #: ()
Other #: ()

Purpose of Use: REBELUTION
Expected: 5,000
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: Tue 22 Aug 17 06:00 am
Ending: Mon 04 Sep 17 09:00 pm

Facility/Equipment | Day | Date     | Time    | Fee | Extra Fee | Tax | Total
--- | --- | --- | --- | --- | --- | --- | ---
Vinoy Park | Tue | 22 Aug 2017 | 06:00 AM | $0.00 | $300.00 | $0.00 | $300.00
Vinoy Park | 28 Aug 2017 | 09:00 PM | $0.00 | $0.00 | $0.00 | $0.00
Vinoy Park | Thu | 31 Aug 2017 | 06:00 AM | $0.00 | $0.00 | $0.00 | $0.00
Vinoy Park | 04 Sep 2017 | 09:00 PM | $0.00 | $0.00 | $0.00 | $0.00

Additional Fees:
- Extra Fee
- Co-Sponsored Application Fee

Extra Fee - Bookings
Co-Sponsored Park Permit Fee (Vinoy)

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Charges:
- Fees
- Extra Fees
- Tax

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<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
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Balance of rental due and payable immediately.

Payments:
- Date: 15 Dec 2016
- Amount: $330.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 2691382

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) GAEATANO RIFUGIATO

(City of St. Petersburg, Florida)

By:(Sign Name) Parks and Recreation Superintendent

(Park Name) Parks and Recreation Department

Printed: 16 Dec 2016, 08:53 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.
WE ARE CONCERTS LLC  
GAETANO RIFUGIATO  
666 CENTRAL AVE  
ST PETERSBURG FL 33701 USA

Purpose of Use: REBELUTION  Expected: 5,000  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: Tue 22 Aug 17 06:00 am  Ending: Mon 04 Sep 17 09:00 pm

Facility/Equipment | Day | Date | Time | Fee | Extra Fee | Tax | Total |
--- | --- | --- | --- | --- | --- | --- | --- |
Vinoy Park | Tue | 22 Aug 2017 | 06:00 AM | $0.00 | $300.00 | $0.00 | $300.00 |
Vinoy Park | 28 Aug 2017 | 09:00 PM | $0.00 | $0.00 | $0.00 | $0.00 |
Vinoy Park | Thu | 31 Aug 2017 | 06:00 AM | $0.00 | $0.00 | $0.00 | $0.00 |
Vinoy Park | 04 Sep 2017 | 09:00 PM | $0.00 | $0.00 | $0.00 | $0.00 |

Additional Fees:

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<td>Co-Sponsored Park Permit Fee (Vinoy)</td>
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Balance of rental due and payable immediately.

Payments:

Date: 16 Dec 2016  
Amount: $330.00  
Payment Type: Check  
Reference: Rental  
Receipt Number: 2691382

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): GAETANO RIFUGIATO  
(Print Name): WE ARE CONCERTS LLC

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name): Parks and Recreation Department

Printed: 10 Jan 2017, 09:20 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 Limited Liability Company
WE ARE CONCERTS LLC

**Filing Information**
- **Document Number**: L15000040605
- **FEI/EIN Number**: 46-3317510
- **Date Filed**: 03/05/2015
- **Effective Date**: 03/01/2015
- **State**: FL
- **Status**: ACTIVE

**Principal Address**
2856 10TH AVE. N.
ST. PETERSBURG, FL 33713

**Mailing Address**
PO BOX 269
ST. PETERSBURG, FL 33731

**Registered Agent Name & Address**
HUNDLEY, DAVID
2856 10TH AVE. N.
ST. PETERSBURG, FL 33713

**Authorized Person(s) Detail**

**Name & Address**
- **Title**: MGRM
  - HUNDLEY, DAVID A
    - 2856 10TH AVE. N.
    - ST. PETERSBURG, FL 33713

- **Title**: MGRM
  - CAMPILLO, LUCIEN
    - 4935 58TH AVE S
    - ST PETERSBURG, FL 33715

- **Title**: MGRM
  - Rifugiato, Gaetano
    - 2935 7th Avenue North
Annual Reports
Report Year      Filed Date
2016             03/10/2016

Document Images
03/10/2016 - ANNUAL REPORT
03/05/2015 - Florida Limited Liability
Detail by Entity Name

Florida Not For Profit Corporation
REFUGE MINISTRIES OF TAMPA BAY, INC.

Filing Information
Document Number N12000010413
FEI/EIN Number 47-2524520
Date Filed 11/02/2012
Effective Date 11/02/2012
State FL
Status ACTIVE

Principal Address
3680 49th Ave. north
Apt. 1
St. Petersburg, FL 33714

Changed: 06/04/2013

Mailing Address
3705 58th Ave. North
St. Petersburg, FL 33714

Changed: 04/29/2016

Registered Agent Name & Address
WRIGHT, BRUCE J
3680 49th Ave. north
Apt. 1
St. Petersburg, FL 33714

Address Changed: 06/04/2013

Officer/Director Detail

Name & Address

Title P

WRIGHT, BRUCE JREV
3680 49th Ave. north
Apt. 1
St. Petersburg, FL 33714

Title DIR
SHEPERD, DAVE
2431 10TH AVE. NORTH
ST. PETERSBURG, FL 33713

Title DIR

MCCUTCHEN, JOE REV
1543 HWY 138 SE, SUITE 336
CONYERS, GA 30013

Title DIR

DON, THOMPSON REV. DR
2215 SUNSET DRIVE
BRADENTON, FL 34207

Title DIR

SEGALL, DENNIS REV
4507 N. NEBRASKA AVE
TAMPA, FL 33603

Title Director/ Pastor

Wright, Barbara
3705 58th Ave. North
St. Petersburg, FL 33714

Annual Reports

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<tr>
<td>2016</td>
<td>04/29/2016</td>
</tr>
</tbody>
</table>

Document Images

04/29/2016 – ANNUAL REPORT View image in PDF format
04/22/2015 – ANNUAL REPORT View image in PDF format
04/30/2014 – ANNUAL REPORT View image in PDF format
06/04/2013 – ANNUAL REPORT View image in PDF format
11/02/2012 – Domestic Non-Profit View image in PDF format
Event Title: St Pete LGBTQ+ Pride Celebration

Entity Name: St. Pete Pride, Inc.

Event Date(s): June 24, 2017

Day 1 of Event: June 24
Time Gates Open: 4:00 PM
Ending Time: 11:00 PM

Day 2 of Event: June 25
Time Gates Open: 11:00 AM
Ending Time: 5:00 PM

Day 3 of Event: June 26

Application Prepared by: Eric Skains

Title: Executive Director

Address: PO Box 12647

City: St. Petersburg
State: FL
Zip: 33733

Email Address: eric.skains@stpetepride.com

Additional Contact Person: Scion Provenzano

Day Phone: 727-342-0084

What month/year were you incorporated as nonprofit? March, 2003

List all 501(c)3 entities that will benefit from this event. St. Pete Pride, Inc.

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.

The event strengthens St. Petersburg's image as a welcoming city to all its visitors and residents on an international level, drawing on guests from around the world. The event highlights the diverse city of St. Petersburg, Florida.

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

A 2016 independent economic survey found the economic impact of St Pete Pride is approximately $22.3-million, with 50% of attendees traveling from outside of Pinellas County staying an average of 2.6 nights.

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? 2,000,000

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

How much? 2,000,000

Will there be an admission / registration fee? ☐ YES ☒ NO

Advanced Fee: Day of:

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

Please provide a phone number that can be advertised to the public. 727-342-0084

What is the estimated attendance for this event? Spectators 50,000 Participants 500 Last Year's Total Attendance 50,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
<thead>
<tr>
<th>Showmobile (Yes/No)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td># Bleacher(s) needed, Each bleacher approx. 180 people</td>
<td>3</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Chairs # needed</td>
</tr>
<tr>
<td>Public Address System</td>
<td>Yes</td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>2</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>

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: [Signature] Title: EXECUTIVE DIRECTOR Date: 12/15/10

Co-Sign: [Signature] 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.

**Condition**

- [x] Public Invited
- [x] Located in Park
- [x] Vending Product / Merchandise Sales
- [x] Vending Food / Beverage
- [x] Vendors / Exhibitors
- [x] Vending Beer / Wine
- [x] Erecting Tents - Larger than 10ft x 12ft
- [x] Fence Installation
- [ ] Other Structures
- [ ] Open Flame Food Preparation
- [x] Pyrotechnics
- [x] Require Street Closure
- [x] VIP Area
- [x] Staging
- [x] Amplified Sound
- [x] Security
- [x] Sanitary Facilities - Port-O-Lets
- [x] Off-site Parking / Shuttle
- [x] Semitruck / Tractor Trailer

**Obligation**

- General Liability Insurance
- Park Permit
- Occupational License
- Health Inspection
- Alcohol Permit
- Additional insurance Required
- Temporary Structure Permit
- Temporary Structure Permit
- Temporary Structure Permit
- Fire Inspection Permit
- Fireworks Permit
- Parade or Street Closure Permit(s)

**Marketing:** Please check all that apply.

- [x] Invitations
- [x] Posters / Flyers
- [x] Newspaper / Internet
- [x] Radio
- [x] Television
- [x] 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.
n/a

If City permits, licenses, or services are required for event, who will pay for them?
Name: St. Pete Pride, Inc.
Address (including zip): PO Box 12647, St. Petersburg, FL 33733
Type of music, # of stages, and # of bands.
Band music, DJ. One to two stages, 5 bands and 2 DJs per stage.

List Vending Products. Name & Provider.
Various

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.
St. Pete Pride, Inc., PO Box 12647, St. Petersburg, FL 33733, 727-342-0084

Explain subject/purpose of all speeches/demonstrations which will occur.
Thank you speeches to attendees.

Discuss your load in/load out parking needs, include times and dates.
Exhibitors are asked to arrive within 4 hours of the gate open time, no later than one hours prior to the event. Exhibitor parking in North Shore Parking lot.
Other Comments: Please describe your fee structure.

$100 to $500 based on exhibitor type.

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: EXECUTIVE DIRECTOR  Date: 12/15/15
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>St. Pete Pride, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Eric Skains</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2227 Central Ave, St. Petersburg, FL 33713</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-342-0084</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:eric.skains@stpetepride.com">eric.skains@stpetepride.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>14-1876777</td>
</tr>
</tbody>
</table>

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

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

Page 7 of 8
St Pete Pride: Downtown

Legend:
- Clandestine Viewing Area
- Parking
- Hotels
- Tampa Bay
- Public Park
- Pride Festival
- Parade Route
- Central Trolley Route
St Pete Pride, Inc  
Profit and Loss  
January 1 - December 15, 2016

<table>
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<tr>
<th>Income</th>
<th>Total</th>
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<tbody>
<tr>
<td><strong>Pride Weekend</strong></td>
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<tr>
<td>Beverages</td>
<td>35,655.00</td>
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<tr>
<td><strong>Festival</strong></td>
<td></td>
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<tr>
<td>Registration Fees</td>
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<tr>
<td>Application Fee</td>
<td>2,195.00</td>
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<tr>
<td>Corporate</td>
<td>27,032.50</td>
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<td>Electric</td>
<td>3,150.00</td>
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<td>Food Vendor</td>
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<td>Hyperlink</td>
<td>420.00</td>
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<td>Non-Profit</td>
<td>9,760.00</td>
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<td>29,537.50</td>
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<td>Table/Chairs</td>
<td>2,280.00</td>
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<td>Tent Rental</td>
<td>4,800.00</td>
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<td>Total Registration Fees</td>
<td>$ 95,745.00</td>
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<td>Total Festival</td>
<td>$ 95,745.00</td>
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<td>Glamstands</td>
<td>17,877.92</td>
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<td><strong>Parade</strong></td>
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<td>Registration Fees</td>
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<td>Non-Profit</td>
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<td>Parade Sponsor's Fee</td>
<td>750.00</td>
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<td>4,735.00</td>
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<td>Total Registration Fees</td>
<td>$ 32,502.00</td>
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<tr>
<td>Total Parade</td>
<td>$ 32,502.00</td>
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<tr>
<td>SP2 Concert</td>
<td>1,440.00</td>
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<td><strong>Total Pride Weekend</strong></td>
<td>$ 183,219.92</td>
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<table>
<thead>
<tr>
<th>Expenses</th>
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<tbody>
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<td><strong>Pride Weekend</strong></td>
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<td>Advertising/Promotional</td>
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<tr>
<td>Beverages</td>
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<tr>
<td>Beverage Sales Tax</td>
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<tr>
<td>Product &amp; Services</td>
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<td><strong>Total Beverages</strong></td>
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<tr>
<td>Entertainment</td>
<td>19,770.20</td>
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<tr>
<td>Festival</td>
<td></td>
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<tr>
<td>Decorations</td>
<td>5,852.46</td>
</tr>
<tr>
<td>Category</td>
<td>Amount</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Labor</td>
<td>3,000.00</td>
</tr>
<tr>
<td>City fees and Permits</td>
<td>25,369.97</td>
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<tr>
<td>Rentals/Services</td>
<td>29,587.58</td>
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<tr>
<td><strong>Total Festival</strong></td>
<td><strong>$63,810.01</strong></td>
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<tr>
<td>Glamstands</td>
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</tr>
<tr>
<td>Hospitality</td>
<td>9,514.76</td>
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<tr>
<td>Infrastructure</td>
<td>4,019.00</td>
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<td><strong>Total Glamstands</strong></td>
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<td>Insurance</td>
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<tr>
<td>Parade</td>
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</tr>
<tr>
<td>Awards</td>
<td>506.46</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>105.89</td>
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<tr>
<td>City fees and Permits</td>
<td>25,309.97</td>
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<tr>
<td>Rentals/Services</td>
<td>18,533.32</td>
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<tr>
<td><strong>Total Parade</strong></td>
<td><strong>$44,455.64</strong></td>
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<tr>
<td>SP2 Concert</td>
<td>10,701.25</td>
</tr>
<tr>
<td><strong>Total Pride Weekend</strong></td>
<td><strong>$191,813.89</strong></td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td><em>(8,593.97)</em></td>
</tr>
</tbody>
</table>
**Purpose of Use:** ST PETE PRIDE PARADE AND FESTIVAL  
**Expected:** 0  
**Co-Sponsored Event:**  

<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>Albert Whitted Park</td>
<td>Wed</td>
<td>21 Jun 17</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>Park</td>
<td></td>
<td></td>
<td>06:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>Wed</td>
<td>21 Jun 17</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 (Vinoy):**  
    - Hours: 135:00  
    - Quantity: 2  
    - Charge: $600.00  
    - Tax: $0.00  
    - Total: $600.00  

**Charges:**  

- **Fees:** $0.00  
- **Extra Fees:** $630.00  
- **Tax:** $0.00  
- **Total:** $630.00

**Deposit:** $0.00  
**Total Applied:** $10.90  
**Contract Balance:** $619.10  
**Account Balance:** $619.10  
**Balance of rental due and payable immediately:**  

**Payments:**  

- **Date:** 06 Oct 2014  
- **Amount:** $10.90  
- **Payment Type:** Check  
- **Reference:** Rental  
- **Receipt Number:** 2219612

**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) ERIC SKAINS  
(Print Name) ST PETE PRIDE 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.
City of St. Petersburg

ST PETE PRIDE INC
CHRIS RUDISILL
PO BOX 12647
ST PETERSBURG, FL 33733 USA

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$819.10</td>
</tr>
</tbody>
</table>

Applied To: 19193 - ST PETE PRIDE PARADE AND FESTIVAL
Albert Whitted Park - Park
June 21, 2017  6:00 am to June 26, 2017  9:00 pm

Payment: Check

Balance

($830.00)

($10.90)
ST PETE PRIDE INC
ERIC SKAINS
PO BOX 12647
ST PETERSBURG FL 33733 USA

Purpose of Use: ST PETE PRIDE PARADE AND FESTIVAL
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: Yes
- Use of liquor: No

Date(s) and Time(s) of Use:
- Albert Whitted Park: Starting: Wed 21 Jun 17 06:00 am, Ending: Mon 26 Jun 17 09:00 pm
- North Straub Park: Starting: Wed 21 Jun 17 06:00 am, Ending: Mon 26 Jun 17 09:00 pm
- Vinoy Park: Starting: Wed 21 Jun 17 06:00 am, Ending: Mon 26 Jun 17 09:00 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>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Whitted Park</td>
<td>Wed</td>
<td>21 Jun 17</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></td>
<td></td>
<td>26 Jun 17</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Straub Park</td>
<td>Wed</td>
<td>21 Jun 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></td>
<td></td>
<td>26 Jun 17</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>Wed</td>
<td>21 Jun 17</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26 Jun 17</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 1, Charge: $200.00, Tax: $0.00, Total: $200.00
  - Co-Sponsored Park Permit Fee (Vinoy): Hours: 135:00, Quantity: 2, Charge: $600.00, Tax: $0.00, Total: $600.00
  - Total: 3, Charge: $800.00, Tax: $0.00, Total: $800.00

Charges:
- Fees: $0.00
- Extra Fees: $830.00
- Tax: $0.00
- Total: $830.00
- Deposit: $0.00
- Total Applied: $830.00
- Contract Balance: $0.00
- Account Balance: ($10.90)

Balance of rental due and payable immediately.

Payments:
- Date: 06 Oct 2014, Amount: $10.90, Payment Type: Check
- Date: 10 Jan 2017, Amount: $819.10, Payment Type: Check

Reference: Rental
Receipt Number: 2219612, 2705321

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) ERIC SKAINS

ST PETE PRIDE 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

☐ 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.
Rental #: 19193
ST PETE PRIDE INC
PO BOX 12647
ST PETERSBURG FL 33733 USA
ST PETE PRIDE PARADE AND FESTIVAL

Amendment Reason: Added

i) Purpose of Use:
Function: Not Changed

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:

v) Payment Method:
Damage Deposit: N/C  Payable By: N/C
Initial Due: N/C  Initial Pay: N/C
Prior Contract Total: $630.00  Contract Total: N/C
Statementing: N/C

Date  Amount
10 Jan 2017  $619.10

ERIC SKAINS
Supervisor / Foreman
Manager
Superintendent

Date

Date

Date

Date
Rental #: 19193
ST PETE PRIDE INC
PO BOX 12647
ST PETERSBURG FL 33733 USA
ST PETE PRIDE PARADE AND FESTIVAL

Amendment Reason: added

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

ii) Conditions of Use:
   - Insurance Required

iii) Dates and Time of Use:
   - # of Bookings: 3
   - Starting: N/C
   - Ending: N/C
   - Expected: N/C
   - Mode
   - Facility / Equipment
   - Day
   - Start Date
   - Start Time
   - End Date
   - End Time
   - Function
   - Charge
   - Added
   - North Straub Park - Park
   - Wed
   - 21 Jun 2017 06:00 AM
   - 26 Jun 2017 09:00 PM
   - Co-Sponsored Eve
   - $200.00

iv) Additional Fees:
- Damage Deposit: N/C
- Adjustment: N/C
- Initial Due: N/C
- Prior Contract Total: $630.00
- Statementing: N/C
- Payable By: N/C
- Adj: N/C
- Initial Pay: N/C
- Contract Total: $830.00

v) Payment Method:

- Supervisor II / Foreman
  - □ Approved or □ Rejected
  - Date

- Manager
  - □ Approved or □ Rejected
  - Date

- Superintendent
  - □ Approved or □ Rejected
  - Date
Florida Not For Profit Corporation
ST. PETE PRIDE, INC.

Filing Information
Document Number: N03000002767
FEI/EIN Number: 14-1876777
Date Filed: 03/26/2003
State: FL
Status: ACTIVE

Principal Address
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Changed: 03/28/2016

Mailing Address
PO BOX 12647
ST. PETERSBURG, FL 33733

Changed: 02/12/2009

Registered Agent Name & Address
Skains, Eric
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Name Changed: 05/14/2013

Address Changed: 03/28/2016

Officer/Director Detail
Name & Address

Title P
SCION, PROVENZANO
PO BOX 12647
ST. PETERSBURG, FL 33733

Title S
MARK, O'HARA
PO BOX 12647
ST. PETERSBURG, FL 33733

Title T
SOLOMONS, STANLEY P
PO BOX 12647
ST. PETERSBURG, FL 33733

Title ED
SKAINS, ERIC
PO BOX 12647
ST. PETERSBURG, FL 33733

Title VP
LAURA, LEGRETTA
PO BOX 12647
ST. PETERSBURG, FL 33733

Title Director
Grimins, Jeremy
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Title Director
Painter, Donald
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Title Director
Aller, Jonathan
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Title Director
McGrath, Susan
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Annual Reports
Report Year Filed Date
2015 02/23/2015
2016 03/28/2016
2016 06/22/2016
Event Title: Family Arts Festival for St. Petersburg Festival - SPF 17

Entity Name: St. Petersburg Arts Alliance

Event Date(s): 9/23 - 9/24

Day 1 of Event: 9/23
Time Gates Open: 9 am
Ending Time: 10 pm

Day 2 of Event: 9/24 raindate
Time Gates Open: 9 am
Ending Time: 6 pm

Day 3 of Event: 
Time Gates Open: 
Ending Time: 

Application Prepared by: John Collins

Title: Executive Director

Address: 1100 2nd Ave, #150
City: St. Petersburg
State: FL
Zip: 33701

Email Address: john@stpeteartsalliance.org

Additional Contact Person: Allen Loyd
Day Phone: 727.599.7624

What month/year were you incorporated as nonprofit? 10/2012

List all 501(c)3 entities that will benefit from this event. St. Pete Arts Alliance, Suncoasters

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.

This event will be a family friendly event to include a ChalkArt Festival and other free events on South Straub Park

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

Families will come to the park. Estimate 2,000 people over one day. Sunday is a raindate. It will also run in conjunction with Arts Alive, free museum day on Saturday and draw from the Saturday Morning Market

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: www.stpeteartsalliance.org

Please provide a phone number that can be advertised to the public: 727.581.5143

What is the estimated attendance for this event? Spectators [1,000] Participants [25] Last Year's Total Attendance [1,000]
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) □

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

Non-City Locations
□

Which Location?
□

# 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: [Signature] Title: Executive Director Date: 12/27/16
Co-Sign: [Signature] Title: [Signature] Date: [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></td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Rabbit 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>
<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
- 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 110/20 amp 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?

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 Arts Alliance Inc Phone: 717.518.5142
Address (including zip): 100 2nd Ave. N #150, St. Petersburg, FL

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.

no anticipated needs. Chalk Artists will park in public lots. We may need three metered spaces for load in.
Other Comments: Please describe your fee structure.

n/a

Other comments:

We will keep you informed as planning develops with the Suncoasters for the Festival

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: Executive Director Date: 2/10/16
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>St. Petersburg Arts Alliance Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>John Collins</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>100 2nd Ave N, #150</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727.518.5142</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:john@stpeteartsalliance.org">john@stpeteartsalliance.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>46-1335413</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit 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: Family Arts Festival

### Date(s) of Event: 9/26/15 - 9/27/15

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self Funded from the Arts Alliance if not sponsored</td>
<td>$5,000</td>
</tr>
<tr>
<td>2.</td>
<td></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></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. Chalk artists</td>
<td>2,000</td>
</tr>
<tr>
<td>2. park and rec app fee and park rental</td>
<td>430</td>
</tr>
<tr>
<td>3. promotion</td>
<td>600</td>
</tr>
<tr>
<td>4. supplies</td>
<td>70</td>
</tr>
<tr>
<td>5. Other Arts presenters (drum circle, magician)</td>
<td>1,500</td>
</tr>
<tr>
<td>6. Addition park &amp; rec charges</td>
<td>200</td>
</tr>
<tr>
<td>7. port-a-john &amp; washstation</td>
<td>125</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>4,825</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td></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. Back to Arts Alliance for inhouse expenses: bookkeeping, ins., etc.</td>
<td>175.00</td>
</tr>
<tr>
<td>2.</td>
<td></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></td>
</tr>
</tbody>
</table>

Prepared by: John Collins  
Date: 12/27/16
Event Name: Family Arts Festival

Event Location: South Straub Park

Event Representative: John Collins

Address: St. Petersburg Arts Alliance, 100 2nd Ave N. St. Petersburg, FL 33701

Phone: 727.518.5142 Fax: n/a E-Mail: john@artsalliance.org

Event Date(s): 9/23 & 9/24/2017

1. **Parking:**
   a. If you expect that participants will be parking in city-owned parking facilities for your event, have you contacted the parking manager in the Department of Transportation and Parking to discuss your needs?
      - Yes. _______ No. _______ N/A _______ x
   b. If you are using private property for additional parking, you will need to follow the guidelines below:
      **The number of accessible parking spaces per lot or parking facility shall comply with the table below:**

<table>
<thead>
<tr>
<th>Total Spaces in Parking Lot</th>
<th>Accessible Spaces Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 25</td>
<td>1</td>
</tr>
<tr>
<td>26 to 50</td>
<td>2</td>
</tr>
<tr>
<td>51 to 75</td>
<td>3</td>
</tr>
<tr>
<td>76 to 100</td>
<td>4</td>
</tr>
<tr>
<td>101 to 150</td>
<td>5</td>
</tr>
<tr>
<td>150 to 200</td>
<td>6</td>
</tr>
<tr>
<td>201 to 300</td>
<td>7</td>
</tr>
<tr>
<td>301 to 400</td>
<td>8</td>
</tr>
<tr>
<td>401 to 500</td>
<td>9</td>
</tr>
<tr>
<td>501 to 1000</td>
<td>2% of total</td>
</tr>
<tr>
<td>1001 and Over</td>
<td>20 Plus 1 for Each 100 Over 1000</td>
</tr>
</tbody>
</table>

**Please note that there are also specific size requirements and signage requirements for parking spaces that can be found in Ch. 553.5041 of the Florida Statutes or Chapter 11 of the Florida Building Code.**

   c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statutes or the Florida Building Code?
      - Yes. _______ No. _______ N/A _______ x
2. **Portable Toilet Units:**
   **For single user portable toilet or bathing units clustered at a single location, at least five percent (5%) but no less than one accessible toilet unit shall be installed in each grouping and they should be placed on an accessible route. If only one is provided in a location, it should be accessible.**
   a. Total Number of Portable Units: ________________________________
   b. Total Number of Accessible Portable Units: __________________
   c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?
      Yes [ ] No [ ] N/A [ ]

3. **Accessible Routes:**
   a. Do you plan to have any entrance or exit areas to the event, or is the event open to the public with no restricted access?
      Open: [ ] Restricted/Ticketed: [ ]
   b. If restricted, are your entrances and exits (means of egress, including emergency exits) at least 44 inches wide and free from barriers to provide an accessible route? In addition, the “gate” or entry “door” must provide a minimum of a 32” clear opening.
      Yes [ ] No [ ]
      * If any of your entrances and/or exits do not have the 32-inch minimum clearance, please document the reasons for the restriction and whether you have alternative entrances and exits that are marked with signs.
   c. If you have a passenger loading/unloading zone, is it accessible?
      Yes [ ] No [ ] N/A [ ]
   d. Is the route of travel through the event stable, firm, free from obstructions, slip resistant and at least 36 inches wide?
      Yes [ ] No [ ]
      *If you are using ancillary ramps to provide access, please document that below (all ramps shall be at a ratio of no more than 1:12’ - 1 inch incline to each foot in length):
      Check Here: __________________
      * City of St. Petersburg Parks and Recreation Department have for your use the following for an additional fee to install by city staff: Mobi-Mats – They are used to create an equal access pathway for all recreational users if needed.

4. **Vendors and Activities:**
   **The tops of accessible tables and counters should be between 28 – 34 inches above the finished floor or ground and should be on an accessible route.**
   a. Are all of the vendors and planned activities accessible to persons with disabilities?
      Yes [ ] No [ ]
      *If no, please provide a necessary reason why they are not all located on an accessible pathway or do not have displays that conform to guidelines.
b. Will your food and other counters/vendors have accessible displays?
   Yes ☑ No ☐ N/A ☐

c. Is there any seating available for dining?
   Yes ☐ No ☑

d. If yes, is at least 5% of the seating accessible? (For example, has space available for a wheelchair; table has at least 27 inches of knee clearance.)
   Yes ☐ No ☑

e. Do you plan to have any seating available for viewing concerts or other performances?
   Yes ☐ No ☑ N/A ☒

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?
   Yes ☐ No ☐

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?
   Yes ☐ No ☐ N/A ☒

*If yes, please provide details about those below:

h. (Please initial here.) Yes, I am prepared and willing to grant all reasonable requests for accommodations for this event.

   ** All reasonable requests for accommodations must be granted pursuant to applicable laws, unless a request would result in a fundamental alteration in the nature of services or activities, or would result in undue financial and administrative burdens. Prior to denying any request for accommodation, you must contact the Community Affairs Division for a review of compliance with applicable laws.

5. Signage and Marketing:
   ** Appropriately sized signs with the international symbol of accessibility illustrated below help people identify facilities that are accessible at your event. Directional signs should be provided in highly contrasting colors, such as white on black or black on white. The characters on the signs should be at least between 5/8 and 2 inches in length, and the signs should be highly visible and not blocking accessible routes of travel.

a. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?
   Yes ☐ No ☐ N/A ☐

*Please add the following language or similar language to event marketing materials, including your Web site.
This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services pursuant to disability laws, please contact the event planner at (EVENT PHONE NUMBER) or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY"
b. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

Yes [ ] No [ ] N/A [ ]

c. (Please initial here.) Printed and/or Web event announcements created by the organization/event I represent will include accessibility language similar to that noted above.

Please list a contact name and phone number for someone who will be present during the event and can respond to requests related to accessibility issues:

Contact Name: John Collins Phone: 727-551-5142

Email Address: johno@floridrsalliance.org Fax: ———

Thank you for completing this form. Please return it to the Community Affairs Division with your event accessibility layout diagram/map for signature no later than 15 days prior to your event.

Please note that compliance with this checklist/application may not ensure compliance with all of the applicable laws, regulations, ordinances or codes addressing accessibility. These guidelines are provided to enhance accessibility and usability for citizens with disabilities. For more information about accessibility guidelines, please refer to Chapter 553 of the Florida Statutes, Chapter 11 of the Florida Building Code or contact us at 727-893-7345. We look forward to working with you on this event!

I certify that the answers above are true to the best of my knowledge and intentions:

[Signature, Event Representative] [Date: 12/07/11]

[Print Name, Event Representative]

This event has been approved by the Community Affairs Division:

[ADA Coordinator] [Date]

**PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:**

City of St. Petersburg
Community Affairs Division
P.O. Box 2842, St. Petersburg, FL 33731-2842
Phone: 727-893-7345 Fax: 727-551-3247
E-Mail: Lendel.Bright@stpete.org

Additional copies of this form can be found on our Web site at www.stpete.org/cafoms.htm
South Straub Park

Central Ave.

Yacht Club

South Straub Park

Beach Dr. NE.

Service # 1 200 amp 1 phase 120/208
Service # 2 200 amp 1 phase 120/208
Service # 3 200 amp 3 phase 120/208
E 50 amp ground boxes
W Hose Bib (potable water)
P Pole Lights
WF Water Fountain
Park Length 449 ft.
Park Width 265 ft.

Revised: August 17, 2007
Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG ARTS ALLIANCE, INC.

Filing Information

Document Number: N12000009944
FEI/EIN Number: 46-1335413
Date Filed: 10/18/2012
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 08/12/2014

Principal Address

100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Mailing Address

100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Changed: 08/12/2014

Registered Agent Name & Address

COLLINS, JOHN
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Address Changed: 08/12/2014

Officer/Director Detail

Name & Address

Title O

PAPICH, JOSEPH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title O
KELLEY, DEBORAH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title 0

LETIZIO, LISA
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title 0

WOOD, RICHARD
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title Director

Ransdall, Sandra
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

McClellan, Duncan
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

Boss, Kristy
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

Rolston, Jim
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

Schrader, Stacia
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Annual Reports
Event Title: Battle at the Bay
Entity Name: One More Rep Sports Performance & Weight Loss
Event Date(s): 9-2-17
Day 1 of Event: 9-2-17
Day 2 of Event:
Day 3 of Event:
Application Prepared by: Mark Oliver
Title: Mark Oliver
Address: 2862 Broadway Center
Email Address: OneMoreRepTampa@gmail.com
Additional Contact Person:
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.
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? Y/N
Are there plans to sell or distribute beer/wine at your event? Y/N
Will there be an admission / registration fee? Y/N
Advanced Fee: Day of:
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 Participants Last Year's Total Attendance

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: [ ]

Co-Sign: [ ]

Date: [ ]

Title: [ ]

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>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></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>✔ Professional</td>
<td></td>
</tr>
<tr>
<td>✔ Performers</td>
<td></td>
</tr>
<tr>
<td>✔ Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>✔ Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>✔ Regular Units</td>
<td></td>
</tr>
<tr>
<td>✔ Disabled Units</td>
<td></td>
</tr>
<tr>
<td>✔ Hand Washing</td>
<td></td>
</tr>
<tr>
<td>✔ Other</td>
<td></td>
</tr>
<tr>
<td>✔ Announcement Only</td>
<td></td>
</tr>
<tr>
<td>✔ Event Time Frame - SPPD</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.

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: [Mark Oliver] Phone: [972-831-2820]
Address (including zip): [6201 72nd Way Nantucket FL 33709]

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.

None

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

Opening Ceremony and a description of each workout.

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

everyone will use public parking;
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: Mark Oliver  
Title:  
Date: 12-9-17
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.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>K.O.G.I.C Kingdom of God International Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Darryl Reeves</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Darryl Reeves</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>120, Box 7015 Brandon, FL 33510</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-481-8861</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>45-2763205</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>One More Rep Sports Performance &amp; Weight Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Mark Oliver</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>WNM</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2852 Broadway Center Blvd Brandon FL 33510</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-881-2829</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Onemorerepsports@gmail.com">Onemorerepsports@gmail.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>47-2858485</td>
</tr>
</tbody>
</table>

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)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration of Participants</td>
<td>$2400 Total est.</td>
</tr>
<tr>
<td>Vendors</td>
<td>$100 - 200</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>Equipment</td>
<td>$1500</td>
</tr>
<tr>
<td>T Shirts</td>
<td>$1500</td>
</tr>
<tr>
<td>Website Setup</td>
<td>$1500</td>
</tr>
<tr>
<td>Misc</td>
<td>$500</td>
</tr>
<tr>
<td>Insurance</td>
<td>$1000</td>
</tr>
<tr>
<td>Permits</td>
<td></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>
<td>Yet</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: ___________________________  Date: ________________

Submit Application by Email
Event Name: **Battle at the Bay**  
Event Location: **Vinoy Park**  
Event Date(s): **9/30/7**  

Event Representative: **Mary Oliver**  
Address: **2520 72nd Way North St Petersburg FL 33709**  
Phone: **727-843-2829**  
Fax: **E-Mail: mco831@comcast.net**  
Event Website: **www.**  

---

1. **Parking:**  
   a. If you expect that participants will be parking in city-owned parking facilities for your event, have you contacted the parking manager in the Department of Transportation and Parking to discuss your needs?  
   - Yes.  
   - No.  
   - N/A  

   b. If you are using private property for additional parking, you will need to follow the guidelines below:  
   **The number of accessible parking spaces per lot or parking facility shall comply with the table below:**

<table>
<thead>
<tr>
<th>Total Spaces in Parking Lot</th>
<th>Accessible Spaces Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 25</td>
<td>1</td>
</tr>
<tr>
<td>26 to 50</td>
<td>2</td>
</tr>
<tr>
<td>51 to 75</td>
<td>3</td>
</tr>
<tr>
<td>76 to 100</td>
<td>4</td>
</tr>
<tr>
<td>101 to 150</td>
<td>5</td>
</tr>
<tr>
<td>150 to 200</td>
<td>6</td>
</tr>
<tr>
<td>201 to 300</td>
<td>7</td>
</tr>
<tr>
<td>301 to 400</td>
<td>8</td>
</tr>
<tr>
<td>401 to 500</td>
<td>9</td>
</tr>
<tr>
<td>501 to 1000</td>
<td>2% of total</td>
</tr>
<tr>
<td>1001 and Over</td>
<td>20 Plus 1 for Each 100 Over 1000</td>
</tr>
</tbody>
</table>

   **Please note that there are also specific size requirements and signage requirements for parking spaces that can be found in Ch. 553.5041 of the Florida Statutes or Chapter 11 of the Florida Building Code.**

c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statutes or the Florida Building Code?  
   - Yes.  
   - No.  
   - N/A
2. **Portable Toilet Units:**
   **For single user portable toilet or bathing units clustered at a single location, at least five percent (5%) but no less than one accessible toilet unit shall be installed in each grouping and they should be placed on an accessible route. If only one is provided in a location, it should be accessible.**
   
   a. Total Number of Portable Units: \( \boxed{4-5} \)
   
   b. Total Number of Accessible Portable Units: \( \boxed{1-5} \)
   
   c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?
      
      Yes \( \checkmark \)  No  N/A

3. **Accessible Routes:**
   
   a. Do you plan to have any entrance or exit areas to the event, or is the event open to the public with no restricted access?
      
      Open: \( \checkmark \)  Restricted/Ticketed: ________
   
   b. If restricted, are your entrances and exits (means of egress, including emergency exits) at least 44 inches wide and free from barriers to provide an accessible route? In addition, the "gate" or entry "door" must provide a minimum of a 32" clear opening.
      
      Yes \( \checkmark \) No ________
      
      * If any of your entrances and/or exits do not have the 32-inch minimum clearance, please document the reasons for the restriction and whether you have alternative entrances and exits that are marked with signs.

   c. If you have a passenger loading/unloading zone, is it accessible?
      
      Yes \( \checkmark \) No  N/A
   
   d. Is the route of travel through the event stable, firm, free from obstructions, slip resistant and at least 36 inches wide?
      
      Yes \( \checkmark \) No ________
   
   *If you are using ancillary ramps to provide access, please document that below (all ramps shall be at a ratio of no more than 1:12 - 1 inch incline to each foot in length):
      
      Check Here: ________

   * City of St. Petersburg Parks and Recreation Department have for your use the following for an additional fee to install by city staff: **Mobi-Mats** - They are used to create an equal access pathway for all recreational users if needed.

4. **Vendors and Activities:**
   
   **The tops of accessible tables and counters should be between 26 - 34 inches above the finished floor or ground and should be on an accessible route.**
   
   a. Are all of the vendors and planned activities accessible to persons with disabilities?
      
      Yes \( \checkmark \)  No ________
   
   *If no, please provide a necessary reason why they are not all located on an accessible pathway or do not have displays that conform to guidelines.
b. Will your food and other counters/vendors have accessible displays?

Yes [ ] No [ ] N/A [ ]

c. Is there any seating available for dining?

Yes [ ] No [ ]

d. If yes, is at least 5% of the seating accessible? (For example, has space available for a wheelchair; table has at least 27 inches of knee clearance.)

Yes [ ] No [ ]

e. Do you plan to have any seating available for viewing concerts or other performances?

Yes [ ] No [ ] N/A [ ]

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?

Yes [ ] No [ ]

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?

Yes [ ] No [ ] N/A [ ]

*If yes, please provide details about those below:

________________________________________

________________________________________

h. Please initial here. Yes, I am prepared and willing to grant all reasonable requests for accommodations for this event.

** All reasonable requests for accommodations must be granted pursuant to applicable laws, unless a request would result in a fundamental alteration in the nature of services or activities, or would result in undue financial and administrative burdens. Prior to denying any request for accommodation, you must contact the Community Affairs Division for a review of compliance with applicable laws.

5. Signage and Marketing:

** Appropriately sized signs with the international symbol of accessibility illustrated below help people identify facilities that are accessible at your event. Directional signs should be provided in highly contrasting colors, such as white on black or black on white. The characters on the signs should be at least between 5/8 and 2 inches in length, and the signs should be highly visible and not blocking accessible routes of travel.

a. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

Yes [ ] No [ ] N/A [ ]

*Please add the following language or similar language to event marketing materials, including your Web site.

"This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services pursuant to disability laws, please contact the event planner at (EVENT PHONE NUMBER) or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY"
b. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?  
Yes _____  No ________  N/A _________

c. (Please initial here.) Printed and/or Web event announcements created by the organization/event I represent will include accessibility language similar to that noted above.

Please list a contact name and phone number for someone who will be present during the event and can respond to requests related to accessibility issues:

Contact Name:  Mark Oliver  
Phone: 727-831-2829  
Email Address: onemoreparttime@gmail.com  
Fax: __________________________

Thank you for completing this form. Please return it to the Community Affairs Division with your event accessibility layout diagram/map for signature no later than 15 days prior to your event.

Please note that compliance with this checklist/application may not ensure compliance with all of the applicable laws, regulations, ordinances or codes addressing accessibility. These guidelines are provided to enhance accessibility and usability for citizens with disabilities. For more information about accessibility guidelines, please refer to Chapter 553 of the Florida Statutes, Chapter 11 of the Florida Building Code or contact us at 727-893-7345. We look forward to working with you on this event!

I certify that the answers above are true to the best of my knowledge and intentions:

______________________________
Signature, Event Representative  
9-2-17  
Date:

______________________________  
Print Name, Event Representative

This event has been approved by the Community Affairs Division:

______________________________  
ADA Coordinator  
Date

PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:

City of St. Petersburg  
Community Affairs Division  
P.O. Box 2842, St. Petersburg, FL 33731-2842  
Phone: 727-893-7345  Fax: 727-551-3247  
E-Mail: Lendel.Bright@stpete.org

Additional copies of this form can be found on our Web site at www.stpete.org/caforms.htm
**Detail by Entity Name**

Florida Limited Liability Company
ONE MORE REP SPORTS PERFORMANCE AND WEIGHT LOSS LLC

**Filing Information**

- **Document Number**: L14000182417
- **FEI/EIN Number**: 47-2858965
- **Date Filed**: 11/25/2014
- **Effective Date**: 01/01/2015
- **State**: FL
- **Status**: ACTIVE

**Principal Address**

2852 BROADWAY CENTER BLVD
BRANDON, FL 33510

Changed: 01/29/2015

**Mailing Address**

2852 broadway center blvd
brandon, FL 33510

Changed: 03/25/2016

**Registered Agent Name & Address**

OLIVER, MARK S
2852 BROADWAY CENTER BLVD
BRANDON, FL 33510

Address Changed: 03/25/2016

**Authorized Person(s) Detail**

**Title Owner**

OLIVER, MARK S, Jr.
2852 BROADWAY CENTER BLVD
BRANDON, FL 33510

**Annual Reports**

- **Report Year**: 2016
- **Filed Date**: 03/25/2016

**Document Images**

- **03/25/2016 – ANNUAL REPORT**  View image in PDF format
- **11/25/2014 – Florida Limited Liability**  View image in PDF format
ONE MORE REP TAMPA
MARK OLIVER
2852 BROADWAY CENTER BLVD
BRANDON FL 33510 USA

Purpose of Use: BATTLE OF THE BAY
Expected: 300
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: Fri 01 Sep 17 06:00 am
Ending: Sat 02 Sep 17 09:00 pm

Facility/Equipment | Day | Date   | Time   | Fee  | Extra Fee | Tax  | Total
--- | --- | --- | --- | --- | --- | --- | ---
Albert Whitted Park | Fri | 01 Sep 2017 | 06:00 AM | $0.00 | $0.00 | $0.00 | $0.00
Park | | 02 Sep 2017 | 09:00 PM | $0.00 | $300.00 | $0.00 | $300.00
Vinoy Park | Fri | 01 Sep 2017 | 06:00 AM | $0.00 | $300.00 | $0.00 | $300.00
Vinoy Park | | 02 Sep 2017 | 09:00 PM | $0.00 | $300.00 | $0.00 | $300.00

Extra Fee
- Co-Sponsored Application Fee
  Quantity | Charge | Tax | Total
  1 | $30.00 | $0.00 | $30.00

Extra Fee - Bookings
- Co-Sponsored Park Permit Fee (Vinoy)
  Hours | Quantity | Charge | Tax | Total
  39:00 | 1 | $300.00 | $0.00 | $300.00
  1 | $300.00 | $0.00 | $300.00

Charges:
- Fees: $0.00
- Extra Fees: $330.00
- Tax: $0.00
- Total: $330.00

Deposit: $0.00
Total Applied: $0.00
Contract Balance: $330.00
Account Balance: $330.00

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):
(Print Name) MARK OLIVER
ONE MORE REP TAMPA
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

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

Printed: 10 Jan 2017, 09:56 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:** Girls on the Run 5k  
**Phone No.:** (813) 832-2826  
**Fax No.:** (813) 974-5172

**Entity Name:** University of South Florida - Girls on the Run Program  
**Federal I.D. Number:** 59-3102112

**Event Date(s):** 5/6/17  
**Location:** University of South Florida St. Petersburg

**Day 1 of Event:**  
**Time Gates Open:** 7:00 AM  
**Ending Time:** 11:00 AM

**Day 2 of Event:**  
**Time Gates Open:**  
**Ending Time:**

**Day 3 of Event:**  
**Time Gates Open:**  
**Ending Time:**

**Application Prepared by:** Laura Moore  
**Phone:** (813) 832-2826

**Title:** Girls on the Run Council Director  
**Cell Phone:** (314) 359-9392

**Address:** 13201 Bruce B Downs, MDC 56  
**City:** Tampa  
**State:** FL  
**Zip:** 33612

**Email Address:** laura.moore@girlsontherun.org

**Additional Contact Person:** Stephanie Krebs, GOTR Advisory Board Chair  
**Day Phone:** (813) 253-6204

**What month/year were you incorporated as nonprofit?** 1956

**List all 501(c)3 entities that will benefit from this event.** University of South Florida (Girls on the Run Program)

**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.**

The Girls on the Run 5k will enhance the image of St. Petersburg by aligning it with an internationally recognized and celebrated organization. Our Girls on the Run (GOTR) Council is the local affiliate of GOTR International, which is made up of 225+ Council that have served over 1 million girls since 1996 (including 1,900 locally). In 2015, GOTR Councils hosted more than 350 5k events across the US, making the GOTR 5k series the largest in the country. GOTR has been featured in national news publications such as Runner’s World, Women’s Day, Parenting, NBC, NPR, ESPN and FOX Sports. Our local Council has been featured in the Tampa Bay Times, Tampa Tribune, Fox Sports SUN, ABC and local papers. Our 5k will contribute to the quality of life in St. Pete by introducing more families to our program.

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

All funds raised from the 5k go into our Scholarship Program, so that all girls have the opportunity to be a Girl on the Run. In our 2016 Fall Season, over 40% of our 466 girls received financial aid. For our 2017 Spring Season, we anticipate serving 500+ girls with over 40% receiving financial aid. By providing scholarships, we remove the financial burden from participants, roughly half of which live in Pinellas County. In addition, hosting our 5k in St. Pete will bring participants from Hillsborough, Pasco, Pinellas and Sarasota Counties into the city, where they can visit restaurants (post-race brunch!), shopping (stores only in St. Pete), and activities (such as the beach). Our families really embraced St. Pete and several stayed in St. Pete hotels the night before!

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?** $300,000 per occurrence

**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:** $25  
**Day of:** $25

**Please provide the website address for your event.** www.gotrampa.org

**Please provide a phone number that can be advertised to the public.** (813) 832-2826

**What is the estimated attendance for this event?**

- **Spectators:** 300
- **Participants:** 1100
- **Last Year’s Total Attendance:** 1500
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

**Condition**

- [x] Public Invited
- [x] Located in Park
- [x] Vending Product / Merchandise Sales
- [x] Vending Food / Beverage
- [x] Vendors / Exhibitors
- [x] Vending Beer / Wine
- [ ] Erecting Tents - Larger than 10ft x 12ft
- [ ] Fence Installation
- [ ] Other Structures
- [ ] Open Flame Food Preparation
- [ ] Pyrotechnics
- [x] Require Street Closure
- [ ] VIP Area
- [x] Staging
- [x] Amplified Sound
- [ ] Security
- [x] Sanitary Facilities - Port-O-Lets
- [x] 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
- Fireworks Permit
- Parade or Street Closure Permit(s)

Marketing: Please check all that apply.

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

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Other Comments: Please describe your fee structure.

The GOTR 5k registration fee is $25, which includes entry, medal, shirt, and swag bag. We offer a $5 discount code to guardians/parents of girls currently enrolled in the GOTR program. Codes are not accepted on race morning.

Other comments:

The Girls on the Run 5k is a celebratory, non-competitive event and the culminating experience of our 10-week after school program. Crossing the finish line is a defining moment when girls realize that even the seemingly impossible IS possible.

Our Council has hosted seven 5k's at HCC Dale Mabry and just hosted our 8th at Poynter Park in St. Petersburg on 12/10/16. We are just beyond thrilled with the venue and our experience working with the City of St. Pete. As we host two 5k's per year, we had initially planned on hosting our Fall 5k in St. Pete and our Spring 5k in Tampa. However, our experience with St. Pete exceeded our highest expectations, and our participants LOVED the venue! Ultimately, we want to be a Disney-caliber race here in Tampa, giving our girls the most amazing day to make their dreams come true. We believe that having the city of St. Petersburg as our co-sponsor and permanent venue would be a major step towards this goal.

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: Laura Moore  Title: GOTR Council Director  Date: 12/12/16
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>University of South Florida (Girls on the Run Program)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Laura Moore</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>GOTR Council Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>13201 Bruce B Downs, MDC 56, Tampa, FL 33612</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>(813) 832-2826</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:laura.moore@girlsontherun.org">laura.moore@girlsontherun.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-3102112</td>
</tr>
</tbody>
</table>

<table>
<thead>
<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>
<td>N/A</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
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</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>N/A</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td>N/A</td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit
Dear TAXPAYER:

This responds to your request for information about your federal tax status. Our records do not specify your federal tax status. However, the following general information about the tax treatment of state and local governments and affiliated organizations may be of interest to you.

GOVERNMENTAL UNITS

Governmental units, such as States and their political subdivisions, are not generally subject to federal income tax. Political subdivisions of a State are entities with one or more of the sovereign powers of the State such as the power to tax. Typically they include counties or municipalities and their agencies or departments. Charitable contributions to governmental units are tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose.

ENTITIES MEETING THE REQUIREMENTS OF SECTION 115(1)

An entity that is not a governmental unit but that performs an essential government function may not be subject to federal income tax, pursuant to Code section 115(1). The income of such entities is excluded from the definition of gross income as long as the income (1) is derived from a public utility or the exercise of an essential government function, and (2) accrues to a State, a political subdivision of a State, or the District of Columbia. Contributions made to entities whose income is excluded income under section 115 may not be tax deductible to contributors.

TAX-EXEMPT CHARITABLE ORGANIZATIONS

An organization affiliated with a State, county, or municipal government may qualify for exemption from federal income tax under section 501(c)(3) of the Code, if (1) it is not an integral part of the government, and (2) it does not have governmental powers inconsistent with exemption (such as the power to tax or to exercise enforcement or regulatory powers). Note that entities may meet the requirements of both sections 501(c)(3) and 115 under certain circumstances. See Revenue Procedure 2003-12, 2003-1 C.B. 316.
<table>
<thead>
<tr>
<th>Time</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30 AM</td>
<td>Race Committee arrives for Set Up of Race Village and Course Marking</td>
</tr>
<tr>
<td>6:45 AM</td>
<td>Race Village Vendors arrive</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>First Shift of Volunteers Arrive</td>
</tr>
<tr>
<td>7:10 AM</td>
<td>Volunteers head to stations for set up and training</td>
</tr>
<tr>
<td>7:20 AM</td>
<td>Volunteers at stations and begin services as readied</td>
</tr>
<tr>
<td>7:30 AM</td>
<td>Race Village officially opens</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>Second Shift of Volunteers Arrive</td>
</tr>
<tr>
<td>8:15 AM</td>
<td>Course Marshals meet for placement on course, Start/Finish Area and Refreshments/Medals (will have vols for help)</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Race Village Closes</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Volunteer Captains remain at station for clean up</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>GOTR Teams meet for team pictures</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>Council Director welcomes participants</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>Group Warm Up</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>Final Course Marshalls stationed</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Final Council Director Remarks</td>
</tr>
<tr>
<td>9:05 AM</td>
<td>Race Begins</td>
</tr>
<tr>
<td>9:05 AM</td>
<td>Finish Line Readied (medals and food)</td>
</tr>
<tr>
<td>9:20 AM</td>
<td>First runner crosses Finish Line</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Post Race Comments (after final runner crosses)</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Dance Party Begins</td>
</tr>
<tr>
<td>10:15 AM</td>
<td>Course Marshalls check back with Volunteer Check In</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Participants leave; Race Committee begins clean up</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Clean up completed, exit venue</td>
</tr>
</tbody>
</table>
Out and Back Route

Starting North on 3rd Street South
December 29, 2016

Dear Co-Sponsor Committee,

I am writing this letter to request a waiver for the late fee in submitting a co-sponsor event application within 5 months of event date. Girls on the Run Greater Tampa Bay (GOTR) recently held our first event in St. Petersburg, the Girls on the Run 5k, on December 10th – and the event, themed “Sparkle in St. Pete!” was far and away our best yet! We had 1,100 runners, 300+ spectators and 100+ volunteers! Our Race Village hosted exciting vendors including Tampa Bay Rays (Mascot Raymond was also there!), Tampa Bay Lightning (with mini rink), KIND Bar, Trader Joe’s, Florida Aquarium, MedExpress, FOX Sports Sun, and New Balance.

GOTR inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Since 2008, we have served 2,805 girls across Hillsborough, Pasco, Pinellas and Sarasota Counties. Over the course of our 10-week program, girls in 3rd-5th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. The program culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete a celebratory 5k event. Completing the 5k gives our girls a tangible sense of achievement as well as a framework for setting and achieving life goals — making the seemingly impossible, possible.

We host two 10-week seasons per year, coinciding with fall and spring school semesters, and each season culminates in a 5k event. Our 5k also serves as our biggest fundraiser – all proceeds go directly into our Scholarship Fund so all girls can be a Girl on the Run. For our 2016 Fall Season, over 40% of our 466 girls received financial assistance.

Since 2013, we have hosted eight 5k events, all in Tampa at HCC Dale Mabry. As our program has grown (from 6 teams to 32 this past fall!), we recognized that we needed a larger venue to accommodate our participants. We intended to host our fall 5k in St. Petersburg (Poynter Park) and our spring 5k in Tampa (Raymond James, Lowry Park Zoo, Riverwalk were all considered).

However, our recent 5k in St. Pete blew away our highest expectations! The City was wonderful to work with (thank you Polly, Sgt. Pratt and the whole crew!), our sponsors loved the venue, and most importantly, our participants EMBRACED St. Pete! Multiple families booked hotel rooms the night before in order to make a weekend out of the event; we also worked with Great Explorations, Sunken Gardens and other local businesses to offer participants discounts to encourage them to take advantage of the city, which tons of them did!
Other popular options were the St. Pete Farmer’s Market and brunch! For 21% of participants, this was their first time to St. Pete or they “rarely” come to the city. An additional 34% come to the city “only occasionally.” We had been concerned about the distance (our service area runs from Venice to Plant City to New Port Richey) but received literally no push back! See following page for our service map! All our families were so excited for the new venue and the opportunity to go to such a gorgeous place! In their own words:

I think this was the best 5k yet! Great venue, and well run (as always!) Thanks, GOTR!

Love, love, love the location!

We had a great time and can’t wait to do it again! The race was so pretty and we loved the joy brought to the course by the runners, the cheerleaders, and the band. Packet pickup Thursday at Pointer Park was easy. We stayed in St. Petersburg and did the market. Awesome!

I LOVED the course layout! The scenery was fantastic & beautiful!!! It was much better than from the previous 5k.

My family and I absolutely enjoyed the entire experience (from after school practices to the 5K run). We will cherish these memories for a long time!

As a result of our exceptional success in St. Pete, we immediately knew we wanted to host both our 5ks in St. Pete (instead of hosting spring season 5k in Tampa). To be totally candid, we believe we have found our home in St. Pete!

We held our event on December 10th and that following Wednesday (12/14), I delivered the application for co-sponsorship for our May 6th event. The date is within five months because our program season follows the school year (we couldn’t request a date in the summer months as we don’t host a program then, and the St. Pete event calendar is also pretty full). Our application is submitted, as is our application fee. All funds raised from our 5k go into our Scholarship Fund, so all girls can be a “Girl on the Run” so we inquired about waiving the late fee. We were asked to start with a letter (though we are more than happy to request in person – we give out the best high fives!).

Thank you so much! We are genuinely excited to continue working with you and hope that the fee can be waived,

Laura Moore
Director
Top: Scenes from the GOTR 5k in St. Pete!
Bottom: 2016 Fall Program Locations
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<th>Amount</th>
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Approved refunds are by check only.
Detail by Entity Name

Florida Not For Profit Corporation
UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.

Filing Information
Document Number: 701392
FEIN Number: 59-0879015
Date Filed: 09/02/1960
Effective Date: 09/09/1958
State: FL
Status: ACTIVE
Last Event: AMENDED AND RESTATED ARTICLES
Event Date Filed: 08/13/2003
Event Effective Date: NONE

Principal Address
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Changed: 04/27/2009

Mailing Address
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Changed: 04/27/2009

Registered Agent Name & Address
SEGREST, NOREEN
USF FOUNDATION GENERAL COUNSEL
4202 EAST FOWLER AVENUE, ALC100
TAMPA, FL 33620

Name Changed: 08/13/2003

Address Changed: 01/06/2004

Officer/Director Detail

Name & Address
Title CHRM

TEAGUE, JOE P
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Title P

MOMBERG, JOEL
4202 E FOWLER AVE, ALC100
TAMPA, FL 33620

Title VCHR

MORGAN, GEORGE
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Title S

Fernandez, Mark
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Title T

NEWTON, CHIP
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Title CFO

FISCHMAN, ROBERT A
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Annual Reports

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Document Images

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<tr>
<td>01/16/2015</td>
<td></td>
</tr>
<tr>
<td>01/07/2014</td>
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</tr>
</tbody>
</table>
**CITY OF ST. PETERSBURG**  
**PARKS & RECREATION DEPARTMENT**  
**CO-SPONSORED EVENT APPLICATION**

**Event Title:** Tampa Bay Superheroes Unite!  
**Phone No.:** 240-235-2282  
**Fax No.:** same

**Entity Name:** CureSearch for Children's Cancer  
**Federal I.D. Number:** 95-4132414

**Event Date(s):** 9/16/17  
**Location:** Walter Fuller Park

**Day 1 of Event:** 9/16/17  
**Time Gates Open:** 9am  
**Ending Time:** 1pm

**Day 2 of Event:**  
**Time Gates Open:**  
**Ending Time:**

**Day 3 of Event:**  
**Time Gates Open:**  
**Ending Time:**

**Application Prepared by:** Betsy Langan  
**Phone:** 240-235-2282

**Title:** Regional Development Manager  
**Cell Phone:** same

**Address:** 4600 East West Hwy Suite 600  
**City:** Bethesda  
**State:** MD  
**Zip:** 20814

**Email Address:** Betsy.Langan@CureSearch.org

**Additional Contact Person:** Sean Gross  
**Day Phone:** 561-352-6903

**What month/year were you incorporated as nonprofit?** National Childhood Cancer Foundation - November 1989 (CureSearch 2003)

**List all 501(c)3 entities that will benefit from this event.** CureSearch for Children's Cancer

**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.**

CureSearch is a well-known, national non-profit that raises money to support pediatric cancer research. By supporting CureSearch's Superheroes Unite! through hosting families and local healthcare systems partnered with CureSearch, attendees will be supporters of St. Petersburg. Recognition of St. Petersburg's support will be positively portrayed in the community and give the impression to our families that they are supported by the community in which they reside and/or visit for healthcare.

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

Pediatric patients, families, hospital staff, and supporters will come to the walk; in which many will visit shops, have breakfast/lunch in the area and experience the park.

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  
**How much?**

**Are there plans to sell or distribute beer/wine at your event?**
- [ ] YES  
- [X] NO

**Will there be an admission / registration fee?**
- [X] YES  
- [ ] NO  
**Advanced Fee:** $10  
**Day of:** $10

**Please provide the website address for your event.** www.curesearchsuperheroes.org/TampaBay

**Please provide a phone number that can be advertised to the public.** (240)235-2282

**What is the estimated attendance for this event?**  
- Spectators: 200  
- Participants: 500  
- Last Year's Total Attendance: 500
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>Which Location?</td>
</tr>
<tr>
<td>TBD</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs # needed</td>
<td></td>
<td></td>
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<tr>
<td>TBD</td>
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<tr>
<td>Public Address System</td>
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</tr>
<tr>
<td>TBD</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>
<tr>
<td>TBD</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: Betsy Langan
Co-Sign: 
Title: Regional Development Manager
Date: 1/9/17

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>Alcohol Permit</td>
</tr>
<tr>
<td>How many?</td>
<td>Additional insurance</td>
</tr>
<tr>
<td>How many?</td>
<td>Required</td>
</tr>
<tr>
<td>What type?</td>
<td></td>
</tr>
<tr>
<td>What structure?</td>
<td></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>
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<td>VIP Area</td>
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<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>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Daytime - Private</td>
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<td></td>
<td>Overnight - Private</td>
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<td></td>
<td>Event Time Frame - SPPD</td>
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<tr>
<td></td>
<td>Regular Units</td>
</tr>
<tr>
<td></td>
<td>Hand Washing</td>
</tr>
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<td></td>
<td>Disabled Units</td>
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</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. □ 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.

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: Betsy Langan - CureSearch for Children's Cancer

Address (including zip): 4600 East West Highway Suite 600 Bethesda, MD 20814

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

family friendly, 1, TBD.

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.

Oncologists, RNs, patients, family members, event sponsors. Supporting CureSearch and it's mission.

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

6am load in
2pm load out
Reserved parking needed for staff/equipment delivery.
Other Comments: Please describe your fee structure.

$230 - non-profit fee for park

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: Betsy Langan
Title: Regional Development Manager
Date: 1/09/17
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: CureSearch for Children's Cancer

Name of Responsible Party (President or CEO ONLY): Laura Thrall

Title of Responsible Party: CEO

Physical Address of Responsible Party: 4600 East West Highway Suite 600 Bethesda, MD 20814

Phone Number of Responsible Party: 

Email Address of Responsible Party: Laura.Thrall@curesearch.org

Nonprofit (Employee Identification Number): 95-4132414

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
### Name of Event:
2017 Tampa Bay Superheroes Unite!

#### Date(s) of Event:
Sep 16, 2017 - Sep 16, 2017

---

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
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**TOTAL GROSS REVENUE**

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

<p>| | |</p>
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</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

---

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

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

**TOTAL ALLOCATION OF NET INCOME**

---

**Prepared by:** Betsy Langan, Regional Development Manager

**Date:** Jan 9, 2017

---
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Previous Balance</td>
<td>$430.00</td>
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<tr>
<td>Applied To: 19245 - FAMILY ARTS FESTIVAL = SPF17</td>
<td>$30.00</td>
</tr>
<tr>
<td>South Straub Park - Park</td>
<td></td>
</tr>
<tr>
<td>September 23, 2017  6:00 am to September 24, 2017  7:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$400.00</td>
</tr>
</tbody>
</table>
## City of St. Petersburg

**ST PETERSBURG ARTS ALLIANCE INC**
**JOHN COLLINS**
**100 2ND AVE N STE 150**
**ST PETERSBURG, FL 33701 USA**

### Receipt Details
- **Receipt #:** 2705329
- **User:** DWBurns
- **Issued:** Tue 10 Jan 17 09:39 am

### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$400.00</td>
</tr>
<tr>
<td>Applied To: 19245 - FAMILY ARTS FESTIVAL = SPF17</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

**South Straub Park - Park**
**September 23, 2017 6:00 am to September 24, 2017 7:00 pm**

**Payment:** Check

**Balance**

$0.00

**Approved Refunds are by check only**
ST PETERSBURG ARTS ALLIANCE INC
JOHN COLLINS
100 2ND AVE N STE 150
ST PETERSBURG FL 33701 USA

Purpose of Use: FAMILY ARTS FESTIVAL = SPF17
Expected: 1,000
Co-Sponsored Event: No

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 23 Sep 17 06:00 am
Ending: Sun 24 Sep 17 07:00 pm

Facility/Equipment: South Straub Park

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Application Fee
    - Quantity: 1
    - Charge: $30.00
    - Tax: $0.00
    - Total: $30.00
  - Co-Sponsored Park Permit Fee
    - Hours: 37.00
    - Quantity: 2
    - Charge: $400.00
    - Tax: $0.00
    - 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: $0.00

Balance of rental due and payable immediately.

Payments:
- Date: 10 Jan 2017
  - Amount: $30.00
  - Payment Type: Check
  - Reference: Rental
  - Receipt Number: 2705328
- Date: 10 Jan 2017
  - Amount: $400.00
  - Payment Type: Check
  - Reference: Rental
  - Receipt Number: 2705329

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)
John Collins
ST PETERSBURG ARTS ALLIANCE INC

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) Parks and Recreation Superintendent

By: (Sign 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.
CURE SEARCH  
BETSY LANGAN  
4600 EAST WEST HWY STE 600  
BETHESDA MD 20814 USA

Purpose of Use: TAMPA BAY SUPERHEROES UNITE  
Expected: 700  
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 16 Sep 17 06:00 am  
Ending: Sat 16 Sep 17 01:00 pm

Facility/Equipment
<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>
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</thead>
<tbody>
<tr>
<td>Walter Fuller Park</td>
<td>Sat</td>
<td>16 Sep 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></td>
<td>01:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Additional Fees:
- Extra Fee:  
  - Co-Sponsored Application Fee  
    - Quantity: 1  
    - Charge: $30.00  
    - Tax: $0.00  
    - Total: $30.00  
  - PKS Application Processing Fee  
    - Quantity: 1  
    - Charge: $30.00  
    - Tax: $0.00  
    - Total: $30.00

Charges:
- Fees: $0.00  
- Extra Fees: $30.00  
- Tax: $0.00  
- Total: $30.00  
- 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): BETSY LANGAN  
(Print Name) CURE SEARCH  
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.
Detail by Entity Name

Foreign Profit Corporation
CURESEARCH FOR CHILDREN’S CANCER CORPORATION

Filing Information
Document Number: F13000001666
FEI/EIN Number: 95-4132414
Date Filed: 04/16/2013
State: CA
Status: ACTIVE
Last Event: NAME CHANGE AMENDMENT
Event Date Filed: 10/04/2016
Event Effective Date: NONE

Principal Address
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Mailing Address
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Registered Agent Name & Address
REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DR SUITE A
TALLAHASSEE, FL 32301

Officer/Director Detail
Name & Address

Title P

THRALL, LAURA
3900 GERMANTOWN RD
EDGECWATER, MD 21037

Title C

SIEGEL, STUART, MD
4650 SUNSET BLVD MAILSTOP 54
LOS ANGELES, CA 90027

Title Treasurer
Carter, Mike  
4600 East West Highway Suite 600  
Bethesda, MD 20814  

Title Secretary  

Miller, Michael  
4600 East West Highway Suite 600  
Bethesda, MD 20814  

Title D  

Rosenthal, Adam  
4600 East West Highway Suite 600  
Bethesda, MD 20814  

### Annual Reports  
<table>
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<th>Filed Date</th>
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<tr>
<td>2014</td>
<td>04/28/2014</td>
</tr>
<tr>
<td>2015</td>
<td>01/07/2015</td>
</tr>
<tr>
<td>2016</td>
<td>02/05/2016</td>
</tr>
</tbody>
</table>

### Document Images  
- [04/28/2014 – Name Change](view image in PDF format)  
- [02/06/2016 – ANNUAL REPORT](view image in PDF format)  
- [01/07/2015 – ANNUAL REPORT](view image in PDF format)  
- [04/28/2014 – ANNUAL REPORT](view image in PDF format)  
- [04/16/2013 – Foreign Profit](view image in PDF format)
Event Title: Nomadic Tempest
Entity Name: National Caravan Stage Company Inc.
Event Date(s): 
Day 1 of Event: April 4, 2017
Day 2 of Event: April 5, 2017
Day 3 of Event: April 6, 2017
Location: Poynter Park, St. Petersburg
Application Prepared by: Resh Pono
Title: Tour Coordinator
Address: c/o USF 1407 Ave. S.
City: St. Petersburg
State: Florida
Zip: 33701
Email Address: amarazee@gmail.com
Additional Contact Person: Adriana Kelder
Day Phone: 504.715.7152
What month/year were you incorporated as nonprofit? 1996
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.
This event will be the World Premiere of the new show produced by the world renowned Caravan Stage Company which produces and stages original multi-disciplinary theatrical presentations on its own 90 ft Tall Ship, the Amara Zee. These performances celebrate the return of this unique theatre to St Petersburg. The last performances were presented at this very location, Poynter Park, in the spring of 2003, sponsored by the St Petersburg Parks and Recreation and USF, St Petersburg. The show, Nomadic Tempest, is a show for all ages. It centres around four Monarch Butterflies which represents Climate Refugees and their plight to survive. The lyrics are all sung in 5 languages: English, Spanish, Arabic, Mandarin and Coastal Salish(from the Pacific NW). The show is feast of visual images, a captivating soundscape, songs sung by professional singers, a stunning display of theatrical lighting & special effects, and 4 aerial artists, the Monarchs, who climb, dance and fly on the ship's stage and rigging to entertain all.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The Caravan Stage Company has performed previously in St. Petersburg and all over Florida in past years. This has generated an enormous following within the entertainment, artistic and cultural community. The Caravan Stage has performed shows with hundreds of guests travelling from distant cities and areas just to see the show. The Caravan Stage presence in the City of St. Petersburg will certainly generate an economic boost to the local tourism and hospitality industry, the arts and culture community and the local businesses such as hotels, restaurants and cafes in the city. The Caravan will also be collaborating with several non-profit organizations and local artists to make the show a success.

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.caravanstage.org
Please provide a phone number that can be advertised to the public. 727.768.4830
What is the estimated attendance for this event? Spectators 400 Participants NA Last Year's Total Attendance NA
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [ ] No

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

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

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

# 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)
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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: Adriana Kelder
Co-Sign: Resh Pono
Title: Producer
Title: Tour Coordinator
Date: October 27, 2016
Date: October 27, 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>Additional insurance Required</td>
</tr>
<tr>
<td>☐ Vending Beer / Wine</td>
<td>Alcohol 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>Other</td>
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<tr>
<td>☐ Performers</td>
<td>Announcement Only</td>
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<tr>
<td>☐ Daytime - Private</td>
<td>Daytime - Private</td>
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<tr>
<td>☐ Overnight - Private</td>
<td>Overnight - Private</td>
</tr>
<tr>
<td>☐ Event Time Frame - SPPD</td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>☐ Sanitary Facilities - Port-O-Lets</td>
<td>Regular Units</td>
</tr>
<tr>
<td>☐ Off-site Parking / Shuttle</td>
<td>Disabled Units</td>
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<tr>
<td>☐ Semitruck / Tractor Trailer</td>
<td>Hand Washing</td>
</tr>
<tr>
<td>☐ Marketing: Please check all that apply.</td>
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<tr>
<td>☒ Invitations</td>
<td>☒ Radio</td>
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<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.

Power for theatre ship (3 phase, 208v/100amp)

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? Mitchell de Rubeira

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: National Caravan Stage Company Inc. Phone: 504.715.7152

Address (including zip): 236 West 4th St. Jacksonville Fl. 32206

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

The music will be recorded, not live, from classical to world music to musical theatre, jazz.

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.

N/A
Other Comments:  Please describe your fee structure.

The shows will be free 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 WHOM BEHALF THIS APPLICATION IS BEING MADE.

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

Name:  Resh Pono  Title:  Tour Coordinator  Date:  October 27, 2017
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>National Caravan Stage Company Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Mark Rinaman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>236 West 4th St. Jacksonville, FL 32206</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>904.316.0953</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:mrinaman@aol.com">mrinaman@aol.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit 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>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
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Please include a copy of the current IRS Nonprofit Affidavit / For Profit
## I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Date(s) of Event:</th>
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<thead>
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<th>Amount</th>
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</table>

**TOTAL GROSS REVENUE**

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

<table>
<thead>
<tr>
<th>Amount</th>
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**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Resh Pono

Date: October 27, 2017
November 15, 2016

Parks and Recreation Administration
City of St. Petersburg
1400 19th Street North
St. Petersburg, FL 33713

The Caravan Stage Company’s 90 foot vessel, Amara Zee, has been moored along the seawall on the southwest side of the University of South Florida St Petersburg (USFSP) peninsula since May 2016. The pier is adjacent to the two Florida Institute of Oceanography (FIO) research vessels. The Amara Zee previously docked at the USF facility for the winter season from 1998-2003. The vessel will remain at the dock until late January 2017 when it is planning to move to Poynter Park.

Movement of the vessel to Poynter Park and its’ mooring in the western section of Bayboro Harbor will not impact the FIO’s marine operations. The Amara Zee will be well away from both inbound and outbound vessel movements.

The FIO looks forward to the Caravan new production, Nomadic Tempest and wish the Caravan Stage Company well in their tour this coming season.

Best Regards,

Rob Walker
Marine Operations Manager
Florida Institute of Oceanography
November 14, 2016

To Whom It May Concern:

The City of St. Petersburg is proud to be a co-sponsor of the Caravan Stage Company’s premiere of a new musical titled ‘Nomadic Tempest’ in Poynter Park, one of the city’s downtown parks, from April 4 to April 9, 2017.

In the early 2000’s, the company held performances on their 90-foot vessel while in St. Petersburg. Their shows were very well attended and enthusiastically received.

The City of St. Petersburg welcomes the Caravan Stage Company back to the city and its beautiful waterfront park. This unique, multi-disciplinary theatre company will enhance the cultural environment that the audiences in St. Petersburg are drawn to and enjoy.

Your consideration and support are appreciated.

Sincerely,

Wayne David Atherholt
Director, Mayor’s Office of Cultural Affairs
CARAVAN 2017 SCHEDULE
St Petersburg Poynter Park

Caravan “Amara Zee” Arrival
January 19, 2017
Anchor opposite see wall & hook to shore power.

Rehearsals & Production
January 20 to April 4, 2017
Rehearsal & Setting up Show Set, Lights, Sound on Ship

Focus and Tech Rehearsals
March 1 to April 4, 2017
On Ship & Tech Booth: Rigging, Lights, Sound & Video

Caravan Performances
April 4, 5, 6, 7, 8, 9
Performances at Poynter Park

Tear Down & Pack Ship
April 10 to 15, 2017
Pack all Show Gear & Equipment on Ship

Caravan “Amara Zee” Departure
April 15, 2017
Sail to New Orleans & Houston for Shows

For Further Details:
Phones: Canada: 604 505 6541
Email: caravanstage@yahoo.com
US: 504 715 7152
Web: www.caravanstage.org
Consumer's Certificate of Exemption
Issued Pursuant to Chapter 212, Florida Statutes

<table>
<thead>
<tr>
<th>Certificate Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Exemption Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>85-B012505162C-9</td>
<td>04/02/2013</td>
<td>04/30/2018</td>
<td>501(C)(3) ORGANIZATION</td>
</tr>
</tbody>
</table>

This certifies that

NATIONAL CARAVAN STAGE COMPANY INC
236 W 4TH ST
JACKSONVILLE FL 32206-4410

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.
CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.

IMPORTANT: If the certificate holder is an additional insured, the policy(ies) must be endorsed. If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
HUB International Northwest LLC
12100 NE 19th Street, Suite 200
Bothell, WA 98011-3018

CONTACT
NAME: Lina S Jayme
PHONE: (971) 206-0067
FAX: (503) 303-4356
E-MAIL: lina@pac-mar.com

INSURERs AFFORDING COVERAGE
NaIC 
INSURER A: Underwriters at Lloyds, London

NAMES OF PERSONS OR ORGANIZATIONS
INSURED
National Caravan Stage Co
236 West 4th St.
Jacksonville, FL 32206

COVERAGES
CERTIFICATE NUMBER:
PROOF OF OPERATIONS / LOCATIONS / VEHICLES (ACORD

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if other wise required)
A Protection & Indemnity (Port Risk Only)
YHL1603134
05-15-2016 to 05-15-2017
$1,000,000 Ea. Accident

Hull & Machinery - Agreed Value of $270,000 (Port Risk only)

The University of South Florida Board of Trustees, including its
directors, officers, employees and representatives are Additional
Insureds as their interest may appear.

CERTIFICATE HOLDER
University of South Florida Board of
Trustees, its Directors, Officers, Employees
And Representatives
140 7th Avenue South
St. Petersburg, FL 33701

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
Lina S. Jayme

©1988-2014 ACORD CORPORATION. All rights reserved.
CERTIFICATE ENDORSEMENT

INSURED: National Caravan Stage

CERTIFICATE NUMBER: YHL1603134

ENDORSEMENT: 001

PERIOD: From 15th May 2016 to 15th May 2017 inclusive

Underwriters hereby note and agree, with effect from 23rd May 2016, that this policy is amended as follows:

The following additional insured is added to the policy:

The Board of Trustees of The University of South Florida, Its Directors, Officers, Employees and Representatives.

EFFECTIVE DATE: 23rd May 2016

All other terms, clauses and conditions remain unaltered.

Dated: 25th May 2016
Addendum to Confirmation of (re)Insurance

Dear Sirs,

INSURED: NATIONAL CARAVAN STAGE COMPANY
POLICY NUMBER: MA1603814
ENDORSEMENT: 001

Further to your instruction on the above captioned account, please find enclosed our Addendum to Confirmation of (re)insurance in respect of the above risk being a full copy of our Endorsement no. 001.

We advise you to check the documentation we send you in relation to each placement we make and satisfy yourself that it is entirely in accordance with your understanding and instructions. Anything at variance with your understanding and instructions should be advised to us immediately. Otherwise, we will assume that the documentation is in order.

Duty of Disclosure

We take this opportunity to remind you that there is a legal obligation upon us to ensure that policyholders and intermediaries alike are made aware or reminded of the duty of disclosure and the consequences of its breach.

The policyholder must disclose to (re)insurers any fact or circumstance which is known to them (or which ought to be known to them or the proposer in the ordinary course of their business, and which may include information known to you) and which is material to the risk.

The duty of disclosure applies before the contract of (re)insurance is concluded and may continue for the duration of the contract including any extension or amendment to the (re)insurance contract. Failure to disclose relevant information may allow (re)insurers to cancel coverage back to inception (ab initio). (Re)Insurers would also seek to secure reimbursement of any claims already paid. The duty of disclosure and the consequences of its breach may vary to a limited degree from the foregoing dependent upon the law(s) applicable to the (re)insurance contract.

Please contact us immediately for assistance if you do not fully understand this duty of disclosure, if you are unsure whether information may be material or if it comes to your attention that full and accurate information may not have been disclosed.

IMPORTANT TERMS INCLUDING WARRANTIES, CONDITIONS PRECEDENT AND SUBJECTIVITIES

Please note, failure to comply, or failure to comply within a specified time period, with the terms of the Policy including any warranties, conditions or subjectivities applicable to this policy may prejudice the validity of this insurance and your claims may not be paid.

We trust that everything is in order.

Yours sincerely

for & on behalf of RKH Specialty

[Authorised Signatory]
# Nomadic Tempest

**Event Name:** Nomadic Tempest  
**Phone No.:** 750.715.7152  
**Fax No.:**

**Event Date(s):** April 4 to 9, 2017  
**Location:** Poynter Park, St. Petersburg

**Day 1 of Event:**
- **Time Gates Open:** 8:00 AM  
- **Ending Time:** 10:30 PM

**Day 2 of Event:**
- **Time Gates Open:** 8:00 AM  
- **Ending Time:** 10:30 PM

**Day 3 of Event:**
- **Time Gates Open:** 8:00 AM  
- **Ending Time:** 10:30 PM

**Application Prepared by:** Resh Pono  
**Phone:** 750.715.7152  
**Cell Phone:** 727.768.4830

**Address:** c/o USF 140 7th Ave. S.  
**City:** St. Petersburg  
**State:** Florida  
**Zip:** 33701  
**Email Address:** amarazee@gmail.com

**Additional Contact Person:** Adriana Kelder  
**Day Phone:** 750.715.7152

**What month/year were you incorporated as nonprofit?** 1996

**List 501(c)3 entities that will benefit from this event.** National Caravan Stage Company 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.

This event will be the World Premiere of the new show produced by the world renowned Caravan Stage Company which produces and stages original multi-disciplinary theatrical presentations on its own 90 ft Tall Ship, the Amara Zee. These performances celebrate the return of this unique theatre to St Petersburg. The last performances were presented at this very location, Poynter Park, in the spring of 2003, sponsored by the St Petersburg Parks and Recreation and USF, St Petersburg.

The show, Nomadic Tempest, is a show for all ages. It centres around four Monarch Butterflies which represents Climate Refugees and their plight to survive. The lyrics are all sung in 5 languages: English, Spanish, Arabic, Mandarin and Coastal Salish (from the Pacific NW). The show is a feast of visual images, a captivating soundscape, songs sung by professional singers, a stunning display of theatrical lighting & special effects, and 4 aerial artists, the Monarchs, who climb, dance and fly on the ship’s stage and rigging to entertain all.

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

The Caravan Stage Company has performed previously in St Petersburg and all over Florida in past years. This has generated an enormous following within the entertainment, artistic and cultural community. The Caravan Stage has performed shows with hundreds of guests travelling from distant cities and areas just to see the show. The Caravan Stage presence in the City of St. Petersburg will certainly generate an economic boost to the local tourism and hospitality industry, the arts and culture community and the local businesses such as hotels, restaurants and cafes in the city. The Caravan will also be collaborating with several non-profit organizations and local artists to make the show a success.

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.caravanstage.org

**Please provide a phone number that can be advertised to the public.** 727.768.4830

**What is the estimated attendance for this event?**  
**Spectators:** 400  
**Participants:**  
**Last Year’s Total Attendance:** NA
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No)  No

# Bleacher(s) needed. Each bleacher approx. 180 people)  2

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

Which Location?

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.

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Title: Producer
Date: October 27, 2016

Co-Sign: Resh Pono
Title: Tour Coordinator
Date: October 27, 2016

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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>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></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Performance</td>
</tr>
<tr>
<td>Security</td>
<td>Professional</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td>Overnight - Private</td>
</tr>
<tr>
<td>Invitations</td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Regular Units</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Disabled Units</td>
</tr>
<tr>
<td>Radio</td>
<td>Hand Washing</td>
</tr>
<tr>
<td>Television</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td>Remote Broadcast</td>
<td>Overnight - Private</td>
</tr>
<tr>
<td>City logo should be used in any promotional</td>
<td></td>
</tr>
<tr>
<td>materials, posters, flyers, ads, website,</td>
<td></td>
</tr>
<tr>
<td>public service announcements, and press</td>
<td></td>
</tr>
<tr>
<td>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.

Power for theatre ship (3 phase, 208v/100amp)

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? Mitchell de Rubeira

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: [ ] National Caravan Stage Company Inc.  Phone: [ ] 504.715.7152

Address (including zip): 236 West 4th St. Jacksonville FL 32206

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

The music will be recorded, not live, from classical to world music to musical theatre, jazz.

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.

N/A
Other Comments: Please describe your fee structure.

The shows will be free 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: Rosh Pono  Title: Tour Coordinator  Date: October 27, 2017
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>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the <strong>Nonprofit</strong> Corporation:</td>
<td>National Caravan Stage Company Inc.</td>
</tr>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Mark Rinaman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>236 West 4th St. Jacksonville, FL 32206</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>904.316.0953</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:mrinaman@aol.com">mrinaman@aol.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the <strong>For-profit</strong> Corporation:</td>
<td></td>
</tr>
<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>
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<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
**CERTIFICATE OF LIABILITY INSURANCE**

**DATE (MM/DD/YYYY):** 5-23-2016

**PRODUCER:** HUB International Northwest LLC  
12100 NE 19th Street, Suite 200  
Bothell, WA 98011-3018

**INSURED:** National Caravan Stage Co  
236 West 4th St.  
Jacksonville, FL 32206

**CONTACT:** Lina S Jayne  
PHONE: (971) 206-0067  
FAX: (503) 303-4356  
E-MAIL: lina@pac-mar.com

**INSURER(S) AFFORDING COVERAGE:**  
Underwriters at Lloyds, London

**CERTIFICATE NUMBER:**

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>TYPE OF INSURANCE</th>
<th>ADDITIONAL SUBROGATION</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE/DUE DATE</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>EACH OCCURRENCE</td>
<td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td>
<td>$500,000</td>
<td>YES</td>
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<tr>
<td></td>
<td></td>
<td>MED EXP (Any one person)</td>
<td>$50,000</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>PER PERSON</td>
<td>$500,000</td>
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<tr>
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<td></td>
<td>PERSONAL INJURY</td>
<td>$1,000,000</td>
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<td></td>
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<tr>
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<td></td>
<td>PRODUCTS - COMPOUND AGG</td>
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<tr>
<td>AUTOMOBILE LIABILITY</td>
<td>EACH OCCURRENCE</td>
<td>COMBINED SINGLE LIMIT (Ea accident)</td>
<td>$500,000</td>
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<td></td>
<td></td>
<td>BODILY INJURY (Per person)</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>DUAL LIABILITY (Per accident)</td>
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<td></td>
<td>PROPERTY DAMAGE (Per accident)</td>
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</tr>
<tr>
<td>UMBRELLA LIABILITY</td>
<td>EACH OCCURRENCE</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>AGGREGATE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES:**

- Hull & Machinery - Agreed Value of $270,000 (Port Risk only)
- The University of South Florida Board of Trustees, including its directors, officers, employees and representatives are Additional Insureds as their interest may appear.

**CERTIFICATE HOLDER:**

University of South Florida Board of Trustees, its Directors, Officers, Employees and Representatives  
140 7th Avenue South  
St. Petersburg, FL 33701

**CANCELLATION:**

The above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

**AUTHORIZED REPRESENTATIVE:**

Lina S Jayne

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD
CERTIFICATE ENDORSEMENT

INSURED: National Caravan Stage

CERTIFICATE NUMBER: YHL1603134

ENDORSEMENT: 001

PERIOD: From 15th May 2016 to 15th May 2017 inclusive

Underwriters hereby note and agree, with effect from 23rd May 2016, that this policy is amended as follows:

The following additional insured is added to the policy:

The Board of Trustees of The University of South Florida, Its Directors, Officers, Employees and Representatives.

EFFECTIVE DATE: 23rd May 2016

All other terms, clauses and conditions remain unaltered.

Dated: 25th May 2016
ADDENDUM TO CONFIRMATION OF (RE)INSURANCE

Dear Sirs,

INSURED: NATIONAL CARAVAN STAGE COMPANY
POLICY NUMBER: MA1803814
ENDORSEMENT: 001

Further to your instruction on the above captioned account, please find enclosed our Addendum to Confirmation of (re)insurance in respect of the above risk being a full copy of our Endorsement no. 001.

We advise you to check the documentation we send you in relation to each placement we make and satisfy yourself that it is entirely in accordance with your understanding and instructions. Anything at variance with your understanding and instructions should be advised to us immediately. Otherwise, we will assume that the documentation is in order.

Duty of Disclosure

We take this opportunity to remind you that there is a legal obligation upon us to ensure that policyholders and intermediaries alike are made aware or reminded of the duty of disclosure and the consequences of its breach.

The policyholder must disclose to (re)insurers any fact or circumstance which is known to them (or which ought to be known to them or the proposer in the ordinary course of their business, and which may include information known to you) and which is material to the risk.

The duty of disclosure applies before the contract of (re)insurance is concluded and may continue for the duration of the contract including any extension or amendment to the (re)insurance contract. Failure to disclose relevant information may allow (re)insurers to cancel coverage back to inception (ab initio). (Re)Insurers would also seek to secure reimbursement of any claims already paid. The duty of disclosure and the consequences of its breach may vary to a limited degree from the foregoing dependent upon the law(s) applicable to the (re)insurance contract.

Please contact us immediately for assistance if you do not fully understand this duty of disclosure, if you are unsure whether information may be material or if it comes to your attention that full and accurate information may not have been disclosed.

IMPORTANT TERMS INCLUDING WARRANTIES, CONDITIONS PRECEDENT AND SUBJECTIVITIES

Please note, failure to comply, or failure to comply within a specified time period, with the terms of the Policy including any warranties, conditions or subjectivities applicable to this policy may prejudice the validity of this insurance and your claims may not be paid.

We trust that everything is in order.

Yours sincerely

for & on behalf of RKH Specialty

Authorised Signatory
This certifies that

NATIONAL CARAVAN STAGE COMPANY INC
236 W 4TH ST
JACKSONVILLE FL 32206-4410

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.
CARAVAN 2017 SCHEDULE
St Petersburg Poynter Park

Caravan “Amara Zee” Arrival
January 19, 2017
Anchor opposite see wall & hook to shore power.

Rehearsals & Production
January 20 to April 4, 2017
Rehearsal & Setting up Show Set, Lights, Sound on Ship

Focus and Tech Rehearsals
March 1 to April 4, 2017
On Ship & Tech Booth: Rigging, Lights, Sound & Video

Caravan Performances
April 4, 5, 6, 7, 8, 9
Performances at Poynter Park

Tear Down & Pack Ship
April 10 to 15, 2017
Pack all Show Gear & Equipment on Ship

Caravan “Amara Zee” Departure
April 15, 2017
Sail to New Orleans & Houston for Shows

For Further Details:
Phones: Canada: 604 505 6541
Email: caravanstage@yahoo.com
US: 504 715 7152
Web: www.caravanstage.org
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Previous Balance</td>
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</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($30.00)</td>
</tr>
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</table>
Contract #: 19090
Date: 16 Dec 2016

NATIONAL CARAVAN STAGE COMPANY, INC.
RESH PONO
140 7TH AVE S
ST PETERSBURG FL 33701 USA

Purpose of Use: NOMADIC TEMPEST
Expected: 0
Co-Sponsored Event

Contract Balance $630.00

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: Wed 01 Feb 2017 06:00 am
Ending: Thu 04 May 2017 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>Poynter Park</td>
<td>Wed</td>
<td>01 Feb 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Park</td>
<td>04 May 2017</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

Additional Fees:
- Co-Sponsored Application Fee: $30.00
- Co-Sponsored Park Permit Fee: $600.00

<table>
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<tr>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>$0.00</td>
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</tr>
<tr>
<td>3</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
</tbody>
</table>

Extra Fees: $630.00
Tax: $0.00
Total: $630.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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 800-555-8771.
Contract/Permit

Contract #: 19090
Date: 16 Dec 2016

NATIONAL CARAVAN STAGE COMPANY, INC.
RESH PONO
140 7TH AVE S
ST PETERSBURG FL 33701 USA

Purpose of Use: NOMADIC TEMPEST

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: Wed 01 Feb 17 06:00 am
- Ending: Thu 04 May 17 09:00 pm

Facility/Equipment | Day | Date | Time | Fee | Extra Fee | Tax | Total |
--- | --- | --- | --- | --- | --- | --- | --- |
Poynter Park Park | Wed | 01 Feb 2017 | 06:00 AM | $0.00 | $0.00 | $0.00 | $0.00 |
| | 04 May 2017 | 09:00 PM | |

Additional Fees:
- Extra Fee: Co-Sponsored Application Fee $30.00
- Extra Fee: Co-Sponsored Park Permit Fee $600.00

Charges:
- Fees: $0.00
- Extra Fees: $630.00
- Tax: $0.00

Total: $630.00

Balance of rental due and payable immediately.

Payments:
- Date: 16 Dec 2016
- Amount: $30.00
- Payment Type: Check

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): RESH PONO
(Print Name) NATIONAL CARAVAN 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

Manager

Approved or Rejected Date:

Printed: 10 Jan 2017, 10:16 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
NATIONAL CARAVAN STAGE COMPANY, INC.

Filing Information
Document Number: N960000000082
FEI/EIN Number: 06-1436763
Date Filed: 12/29/1995
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 04/02/1999

Principal Address
236 WEST 4TH ST
JACKSONVILLE, FL 32206

Changed: 05/13/2008

Mailing Address
236 WEST 4TH ST
JACKSONVILLE, FL 32206

Changed: 02/08/2013

Registered Agent Name & Address
RINAMAN, MARK
236 West 4th St
Jacksonville, FL 32206

Name Changed: 02/08/2013
Address Changed: 02/08/2013

Officer/Director Detail
Name & Address
Title President

MARK, RINAMAN
236 WEST 4TH ST
JACKSONVILLE, FL 32206
Roberts, Pamela D
2625 1/2 Lapeyrouse St
NEW ORLEANS, LA 70119

Title Director, Treasurer, Secretary

KELDER, ADRIANA
236 WEST 4TH ST
JACKSONVILLE, FL 32206

Title Director

KIRBY, PAUL E
236 WEST 4TH ST
JACKSONVILLE, FL 32206

Title Director

MASTRY, EDITH
222 15TH AVE. S.
SAINT PETERSBURG, FL 33701

Title Director

Poindexter, Randy
4324 Cadiz St
NEW ORLEANS, LA 70125

Title Director

McCUTCHEON, RALPH
5100 4th Ave South
St Petersburg, FL 33707

Annual Reports

Report Year  Filed Date
2014  01/02/2014
2015  02/25/2015
2016  02/05/2016

Document Images

02/05/2016 - ANNUAL REPORT
02/25/2015 - ANNUAL REPORT
01/02/2014 - ANNUAL REPORT
02/08/2013 - ANNUAL REPORT
01/26/2012 - ANNUAL REPORT
04/05/2011 - ANNUAL REPORT
04/13/2010 - ANNUAL REPORT
04/14/2009 - ANNUAL REPORT

http://search.sunbiz.org/inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=NATIONALCARAV... 2/3
Event Title: 2017 St. Petersburg Wanderlust 108
Entity Name: Wanderlust Festival, LLC
Event Date(s): 3/18 or 3/19 or 4/1 or 4/2
Location: 26-4718851
Event Date(s): 3/18 or 3/19 or 4/1 or 4/2
Location: 26-4718851
Day 1 of Event: Time Gates Open: 7:30 am Ending Time: 6:00 pm
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:
Application Prepared by: Brian Preyers
Phone: (704) 999-7584
Title: Senior Event Manager
Address: 26 Dobbin St
City: Brooklyn
State: NY
Zip: 11222
Email Address: brian_p@wanderlust.com
Additional Contact Person: Heather Story
Day Phone: (646) 943-3174

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.

Wanderlust 108, "a mindful triathlon", is a one-day, ticketed event series consisting of a large-scale yoga class, 5K run, meditation/speaker session, and early evening musical performance. The event features a Kula Market with sponsor, vendor, and organic food tents along with interactive Acroyoga, Hooping, and Aerial areas. The goal of the event is to create a joyful, community-focused event around mindful living: yoga, organics, sustainability, ethical consumption and the arts.

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

Wanderlust 108, "a mindful triathlon", will showcase local organic food vendors and sustainable businesses. Wanderlust also brings a dedicated following of mindful and sustainable patrons from all areas of the surrounding city and states.

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: $35 - 50 Day of: $50
Please provide the website address for your event.
www.wanderlust.com
Please provide a phone number that can be advertised to the public.

What is the estimated attendance for this event?
Spectators 2000 Participants
Last Year's Total Attendance
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

Non-City Locations

Which Location?

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: Brian Preyers Title: Senior Event Manager Date: 11-9-16
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
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
- Temporary Structure Permit
- Temporary Structure Permit
- Fire Inspection Permit
- Fireworks Permit
- Parade or Street Closure Permit(s)

### Marketing:

- [ ] 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.

Page 3 of 8
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 [ ] 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? [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.

Yes / TBD

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

Name: [ ] Wanderlust Festival, LLC
Phone: [ ] (704) 999-7584

Address (including zip): [ ] 26 Dobbin St, Brooklyn, NY 11222

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

[ ] DJ/Ipod, spoken word
[ ] 1 Stage
[ ] 2 Yoga performers

List Vending Products. Name & Provider.

Sponsorship materials
Merchandise
Food and Beverage

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.

To teach and promote yoga, meditation, sustainable living and organic lifestyles and community

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

Pre-event day load-in between 7am - 11 pm
Post event load-out between 5pm - 11 pm
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: Brian Preyers  Title: Senior Event Manager  Date: 11-9-16
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.
Please complete the information below for each responsible party.

| Name of the **Nonprofit** 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: |  
| Nonprofit (Employee Identification Number): |  

| Name of the **For-profit** Corporation: | Wanderlust Festival, LLC  
| Name of Responsible Party (President or CEO ONLY): | Sean Hoess  
| Title of Responsible Party: | CEO  
| Physical Address of Responsible Party: | 26 Dobbin St, Brooklyn, NY 11222  
| Phone Number of Responsible Party: | (212) 766-8040  
| Email Address of Responsible Party: | brian_p@wanderlust.com  
| 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>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
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TOTAL GROSS REVENUE

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TOTAL OPERATING EXPENSES

TOTAL NET INCOME

<table>
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<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
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TOTAL ALLOCATION OF NET INCOME

Prepared by: [Name] 
Date: [Date]
Hi Denis,

Can we connect today about availability for the parks we discussed? 704-999-7584. Also, here are the two applications you sent my way that I thought could help move things along.

Thanks,
Brian

--

Brian Preyers
Senior Event Manager
704.999.7584
wanderlust.com

On Oct 25, 2016, at 11:47 AM, Denis W. Burns <Denis.Burns@stpete.org> wrote:

Brian.

Per our conversation, I have attached the application. Please look over and complete so I can have other committee members give me their input.

Denis Burns
Parks & Recreation Supervisor II. Special Events
City of St. Petersburg
1400 19th Street North, St. Petersburg, FL 33713
727-892-5197 / Cell: 727-235-5379 / Fax: 727-892-5868
Denis.Burns@stpete.org
Please note all emails are subject to public records law.

Your Sunshine City

Foreign Limited Liability Company
WANDERLUST FESTIVAL, LLC

Filing Information
Document Number: M11000000730
FEIN/EIN Number: 26-4718851
Date Filed: 02/14/2011
State: VA
Status: INACTIVE
Last Event: REVOKED FOR ANNUAL REPORT
Event Date Filed: 09/25/2015
Event Effective Date: NONE

Principal Address
300 WEST 6TH STREET
SUITE 2100
AUSTIN, TX 78701

Changed: 04/24/2012

Mailing Address
300 WEST 6TH STREET
SUITE 2100
AUSTIN, TX 78701

Changed: 04/24/2012

Registered Agent Name & Address
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Authorized Person(s) Detail
Name & Address
Title MGR

C3 PRESENTS, LLC
300 WEST 6TH STREET STE. 2100
AUSTIN, TX 78701
STARR HILL PRESENTS, LLC
321 E. MAIN STREET, SUITE 500
CHARLOTTESVILLE, VA 22902

VELOUR REWARDING INC.
26 DOBBIN STREET, 3RD FLOOR
BROOKEYN, NY 11222

Annual Reports
Report Year  Filed Date
2012         04/24/2012
2013         04/11/2013
2014         01/13/2014

Document Images
05/13/2013 – ANNUAL REPORT  View image in PDF format
04/10/2013 – ANNUAL REPORT  View image in PDF format
04/24/2012 – ANNUAL REPORT  View image in PDF format
02/14/2011 – Foreign Limited  View image in PDF format
WANDERLUST FESTIVAL, LLC  
BRAD PREYERS  
26 DOBINS ST  
BROOKLYN NY 11222 USA

Purpose of Use: WANDERLUST FESTIVAL  
Expected: 2,000  
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: Fri 15 Sep 2017 06:00 am
- Ending: Sun 17 Sep 2017 12:00 pm

Facility/Equipment  
Day  Date  Time  Fee  Extra Fee  Tax  Total
- Vinoy Park  Fri 15 Sep 2017 06:00 AM  $0.00  $300.00  $0.00  $300.00
- Vinoy Park  17 Sep 2017 12:00 PM

Additional Fees:
- Extra Fee - Co-Sponsored Application Fee  Quantity 1  Charge $30.00  Tax $0.00  Total $30.00
- Extra Fee - Bookings  Hours 54:00  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  Deposit $0.00  Total Applied $0.00  Contract Balance $330.00  Account Balance $0.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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: Lionfish Safari
Entity Name: Reef Monitoring, Inc.
Event Date(s): 09/09/2017-09/10/2017
Location: North Straub Park
Day 1 of Event: 09/09/2017
Time Gates Open: 10:00 a.m.
Ending Time: 5:00 p.m.
Day 2 of Event: 09/10/2017
Time Gates Open: 10:00 a.m.
Ending Time: 5:00 p.m.
Day 3 of Event:
Time Gates Open:
Ending Time:
Application Prepared by: Meaghan Faletti
Event Coordinator
Title: Event Coordinator
Cell Phone: (321) 695-2669
Address: PO Box 548
City: Tarpon Springs
State: FL
Zip: 34688
Email Address: meaghan.faletti@reefmonitoring.org
Additional Contact Person: Cory Trier
Day Phone: (260) 610-1028
What month/year were you incorporated as nonprofit? January 2011
List all 501(c)3 entities that will benefit from this event.
Reef Monitoring, Inc.
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.

This lionfish tournament and educational festival will give the community a fun opportunity to learn about the threat of invasive species and the marine environment in general. Family friendly activities will provide a fun way to learn about these topics, while lionfish tasting opportunities will allow the public to participate directly in lionfish control. The local diving community has been very enthusiastic in past tournament years, with hundreds of participants involved, and will allow them a chance to contribute their efforts to both invasive lionfish control, and public outreach.

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

The festival will be an opportunity for local chefs to demonstrate their skills in preparing an exotic fish, the invasive lionfish, for the public to sample. This will allow them to promote local businesses and restaurants, and inspire the public to stimulate the market for lionfish. This will also be a great networking opportunity for local wholesale dealers (fish markets) to meet the local diving community and establish connections for moving lionfish out of the water and on to the dinner plate.

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. http://www.reefmonitoring.org/lionfish-safari.html
Please provide a phone number that can be advertised to the public.
What is the estimated attendance for this event? Spectators 5000 Participants 200 Last Year's Total Attendance 500
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

[ ] 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: Meaghan Faletti

Co-Sign:

Title: Event Coordinator

Date: 01/09/2017

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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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.

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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.

__________________________________________________________________________

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

Name: Reef Monitoring, Inc. Phone:

Address (including zip): PO Box 548 Tarpon Springs, FL 34688

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.

__________________________________________________________________________
Other Comments: Please describe your fee structure.

Other comments:

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Name: Meaghan Faletti  Title: Event Coordinator  Date: 01/09/2017
Appendix A

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* 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: Reef Monitoring, Inc.
Name of Responsible Party (President or CEO ONLY): Heyward Mathews
Title of Responsible Party: President
Physical Address of Responsible Party: 109 Maplewood Ave. Clearwater, FL 33765
Phone Number of Responsible Party: (727) 799-4326
Email Address of Responsible Party: heyward.mathews@reefmonitoring.org
Nonprofit (Employee Identification Number): 27-2970872

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

<table>
<thead>
<tr>
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**TOTAL GROSS REVENUE**

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

<table>
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**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

<p>| | |</p>
<table>
<thead>
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**TOTAL ALLOCATION OF NET INCOME**

**Prepared by:** Meaghan Faletti  
**Date:** 01/09/2017
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,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC
### Detail by Entity Name

**Florida Not For Profit Corporation**

**REEF MONITORING INC.**

#### Filing Information

<table>
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<th>Field</th>
<th>Value</th>
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<tr>
<td>FEVEIN Number</td>
<td>27-2970872</td>
</tr>
<tr>
<td>Date Filed</td>
<td>06/28/2010</td>
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<td>Event Effective Date</td>
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#### Principal Address

109 MAPLEWOOD AVE  
CLEARWATER, FL 33765

#### Mailing Address

PO Box 548  
Tarpon Springs, FL 34688

**Changed:** 01/09/2017

#### Registered Agent Name & Address

MATHEWS, HEYWARD DR.  
109 MAPLEWOOD AVE  
CLEARWATER, FL 33765

#### Officer/Director Detail

**Name & Address**

**Title President**

MATHEWS, HEYWARD DR.  
109 MAPLEWOOD AVE  
CLEARWATER, FL 33765

**Title VP**

LARA, MONICA DR.  
2071 HILLWOOD DR  
CLEARWATER, FL 33763
<table>
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<th>Report Year</th>
<th>Filed Date</th>
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<tr>
<td>2015</td>
<td>04/30/2015</td>
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<tr>
<td>2016</td>
<td>03/31/2016</td>
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<tr>
<td>2017</td>
<td>01/09/2017</td>
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</table>

**Document Images**

- 01/09/2017 – ANNUAL REPORT
- 03/31/2016 – ANNUAL REPORT
- 04/30/2015 – ANNUAL REPORT
- 01/15/2014 – ANNUAL REPORT
- 04/03/2013 – ANNUAL REPORT
- 02/16/2012 – ANNUAL REPORT
- 03/06/2011 – ANNUAL REPORT
- 12/29/2010 – Amendment
- 06/29/2010 – Domestic Non-Profit
Purpose of Use: LIONFISH SAFARI  
Expected: 5,000  
Co-Sponsored Event  
Contract Balance $430.00

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 06 Sep 17 06:00 am
Ending: Mon 11 Sep 17 12:00 pm

Facility/Equipment Date Time Fee Extra Fee Tax Total
North Straub Park Wed 06 Sep 2017 06:00 AM $0.00 $400.00 $0.00 $400.00
11 Sep 2017 12:00 PM

Additional Fees:
Co-Sponsored Application Fee
- Quantity: 1
- Charge: $30.00
- Tax: $0.00
- Total: $30.00

Co-Sponsored Park Permit Fee
- Hours: 126:00
- Quantity: 2
- Charge: $400.00
- Tax: $0.00
- Total: $400.00

Charges:
- Fees: $0.00
- Extra Fees: $430.00
- Tax: $0.00
- Total: $430.00

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) MEAGHAN FALETTI
(Print Name) REEF MONITORING 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:** One Step Closer to the Cure 2017  
**Entity Name:** Celma Mastry Ovarian Cancer Foundation  
**Event Date(s):** September 23, 2017  
**Location:** Albert Whitted Park - 480 Bayshore Dr. SE St. Pete, FL  
**Day 1 of Event:** September 23, 2017  
**Time Gates Open:** 5:00 a.m.  
**Ending Time:** 11:30 a.m.  
**Day 2 of Event:**  
**Time Gates Open:**  
**Ending Time:**  
**Day 3 of Event:**  
**Time Gates Open:**  
**Ending Time:**

**Application Prepared by:** Claudette M. Carlan  
**Title:** President  
**Address:** P.O. Box 48787  
**City:** St. Pete.  
**State:** FL  
**Zip:** 33743-878  
**Email Address:** ccarlan@cmocf.org  
**Additional Contact Person:** Diane Prince  
**Day Phone:** 727 522-9471 Ext.224

**What month/year were you incorporated as nonprofit?** 2003  
**List all 501(c)3 entities that will benefit from this event:** Celma Mastry Ovarian Cancer Foundation  
**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.**

CMOCF assists women in the Tampa Bay Area who are in cancer treatment with bills for rent, mortgages, car payments and other personal expenses and uses the One Step Event as a fund raiser to secure these funds for assistance. In 2016 we provided $70,589.00 in assistance to women in treatment.  
We invite out of towners to participate and stay in hotels in St. Pete. We also advertise the course which is on St. Pete's great waterfront and entice participants to enjoy this great asset.

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

We advertise nation wide and encourage runners to participate and visit St. Petersburg's beautiful and fun downtown and waterfront course. We partner with hotels near the downtown area for discounts for 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?** 1,000,000.00

**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:** $25-40.00  
**Day of:** $30-50.00

**Please provide the website address for your event:** cmocf.org

**Please provide a phone number that can be advertised to the public:** 863 381-2034

**What is the estimated attendance for this event?**  
Spectators: 50-100  
Participants: 1700  
Last Year's Total Attendance: 1500
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) 

# Bleachers needed. Each bleacher approx. 180 people

Tables (6 ft) # needed

Public Address System

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: Claudette M. Carlan

Co-Sign:

Title: President

Date: 01/12/2017

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>
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<tr>
<td>Vendors / Exhibitors</td>
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<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>
</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>
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<td>VIP Area</td>
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<tr>
<td>Staging</td>
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<td>Amplified Sound</td>
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<tr>
<td>Security</td>
<td>Professional Performers Showmobile Other</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Performers Announcement Only</td>
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<tr>
<td>Off-site Parking / Shuttle</td>
<td>Daytime - Private Overnight - Private Event Time Frame - SPPD</td>
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<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Regular Units 6 Disabled Units 2 Hand Washing</td>
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</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: ☐ Celma Mastry Ovarian Cancer Foundation Phone: 863 381-2034
Address (including zip): ☐ P.O. Box 48787 St. Petersburg, FL 33743-8787

Type of music, # of stages, and # of bands.
DJ and Musicians 1 Stage

List Vending Products. Name & Provider.

Type 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.

Announcements and recognition of Sponsors

Discuss your load in/load out parking needs, include times and dates.
1/22/2017 - Setting up tents and tables and chairs 12:00 noon - 5:30 p.m.
1/23/2017 - Early registration and final preparation of course 5:00 a.m.
Other Comments: Please describe your fee structure.

3 different runs/walks - $25.00 for adults and $15.00 for children - 1 mile walk
5K walk/run $35-40 for adults and $15.00 children under 18 years old
10K walk/run $45 for adults and $20.00 children under 18 years old.
Additional $5-10 for late fees, week before and day of 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: Claudette M. Carlan
Title: President
Date: 1/12/2017
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>Celma Mastry Ovarian Cancer Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Claudette M. Carlan</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>P.O. Box 48787 - St. Petersburg, FL 33743-8787</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>863 381-2034</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:carlan@cmocf.org">carlan@cmocf.org</a></td>
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<tr>
<td><strong>Nonprofit</strong> (Employee Identification Number):</td>
<td>33-1023477</td>
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<thead>
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<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
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<tr>
<td>Title of Responsible Party:</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
</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><strong>For-profit</strong> (Employee Identification Number)</td>
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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)

**Name of Event:** One Step Closer to the Cure 2017  
**Date(s) of Event:** 9/23/2017

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

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<tr>
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<tr>
<td>Donations</td>
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<tr>
<td>Participants</td>
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**TOTAL GROSS REVENUE:** $103,500.00

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

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<th>Item</th>
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<tr>
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<td>Shirts and Medals</td>
<td>$24,000.00</td>
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<tr>
<td>Rentals - Tents, Chairs, etc.</td>
<td>$6,000.00</td>
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<td>St. Pete. City - including police and park</td>
<td>$17,000.00</td>
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**TOTAL OPERATING EXPENSES:** $47,600.00

**TOTAL NET INCOME:** $55,900.00

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

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

**TOTAL ALLOCATION OF NET INCOME:** $55,900.00

Prepared by: Claudette M. Carlan  
Date: [ ]

Submit Application by Email
Print Application
Contract/Permit

Contract #: 19301
Date: 12 Jan 2017

CELMA MASTRY OVARIAN CANCER FOUNDATION
CLAUDETTE CARLAN
PO BOX 48787
ST PETERSBURG FL 33773 USA

Purpose of Use: Celma Mastry One Step Closer
Expected: 0

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 16 Sep 17 06:00 am
Ending: Sat 16 Sep 17 03:00 pm

Facility/Equipment | Day | Date       | Time       | Fee | Extra Fee | Tax | Total
Albert Whitted Park | Sat 16 Sep 2017 | 06:00 AM  | 03:00 PM | $0.00 | $230.00 | $0.00 | $230.00

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Application Fee: $30.00
  - Co-Sponsored Park Permit Fee: $200.00

Charges:
- Fees: $0.00
- Extra Fees: $230.00
- Tax: $0.00
- Total: $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) CLAUDETTE CARLAN
(Print Name) CELMA MASTRY OVARIAN CANCER FOUNDATION
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.
Detail by FEI/EIN Number

Florida Not For Profit Corporation
CELMA MASTRY OVARIAN CANCER FOUNDATION, INC.

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Principal Address
2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Mailing Address
2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Registered Agent Name & Address
MASTRY, CONSTANTINE E
8360 73RD COURT
PINELLAS PARK, FL 33781

Name Changed: 04/14/2009
Address Changed: 04/14/2009

Officer/Director Detail
Name & Address
Title VPSD
JANSSEN, JULIE
P.O. BOX 48787
St. Petersburg, FL 33743
Title P

CARLAN, CLAUDETTE
4309 DEERWOOD DR
ZOLPHO SPRINGS, FL 33890

Title VD

MASTRY, MICHAEL GMD
3B BEAUFORT CT, RABY BAY
CLEVELAND, QU 4163 AU

Title TRD

MASTRY, CONSTANTINE E
10840 SW 121 Ave Road
Dunnellon, FL 34432

Annual Reports

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http://search.sunbiz.org/Inquiry/corporationsearch/SearchResultDetail?inquirytype=FeiNumbe... 1/12/2017
Event Title: One Step Closer to the Cure 2017
Entity Name: Celma Mastry Ovarian Cancer Foundation
Event Date(s): September 23, 2017
Location: Albert Whitted Park - 480 Bayshore Dr. SE St. Pete., FL
Day 1 of Event: 9/23/2017 Time Gates Open: 5:00 a.m. Ending Time: 11:30 a.m.
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:
Application Prepared by: Claudette M. Carlan
Title: President
Address: P.O. Box 48787 City: St. Pete. State: FL Zip: 33743-878
Email Address: ccarlan@cmocf.org
Additional Contact Person: Diane Prince Day Phone: 727 522-9471 Ext. 224
What month/year were you incorporated as nonprofit? 2003
List all 501(c)3 entities that will benefit from this event. Celma Mastry Ovarian Cancer Foundation
Name of the for-profit entity? None
Describe how this event will contribute to the quality of life and enhance the image of St. Petersburg.
CMOCF assists women in the Tampa Bay Area who are in cancer treatment with bills for rent, mortgages, car payments and other personal expenses and uses the One Step Event as a fund raiser to secure these funds for assistance. In 2016 we provided $70,589.00 in assistance to women in treatment.
We invite out of towners to participate and stay in hotels in St. Pete. We also advertise the course which is on St. Pete's great waterfront and entice participants to enjoy this great asset.

Describe what economic benefit and impact this event will bring to St. Petersburg.
We advertise nation wide and encourage runners to participate and visit St. Petersburg's beautiful and fun downtown and waterfront course. We partner with hotels near the downtown area for discounts for 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
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: $25-40.00 Day of: $30-50.00
Please provide the website address for your event. cmocf.org
Please provide a phone number that can be advertised to the public. 863 381-2034
What is the estimated attendance for this event? Spectators 50-100 Participants 1700 Last Year's Total Attendance 1500
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
[X] 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: Claudette M. Carlan
Co-Sign: [ ]
Title: President
Date: 01/12/2017

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.

### Condition
- [x] Public Invited
- [x] Located in Park
- [ ] Vending Product / Merchandise Sales
- [x] Vending Food / Beverage
- [x] Vendors / Exhibitors
- [x] Vending Beer / Wine
- [x] Erecting Tents - Larger than 10ft x 12ft
- [ ] Fence Installation
- [ ] Other Structures
- [x] Open Flame Food Preparation
- [ ] Pyrotechnics
- [x] Require Street Closure
- [ ] VIP Area
- [x] Staging
- [ ] Amplified Sound
- [x] Security
- [x] Sanitary Facilities - Port-O-Lets
- [ ] Off-site Parking / Shuttle
- [x] Semitruck / Tractor Trailer

### Obligation
- General Liability Insurance
- Park Permit
- Occupational License
- Health Inspection
- Alcohol Permit Additional insurance Required
- Temporary Structure Permit
- Temporary Structure Permit
- Temporary Structure Permit
- Fire Inspection Permit
- Fireworks Permit
- Parade or Street Closure Permit(s)

- Professional
- Showmobile
- Other
- Performers
- Announcement Only
- Daytime - Private
- Overnight - Private
- Event Time Frame - SPPD
- Regular Units
- Disabled Units
- Hand Washing

### Marketing: Please check all that apply.
- [ ] Invitations
- [x] Posters / Flyers
- [x] 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: Celma Mastry Ovarian Cancer Foundation Phone: 863 381-2034

Address (including zip): P.O. Box 48787 St. Petersburg, Fl 33743-8787

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

DJ and Musicians 1 Stage

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.

Announcements and recognition of Sponsors

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

1/22/2017 - Setting up tents and tables and chairs 12:00 noon - 5:30 p.m.
1/23/2017 - Early registration and final preparation of course 5:00 a.m.
Other Comments: Please describe your fee structure.

3 different runs/walks - $25.00 for adults and $15.00 for children - 1 mile walk
5K walk/run $35-40 for adults and $15.00 children under 18 years old
10K walk/run $45 for adults and $20.00 children under 18 years old.
Additional $5-10 for late fees, week before and day of 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: Claudette M. Carlan   Title: President   Date: 1/12/2017
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: Mastry Ovarian Cancer Foundation

Name of Responsible Party (President or CEO ONLY): Claudia M. Carlan

Title of Responsible Party: President

Physical Address of Responsible Party: P.O. Box 48787 - St. Petersburg, FL 33743-8787

Phone Number of Responsible Party: 863-381-2034

Email Address of Responsible Party: ccarlan@cmocf.org

Nonprofit (Employee Identification Number): 33-1023477

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)

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<th>Name of Event:</th>
<th>One Step Closer to the Cure 2017</th>
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<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>9/23/2017</td>
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I. **REVENUE SOURCES** (attach sheet if more space is needed)  

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<td>2. Donations</td>
<td>$20,000.00</td>
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<tr>
<td>3. Participants</td>
<td>$45,000.00</td>
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8. **TOTAL GROSS REVENUE** | $103,500.00 |

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

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<td>1. Insurance</td>
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<tr>
<td>2. Shirts and Medals</td>
<td>$24,000.00</td>
</tr>
<tr>
<td>3. Rentals - Tents, Chairs, etc.</td>
<td>$6,000.00</td>
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<tr>
<td>4. St. Pete. City - including police and park</td>
<td>$17,000.00</td>
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12. **TOTAL OPERATING EXPENSES** | $47,600.00 |

11. **TOTAL NET INCOME** | $55,900.00 |

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

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6. **TOTAL ALLOCATION OF NET INCOME** | $55,900.00 |

Prepared by: Claudette M. Carlan  
Date:  

Print Application  
Submit Application by Email
CELMA MASTRY OVARIAN CANCER FOUNDATION
CLAUDETTE CARLAN
PO BOX 48787
ST PETERSBURG FL 33773 USA

Purpose of Use: Celma Mastry One Step Closer
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 16 Sep 17 06:00 am
Ending: Sat 16 Sep 17 03:00 pm

Facility/Equipment

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Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Application Fee: 9:00, 1, $30.00, $0.00, $30.00
  - Co-Sponsored Park Permit Fee: 9:00, 1, $200.00, $0.00, $200.00
- Extra Fee - Bookings: 2, $230.00, $0.00, $230.00

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

Rental charges are due according to the following schedule:
- Date: Saturday, Sep 2, 2017
- Amount: $230.00

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)

(Print Name) CLAUDETTE CARLAN

CELMA MASTRY OVARIAN CANCER FOUNDATION

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) Parks and Recreation Superintendent

(Print Name) Parks and Recreation Department
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Detail by FEI/EIN Number

Florida Not For Profit Corporation
CELMAS MASTRY OVARIAN CANCER FOUNDATION, INC.

Filing Information

Document Number: N02000002758
FEI/EIN Number: 33-1023477
Date Filed: 04/08/2002
State: FL
Status: ACTIVE
Last Event: CORPORATE MERGER
Event Filed: 11/30/2015
Event Effective Date: NONE

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2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

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SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Registered Agent Name & Address
MASTRY, CONSTANTINE E
8360 73RD COURT
PINELLAS PARK, FL 33781

Name Changed: 04/14/2009
Address Changed: 04/14/2009

Officer/Director Detail
Name & Address

Title: VPSD

JANSSEN, JULIE
P.O. BOX 48787
St. Petersburg, FL 33743
Detail by FEI/EIN Number

Title P

CARLAN, CLAUDETTE
4309 DEERWOOD DR
ZOLPHO SPRINGS, FL 33890

Title VD

MASTRY, MICHAEL GMD
3B BEAUFORT CT, RABY BAY
CLEVELAND, QU 4163 AU

Title TRD

MASTRY, CONSTANTINE E
10640 SW 121 Ave Road
Dunnellon, FL 34432

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02/06/2004 - ANNUAL REPORT  View image in PDF format
02/17/2003 - ANNUAL REPORT  View image in PDF format
09/17/2003 - Name Change  View image in PDF format
04/08/2002 - Domestic Non-Profit View image in PDF format
Event Title: 2017 Tampa Bay Walk for Children with Apraxia of Speech
Entity Name: CASANA Childhood Apraxia of Speech Association of North America
Event Date(s): May 13, 2017
Location: Flora Wylie Park
Day 1 of Event: May 13, 2017
Time Gates Open: 8:00am
Ending Time: 1:00pm
Day 2 of Event: Time Gates Open:
Ending Time:
Day 3 of Event: Time Gates Open:
Ending Time:
Application Prepared by: Rachel Anderson
Title: Event Coordinator
Address: 5523 18th St NE
City: St Petersburg
State: FL
Zip: 33703
Email Address: apraxiatampabay@gmail.com
Additional Contact Person: Justin LeWinter
Day Phone: 412-455-5085
What month/year were you incorporated as nonprofit? January 2000
List all 501(c)3 entities that will benefit from this event. CASANA and St. Petersburg SERTOMA Club
Name of the for-profit entity?
Describes how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The 2017 Tampa Bay Walk for Children with Apraxia will contribute to funds provided by the St Petersburg SERTOMA Noon Club in covering the costs of expensive speech evaluations at All Children's Hospital Speech and Language Outpatient Clinic in St. Petersburg for low income families and families without insurance. Funds raised through the walk will also provide direct support to local children through individual therapy grants and awards of iPads as communication tools. Families within a walk community have precedence for receiving grant funds, conference scholarships and iPads. The Walk for Apraxia event brings together children, families, service providers and school programs from across Central and West/South West Florida. Having the City of St. Petersburg Co-Sponsor the walk event with SERTOMA and CASANA will enhance their image by connecting community providers and families while raising awareness and educating our community about the rare disorder of apraxia.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Families from around the Central and West/South West region of Florida will come to attend the event. Families will be staying in and around the area frequenting local businesses and restaurants. Funds raised will go to support local community families with a child affected by Apraxia.

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/$10 Day of: $25/$15
Please provide the website address for your event. TBA
Please provide a phone number that can be advertised to the public. 727-204-5170
What is the estimated attendance for this event? Spectators
Participants 600 Last Year's Total Attendance 500
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</td>
<td>Coliseum</td>
<td>Which Location?</td>
</tr>
<tr>
<td>Tables (6 ft) # 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: Rachel Anderson  Title: Event Coordinator  Date: 1/12/2017
Co-Sign: Justin LeWinter  Title: Event and Volunteer MGR  Date: 1/12/2017

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></td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Alcohol Permit 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>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Professional</td>
</tr>
<tr>
<td>Security</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Other</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 [1]</td>
</tr>
<tr>
<td></td>
<td>Disabled Units [1]</td>
</tr>
<tr>
<td></td>
<td>Hand Washing [1]</td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td>City logo should be used in any promotional</td>
</tr>
<tr>
<td>Invitations</td>
<td>materials, posters, flyers, ads, website, public</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>service announcements, and press releases.</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</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.

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: Rachel Anderson/Justin LeWinter
Phone: 727-204-5170

Address (including zip): 5523 18th St NE St. Petersburg, FL 33703

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.

A brief introduction by the walk coordinator explaining apraxia, SERTOMA and CASANA's role in funding research, providing resources, therapy grants, and communication devices will occur. We will award each child with apraxia a medal then begin the walk.

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

Families will park in the parking lot next to the park between 8:00am and 1:00pm.
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 GENERILITY 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: Rachel Anderson  Title: Event Coordinator  Date: 1/12/2017
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: Childhood Apraxia of Speech of North America / SERTOMA Club of St. Petersburg

Name of Responsible Party (President or CEO ONLY): Sharon Gretz / Rob Shingler

Title of Responsible Party: Executive Director/Founder / President

Physical Address of Responsible Party: 416 Lincoln Ave, 2nd Floor, Pittsburgh, PA 15209

Phone Number of Responsible Party: 412-343-7102

Email Address of Responsible Party: sharong@apraxia-kids.org

Nonprofit (Employee Identification Number): EIN # 25-1858159 / EIN # 59-6213297

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Online preregistration and donations</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>2. Day of registration and donations</td>
<td>$1,000.00</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>$11,000.00</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. Site rental</td>
<td>$650.00</td>
</tr>
<tr>
<td>2. Permits/application</td>
<td>$230.00</td>
</tr>
<tr>
<td>3. Port o Potties</td>
<td>$225.00</td>
</tr>
<tr>
<td>4. Table &amp; chair rental</td>
<td>$895.00</td>
</tr>
<tr>
<td>5. Tent rental</td>
<td>$1,420.00</td>
</tr>
<tr>
<td>6. Food/beverages</td>
<td>$300.00</td>
</tr>
<tr>
<td>7. DJ</td>
<td>$250.00</td>
</tr>
<tr>
<td>8. Talent/entertainment</td>
<td>$0.00</td>
</tr>
<tr>
<td>9. Event decor, give aways &amp; supplies</td>
<td>$200.00</td>
</tr>
<tr>
<td>10. Signage/banners</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. Tshirts</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>12. Medals</td>
<td>$200.00</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$7,871.00</strong></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td><strong>$3,129.00</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. 80% of Net income goes to apraxia programs (therapy grants, Ipad program)</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>2. 20% towards operational expenses</td>
<td>$5,000.00</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><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td><strong>$11,000.00</strong></td>
</tr>
</tbody>
</table>

Prepared by: Rachel Anderson
Date: Jan 12, 2017
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Simpson & McCrady LLC
310-330 Grant Street
Suite 1320
Pittsburgh PA 15219-2233

INSURED
Childhood Apraxia Speech Association of North America
416 Lincoln Avenue, 2nd Floor
Pittsburgh PA 15209

COVERAGES

TYPE OF INSURANCE
LIMIT

COMMERCIAL GENERAL LIABILITY
$1,000,000

EXCESS LIABILITY
$3,000,000

AUTOMOBILE LIABILITY

Bodily Injury (Per Person)
$50,000

Property Damage (Per Accident)
$100,000

WORKERS' COMPENSATION

Each Accident
$25,000

Each Employee
$100

LIMITS

LIMITS

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CERTIFICATE HOLDER
City of St. Petersburg Parks and Recreation
1400 19th Street North
St. Petersburg, FL 33713

CANCELLATION

Jean Kowalecki/JEAN

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Date: MAR 23 2005

CHILDHOOD APRAXIA OF SPEECH
ASSOCIATION OF NORTH AMERICA
1151 FREEPORT RD STE 243
PITTSBURGH, PA 15238-0000

Dear Applicant:

Our letter dated October 23, 2000, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:30 a.m. - 5:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations Rulings and Agreements

Letter 1050 (DO/CG)
State of Florida
Department of State

I certify from the records of this office that SERTOMA CLUB OF ST.
PETERSBURG, INC. is a corporation organized under the laws of the State of
Florida, filed on September 21, 1976.

The document number of this corporation is 736847.

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 April 7, 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 Seventh day of April, 2016

[Signature]
Secretary of State

Tracking Number: CC7663470590

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

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication
To Whom It May Concern,

I am writing this letter in hopes that the application late fees be waived for our unique family event in order to allow us to schedule the 2017 Tampa Bay Walk for Children with Apraxia of Speech in May.

This will be the third year of us utilizing the beautiful Flora Wylie Park for this ever growing event which serves to raise awareness, build community and generate funds to support children With Apraxia of speech which is a rare neurological disorder which, among other things, impedes a child’s ability to speak.

This event has typically been held in October, this is our 7th Year holding a walk in the Tampa area, but we are planning to move the event to May in order to coincide with National Apraxia Awareness Day as well as National Speech and Hearing month per the advice of some of our sponsors.

The event planners, including myself, would really love to host the walk at Flora Wylie again but in good conscience cannot commit to paying the late fee as all funds generated for and during the event support kids with Apraxia. Sue will confirm that we raise every single penny just to put the event on. As a parent that has a child affected by Apraxia I can attest this is a lonely, expensive and difficult journey. This event brings families together from all around the state to connect and support each other.

The location is perfect as it is beautiful, spacious and convenient to attendees that travel from all over the state plus it has a safe, short walk for young children – the honorees of the event. Having it along St. Pete’s waterfront park has been such a big factor in families returning to the event.

Please consider waiving the late fees so that we can host our event this May. We look forward to your response and appreciate the City of St. Pete’s ongoing support for our children and families.

Respectfully,

Rachel Anderson, Tampa Bay Walk for Children with Apraxia Coordinator
CHILDHOOD APRAXIA OF SPEECH ASSOCIATION
RACHEL ANDERSON
5523 18TH ST NE
ST PETERSBURG FL 33703 USA

Purpose of Use: Walk for Apraxia
Expected: 0

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 13 May 17 06:00 am
Ending: Sat 13 May 17 04:00 pm

Facility/Equipment: Flora Wylie Park
Day: Sat
Date: 13 May 2017
Time: 06:00 AM - 04:00 PM

Fee Extra Fee Tax Total
$0.00 $230.00 $0.00 $230.00

Additional Fees:
- Co-Sponsored Application Fee: $30.00
- Co-Sponsored Park Permit Fee: $200.00

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

Deposit Total Applied Contract Balance Account Balance
$0.00 $230.00 $0.00 $230.00 $0.00

Rental charges are due according to the following schedule:
- Date: Saturday, Apr 29, 2017
- Amount: $230.00

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): RACHEL ANDERSON
(Part Name): CHILDHOOD APRAXIA OF SPEECH ASSOCIATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent
(Part 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.
Detail by FEI/EIN Number

Foreign Not For Profit Corporation
CHILDHOOD APRAXIA OF SPEECH ASSOCIATION OF NORTH AMERICA, INC.

Filing Information
Document Number: F15000000979
FEI/EIN Number: 25-1858159
Date Filed: 03/06/2015
State: PA
Status: ACTIVE

Principal Address
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Mailing Address
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Registered Agent Name & Address
FROMKNECHT, JEFF
980 NORTH FEDERAL HIGHWAY, SUITE 110
BOCA RATON, FL 33432

Officer/Director Detail
Name & Address

GRETZ, SHARON
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

HENNESSY, KATHY
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

NOVAK, GARY
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209
Title P

STURM, MARY
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title S

FREIBURGER, SUSAN
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title D

RAINESS, JEFF
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title Director

Zellers, Joshua
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Annual Reports

Report Year Filed Date
2016 03/24/2016

Document Images

03/24/2016 - ANNUAL REPORT
View image in PDF format.

03/26/2015 – Foreign Non-Profit
View image in PDF format.
Event Title: Komen Florida Suncoast Pink Stiletto
Entity Name: Komen Florida Suncoast Affiliate of Susan G. Komen
Event Date(s): May 20, 2017
Location: 1st. Ave. N between 1st Street N and 3rd Street N
Day 1 of Event: 5/20/17 Time Gates Open: 12:30pm Ending Time: 6:00pm
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:
Application Prepared by: SUSAN DANIELS
Title: Event Director
Address: 1200 7th Ave N. City: St. Pete State: FL Zip: 33705
Email Address: SUSAN.DANIELS@BAYCARE.ORG
Additional Contact Person: Gina Kravitz Day Phone: 727-823-0984
What month/year were you incorporated as nonprofit? 1999
List all 501(c)3 entities that will benefit from this event: Numerous Local Breast Health Agencies
Name of the for-profit entity? NA
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
This Family Friendly Fun event will help raise awareness for breast cancer and encourage healthy lifestyle while having fun!

Describe what economic benefit and impact this event will bring to St. Petersburg.
Participants and spectators will patronize many of the local businesses and money raised will remain in the local area for local health organizations to aid women with inadequate care

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: www.komensuncoast.org
Please provide a phone number that can be advertised to the public. 727-823-0984
What is the estimated attendance for this event? Spectators: 100 Participants: 500 Last Year's Total Attendance: 45
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [ ]

# of 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) [ ]

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: [ ]

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>Alcohol Permit 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>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
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<tr>
<td>Security</td>
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<tr>
<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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</tr>
<tr>
<td>Professional</td>
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<tr>
<td>Performers</td>
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<tr>
<td>Announcement Only</td>
<td></td>
</tr>
<tr>
<td>Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</td>
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<tr>
<td>Event Time Frame - SPPD</td>
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<tr>
<td>Regular Units</td>
<td></td>
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<tr>
<td>Disabled Units</td>
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<tr>
<td>Hand Washing</td>
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<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

| Invitations | Radio | City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases. |
| Posters / Flyers | | |
| Newspaper / Internet | | |
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.

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.
Sound for announcements and streaming music for event

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.
Load in 8AM-12:30PM  5/20/17 1st Ave N.
Other Comments: Please describe your fee structure.

Early Bird sign up $20, increase to $25
Kids Fairy Dust Dash 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: SUSAN DANIELS
Title: Event Director
Date: 1/12/16
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 Nonprofit Corporation:</th>
<th>Komen Florida Suncoast Affiliate of Susan G. Komen for the Cure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Gina Kravitz</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1200 7th Ave N.</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-823-0984</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Gina.Kravitz@komensuncoast.org">Gina.Kravitz@komensuncoast.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>75-287-0702</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
# 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>Revenue Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Entry Fees</td>
<td>$785</td>
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<tr>
<td>Sponsorship</td>
<td>$1500</td>
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<tr>
<td>Donations</td>
<td>$860.45</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$3,145.45</td>
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## II. EXPENSES (attach sheet if more space is needed)

<table>
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<tr>
<td>City of St. Pete</td>
<td>$551.25</td>
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<tr>
<td>City of St. Petersburg Permit Fees</td>
<td>$30.00</td>
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<tr>
<td>Printing &amp; Supplies</td>
<td>$489.19</td>
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<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$1,070.44</td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td>$2,075.01</td>
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## 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>Florida Suncoast Community Grants Program</td>
<td>$1,556.26</td>
</tr>
<tr>
<td>Komen National Breast Cancer Research Grants Program</td>
<td>$518.75</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$2,075.01</td>
</tr>
</tbody>
</table>

Prepared by: Gina Kravitz
Date: 1/11/17
Pay to the Order of City of St. Petersburg $30.00

Grow Financial Application Fee

For Komen Stiletto Sprint Gina Kravitz

Jan. 12, 2017
Via: Email

January 4, 2016

Susan G. Komen® Florida Suncoast Affiliate
205 Dr. Martin Luther King St. N., Suite 2-133
St. Petersburg, FL 33701

To Whom It May Concern:

Attached please find a copy of the Susan G. Komen Breast Cancer Foundation, Inc.’s original group 501(c)(3) exemption ruling. The Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen Florida Suncoast, EIN #75-2870702, was included in the group exemption for the most recent tax year. To our knowledge, no action has been taken to revoke their group exemption.

Sincerely,

Miguel Perez
Vice President, Affiliate Network

MP/jm

Enclosures: Copy of Current 501(c)(3) Group Certification Letter
Copy of Original 501(c)(3) Group Exemption Letter
Florida Suncoast Affiliate - EIN Certificate
Dear Taxpayer:

This is in response to your July 10, 2015, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in June 1992, 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.

Contributions or gifts by individuals to domestic fraternal societies, orders, or associations, operating under the lodge system, used exclusively for 501(c)(3) purposes are deductible under section 170(c)(4) of the Code. If solicitations are made for contributions or gifts by individuals for non-501(c)(3) purposes, the solicitation must include a statement indicating that these payments are not deductible as charitable contributions for Federal income tax purposes.
SUSAN G KOMEN BREAST CANCER
FOUNDATION
SUSAN G KOMEN FOR THE CURE
% DR JUDITH SALERNO
5005 LBJ FREEWAY 250
DALLAS TX 75244-6125

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

[signature]
Doris Kenwright, Operation Mgr.
Accounts Management Operations 1
Internal Revenue Service  
Ogden, UT 84201-0023

EIN 75-1835298  
Notice Number – CP 119  
GEN Number – 7164

To Whom This May Concern:

Below is a summary of the changes that have been made directly on the group exemption form per the IRS instructions.

Address Changes  
All subsidiaries should have the address below:  
5005 LBJ Freeway, Suite 250  
Dallas TX 75244

Removal from list  
1. North Dakota Affiliate – EIN 26-4810260. This Affiliate is no longer active and needs to be removed from the list.

2. Aspen Chapter – EIN 84-1160739. This Affiliate has merged with the Denver Metropolitan Affiliate and needs to be removed from the list.

We appreciate your assistance with this matter. Please do not hesitate to give me a call should you have any questions at (972) 855-4381.

Sincerely,

[Signature]

Ria Williams  
Director, Financial Services  
Susan G Komen  

December 15, 2014
Why Are You Getting This Notice?

As a holder of a group exemption letter, you are required to annually provide us with current information about each subordinate unit included under your ruling. This information will help us update our records.

What Do You Need To Do?

1. Review and make needed changes directly on the enclosed list of your subordinates to the:
   - Employer identification number (EIN)
   - Name
   - Chapter name or local number
   - Address (including state and ZIP Code)

2. Add new subordinates. For each subordinate added, include the information listed in #1, above. If a subordinate does not have an EIN, apply for one online, by telephone, fax, or by mail.
   - Online - Go to the IRS website at www.irs.gov/businesses and click on "Employer ID Numbers."
   - Telephone - Call the IRS at 1-800-829-4933,
   - Fax - Fax the IRS at 801-620-3253, or
   - Mail - Complete Form SS-4 and mail it to the service center address for your state. See Form SS-4 instructions for more information.

3. Delete subordinates no longer included in the group exemption letter. If you delete subordinates, mark them on the listing as deleted and notify the deleted subordinates that they may be required to file federal tax returns and reports because they are no longer covered by a group exemption ruling.
4. If there are no changes to the enclosed list, sign the Declaration at the bottom of this notice and return it to us.

**What Happens If You Don't Provide This Information?**

If you do not submit the information required, your group exemption letter will be terminated. Your subordinates will have to file annual income tax returns. To reactivate the ruling, you will have to submit a new application for recognition of tax-exempt status for the group and pay the applicable user fee.

**How Can You Get Forms, Instructions and Publications?**

Forms, instructions and publications are available on our website at www.irs.gov or by calling the IRS Forms Distribution Center at 1-800-TAX-FORM (1-800-829-3676) (toll-free). Publication 557, Tax-Exempt Status for Your Organization, will assist you with tax-exempt organization questions. For more information about group exemption rulings and procedures, see the Publication 4573, Group Exemptions.

**Where Should You Send the Information?**

Mail your updated listing or signed Declaration (see the bottom of this page) to:

Department of Treasury  
Internal Revenue Service  
Ogden, UT 84201-0023

**When Is Your Response Due?**

The IRS must receive the updated information or signed Declaration 90 days before the end of your annual accounting period. Failure to reply could result in the loss of your group exemption letter.

**How Can You Get Help?**

If you have any questions about this notice, write us at the address shown above, or call us at 801-620-6019. If the number is outside your local calling area, you will incur a long-distance charge.

---

**DECLARATION**

I declare that I have examined the subordinate listing referred to in this notice and, to the best of my knowledge, no subordinate names or addresses have changed and no subordinates were added or deleted from our group.

Signature  
Date  
Title

Department of Treasury  
Internal Revenue Service  
Ogden, UT 84201-0023

SUSAN G. KOMEN BREAST CANCER FOUNDATION  
5005 LBJ FREEWAY 250  
DALLAS, TX 75244-6125
<table>
<thead>
<tr>
<th>GEN NUMBER</th>
<th>CYCLE 201439</th>
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</thead>
<tbody>
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<td>7164</td>
<td>% MARK NADOLNY CFO</td>
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<td><strong>PARENT</strong></td>
<td><strong>SUSAN G KOMEN BREAST CANCER FOUNDATION</strong></td>
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<td>13057-9248993</td>
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<td>232657570</td>
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<td>18503-1233806</td>
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751835298 SUBSIDIARY ORGANIZATION OF SUSAN G KOMEN BREAST CANCER FOUNDATION
GEN NUMBER 7164 SUBSIDIARY TOTAL IS 120 CYCLE 201439
Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code as organizations of the type described in section 501(c)(3).

Our records show that you were recognized as exempt from federal income tax under section 501(c)(3) of the Code. Your exemption letter remains in effect.

Based on information you supplied, we recognize your subordinates whose names appear on the list you submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in sections 501(c)(3) and 501(c)(4) of the Code.

Donors may deduct contributions to your subordinates as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your subordinates or for their 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.

Your subordinates whose gross receipts each year are normally more than $25,000 are each required to file Form 990, Return of Organization Exempt from Income Tax, by the 15th day of the fifth month after the end of their annual accounting period. If you prefer, you may file a group return for those subordinates that authorize you in writing to include them in that return. If you are required to file Form 990 for your own activities, you must file a separate return and may not be included on any group return that you file for your subordinates. The law imposes a penalty of $10 a day when a return is filed late.
unless there is reasonable cause for the delay. However, the maximum penalty imposed cannot exceed $25,000 or 5 percent of gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so your subordinates should make sure their returns are complete before filing them. Please advise your subordinates that, if they receive a Form 990 package in the mail, they should file the return even if their gross receipts do not exceed the $25,000 maximum. If not required to file, a subordinate should simply attach the label provided, check the box in the heading to indicate that its annual gross receipts are normally $25,000 or less, and sign the return. This will allow us to update our records to show that the subordinate is not required to file and to delete that subordinate from the list of organizations that will receive Form 990 packages in future years.

Your subordinates are not required to file federal income tax returns unless subject to the tax on unrelated business income under section 512 of the Code. Each organization subject to this tax must file Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your subordinates’ present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

As of January 1, 1984, each of your subordinates is liable for social security taxes under the Federal Insurance Contributions Act on remuneration of $100 or more they pay to each of their employees during a calendar year. Your subordinates are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Each year, at least 30 days before the end of your annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown below:

1. A statement describing any changes during the year in the purpose, character, or method of operation of your subordinates:

2. A list showing the names, mailing addresses (including Postal ZIP Code), actual addresses if different, and employer identification numbers of subordinates that, since your previous report:
   a. Changed names or address;
   b. Were deleted from your roster; or
   c. Were added to your roster;

3. For subordinates to be added, attach:
   a. A statement that the information on which your present group exemption letter is based applies to the new subordinates;
   b. A statement that each has given you written authorization to add its name to the roster;
   c. A list of those to whom the service previously issued exemption rulings or determination letters;
   d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in

[Letter 12154(2014)]
section 501(c)(3): 

e. The street address of each subordinate unique mailing address is a P.O. Box; and

f. The information required by Revenue Procedure 75-50, 1975-2 C.B. 587, for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 236. This is the same information required by Schedule A, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.

4. If applicable, a statement that your group exemption letter did not change since your previous report.

The above information should be sent, "Attention: Entity Control Unit," to the following address:

Internal Revenue Service Center
M51 I,4 Livingston Highway
Stop 1131 AMC
Austin, Texas 78794

The service center that processes your returns will send you a Group Exemption Number. Your subordinates are required to include this number on each Form 990, Return of Organization Exempt from Income Tax, and Form 990-EZ, Exempt Organization Business Income Tax Return, that they file. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

If the heading of this letter indicates that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about the exempt status and foundation status of your subordinates, you should keep it for your records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Gary D. Smith
District Director
**Form SS-4**

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See Instructions.)

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<tr>
<th>Field</th>
<th>Information Provided</th>
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<td>1. Name of applicant (legal name)</td>
<td>Susan Braun, President - International Headquarters</td>
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<tr>
<td>2. Trade name of business (if different from name on line 1)</td>
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<td>3. State or foreign country</td>
<td>Delaware</td>
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<td>4. Mailing address (street address)</td>
<td>5005 LBJ Freeway Suite 2500, Same City, State, and ZIP code: Dallas, TX 75244</td>
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<td>5. City, state, and ZIP code</td>
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<td>6. Reason for applying</td>
<td>For research, education, and study of breast cancer</td>
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<td>7. Date business started or acquired</td>
<td>December 9/31/99</td>
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<td>8. Type of entity</td>
<td>Sole proprietor (SSN)</td>
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<td>9. Number of employees expected in next 12 months</td>
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<td>10. Date business started or acquired</td>
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<td>11. Date of accountancy</td>
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<td>12. Date business started or acquired</td>
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<td>13. Reason for applying</td>
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<td>15. Legal name</td>
<td>Susan Braun, President - International Headquarters</td>
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<td>16. To whom are most of the products or services sold?</td>
<td>Business (wholesale)</td>
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<td>17a. Has the applicant ever applied for an employer identification number for this or any other business?</td>
<td>No</td>
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<td>17b. If you checked &quot;Yes&quot; on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.</td>
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<td>18. Approximate date when and city where the application was filed</td>
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<td>19. Name and title</td>
<td>Patrice P. Toosi, CFO</td>
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<td>20. Business telephone number</td>
<td>972-335-4317</td>
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<td>22. Date</td>
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**Note:** Do not write below this line. For official use only.
**Contract/Permit**

**Contract #:** 19338  
**Date:** 18 Jan 2017  
**User:** DWBurns  
**Status:** Firm  
**Primary #:** (727) 823-0728  
**Secondary #:** ()  
**Other #:** ()

**SUSAN G KOMEN BREAST CANCER FOUNDATION**  
**SUSAN DANIELS**  
**PO BOX 12648**  
**ST PETERSBURG FL 33733 USA**

**Purpose of Use:** KOMEN STILETO RUN  
**Expected:** 500  
**Co-Sponsored Event**  
**Contract Balance:** $0.00

**Conditions of Use:** Insurance Required

**Other Information:**

| Use |  
| Use of beer and wine | Yes |
| Use of fencing | No |
| Use of liquor | No |

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

- **Starting:** Sat 20 May 17 09:00 am  
- **Ending:** Sat 20 May 17 07:00 pm

**Facility/Equipment**

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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) 
(SUSAN DANIELS) 
SUSAN G KOMEN BREAST CANCER FOUNDATION

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name)  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department

Manager

Approved or Rejected Date: 

Supervisor II / Foreman

Approved or Rejected Date: 

Printed: 18 Jan 2017, 09:42 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.
Contract/Permit

Contract #: 19338
Date: 18 Jan 2017

SUSAN G KOMEN BREAST CANCER FOUNDATION
SUSAN DANIELS
PO BOX 12848
ST PETERSBURG FL 33733 USA

Purpose of Use: KOMEN STILETO RUN
Expected: 500
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: Sat 20 May 17 09:00 am
Ending: Sat 20 May 17 07:00 pm

Facility/Equipment Day Date Time Fee Extra Fee Tax Total
Special Programs Sat 20 May 2017 09:00 AM $0.00 $0.00 $0.00 $0.00
Special Event 07:00 PM

Additional Fees:
- Extra Fee
- Co-Sponsored Application Fee

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<thead>
<tr>
<th>Service Type</th>
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<td>1</td>
<td>$30.00</td>
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</table>

Charges:
- Fees $0.00
- Extra Fees $30.00
- Tax $0.00
- Total $30.00

Deposit $0.00
Total Applied $30.00
Contract Balance $0.00
Account Balance $0.00

Balance of rental due and payable immediately.

Payments:
Date: 12 Jan 2017
Amount: $30.00
Payment Type: Check
Reference: Rental
Receipt Number: 2706660

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): SUSAN DANIELS
(Print Name) SUSAN G KOMEN BREAST CANCER FOUNDATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Date:

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.
Detail by Entity Name

Foreign Not For Profit Corporation

FLORIDA SUNCOAST AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Filing Information

Document Number F99000006677
FEI/EIN Number 75-2870702
Date Filed 12/28/1999
State DE
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 03/04/2002
Event Effective Date NONE

Principal Address

5005 LBJ FREEWAY
SUITE 250
DALLAS, TX 75244

Changed: 04/27/2007

Mailing Address

5005 LBJ Freeway #250
Dallas, TX 75244

Changed: 04/30/2014

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Officer/Director Detail

Name & Address

Title Director

Clark, Gail
205 Dr. Martin Luther King St. N
Suite 2-133
St Petersburg, FL 33701

Title TREA
Hochsprung, Anne  
205 Dr. Martin Luther King St. N.,  
Suite 2-133  
St. Petersburg, FL 33701  
Title Director

Degala, Lalitha  
205 Dr. Martin Luther King St. N.,  
Suite 2-133  
St. Petersburg, FL 33701  
Title Secretary

Lewis, Wayne  
205 Dr. Martin Luther King St. N.,  
Suite 2-133  
St. Petersburg, FL 33701  
Title DIRE

Traugott, DeLana  
205 Dr. Martin Luther King St. N  
Suite 2-133  
St. Petersburg, FL 33701  
Title Director

Scott, Lauren  
205 Dr. Martin Luther King St. N.,  
Suite 2-133  
St. Petersburg, FL 33701  
Title President

Honeycutt, Teresa  
205 Dr. Martin Luther King St. N  
Suite 2-133  
St. Petersburg, FL 33701  
Title Director

Samaha, Cindi  
205 Dr. Martin Luther King St. N.,  
Suite 2-133  
St. Petersburg, FL 33701

Annual Reports

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<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<td>2015</td>
<td>04/29/2015</td>
</tr>
<tr>
<td>2016</td>
<td>05/29/2016</td>
</tr>
</tbody>
</table>
Event Title: Junior League of St. Petersburg Back to School Care Fair  
Entity Name: Junior League of St. Petersburg  
Event Date(s): July 28, 2017 (set up), July 29, 2017 (event day)  
Day 1 of Event: July 28, 2017  
Day 2 of Event: July 28, 2017  
Day 3 of Event:  
Location: Enoch Davis Rec Center, 1111 18th Ave S, St. Pete, 33705  
Phone No.: 727-895-5018  
Fax No.: 727-894-8065  
Email Address: carefair@jlstpete.org, laurencdupre@gmail.com  
Address: 500 Dr. MLK Jr. Street South, Suite 201  
City: St. Petersburg  
State: FL  
Zip: 33705  
Cell Phone: 954-803-6647  
Day Phone: 727-895-5018  
Advanced Fee:  
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

We provide back-to-school and school sports physicals, eye/dental/hearing/vision screening, diabetes testing and school supplies free to any child school age in Pinellas County. The event provides services that many families cannot afford, but are required by the Pinellas County School system for enrollment. The event helps to ensure that south Pinellas county school-ages children are prepared, health-wise for school and gives them a bonus of a quality backpack that many families cannot afford to purchase. School enrollment is also available at the event.

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

The event will better prepare St. Petersburg school-aged children health-wise for the first day of school, helping them to stay in school longer, leading to more hard working and prosperous lives as adults.

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  
Participants 
Last Year's Total Attendance 1800
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
<thead>
<tr>
<th>Showmobile (Yes/No)</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td># Bleacher(s) needed</td>
<td>0</td>
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<tr>
<td>Tables (6 ft) # needed</td>
<td>25</td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>25</td>
</tr>
<tr>
<td>Public Address System</td>
<td>0</td>
</tr>
<tr>
<td># of portable risers needed</td>
<td>0</td>
</tr>
</tbody>
</table>

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: Lauren Dupre | Title: JLSP Care Fair CO-Chair | Date: 1/20/17 |
| 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</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>
</tr>
<tr>
<td>☑ Staging</td>
<td></td>
</tr>
<tr>
<td>☑ Amplified Sound</td>
<td>□ Professional □ Showmobile □ Other</td>
</tr>
<tr>
<td>☑ Security</td>
<td>□ Performers □ Announcement Only</td>
</tr>
<tr>
<td>☑ Sanitary Facilities - Port-O-Lets</td>
<td>□ Daytime - Private □ Overnight - Private □ 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></td>
</tr>
<tr>
<td>☑ Marketing: Please check all that apply</td>
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</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.


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?

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

N/A

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

Name: Junior League of St. Petersburg Phone: 727-895-5018
Address (including zip): 500 Dr. MLK Jr. Street North, Suite 201, St Petersburg, FL 33705

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

Sponsor Radio Station 8:00 AM-12:00 pm

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.

Announcements of games for the children by the radio station.

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

July 28, 2017 8 am-5 pm Unload event materials, school supplies, backpacks, curtains to create exam rooms, etc
July 29, 2017 8 am - 4pm Load up all left over materials and take down curtains
Other Comments: Please describe your fee structure.

All materials and fees are covered by donations of local organizations and by private donors.

Other comments:

N/A

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: Lauren Dupre
Title: JLSP Care Fair Co-Chair Elect
Date: 1/20/17
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Junior League of St. Petersburg

Name of Responsible Party (President or CEO ONLY): June 2016-May 2017 Mary Reed, June 2017-May 2018 Brynne Gowens

Title of Responsible Party: President

Physical Address of Responsible Party: 1500 Dr. MLK Jr. Street North, Suite 201, St. Petersburg, FL 33705

Phone Number of Responsible Party: 72-895-5018

Email Address of Responsible Party: carefair@jlstpete.org, president@jlstpete.org

Nonprofit (Employee Identification Number): 59-059485

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
## Statement of Revenue and Expenses Form

### Prior Year’s Event

**Name of Event:** JLSP Back to School Care Fair  
**Date(s) of Event:** July 28, 2017 - July 29, 2017

### I. Revenue Sources

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<td>1</td>
<td>Donation- Tampa Bay Rays</td>
<td>$5,000.00</td>
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<tr>
<td>2</td>
<td>Donation- Raymond James</td>
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<td>3</td>
<td>JLSP Funraisers</td>
<td>$6,360.00</td>
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### II. Expenses

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<td>School Supplies</td>
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<td>2</td>
<td>Medical Room Supplies (partitions, cleaning supplies, tables, etc)</td>
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<td>3</td>
<td>Police</td>
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<tr>
<td>4</td>
<td>Facility Rental and City Equipment Rental</td>
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<td>5</td>
<td>Trolley Rental</td>
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<td>6</td>
<td>Insurance</td>
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<td>7</td>
<td>Port-o-let Rental</td>
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<tr>
<td>8</td>
<td>Food and Beverage for Medical Volunteers</td>
<td>$150.00</td>
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</table>

**Total Operating Expenses:** $13,640.00

**Total Net Income:** $220.00

### III. Allocation of Net Income

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
</table>

**Total Allocation of Net Income**

Prepared by: Lauren Dupre  
**Date:** Jan 20, 2017
Detail by Entity Name

Florida Not For Profit Corporation
THE JUNIOR LEAGUE OF ST. PETERSBURG FLA., INCORPORATED

Filing Information

Document Number 707142
FEI/EIN Number 59-0759485
Date Filed 04/14/1964
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 07/01/1991
Event Effective Date NONE

Principal Address

500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Changed: 01/22/2008

Mailing Address

500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Changed: 01/22/2008

Registered Agent Name & Address

Fleming, Gigi
500 Dr MLK Jr St N
Suite 201
ST PETERSBURG, FL 33705

Name Changed: 04/22/2013
Address Changed: 04/22/2013

Officer/Director Detail

Name & Address

Title VP
Gowens, Brynne
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Title President

Reed, Mary
500 DR MLK JR ST N
ST. PETERSBURG, FL 33705

Title Treasurer

Gladysz, Erin
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Title Officer

Humlicek, Melanie
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Annual Reports

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<th>Report Year</th>
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Document Images

04/22/2016 -- ANNUAL REPORT  View image in PDF format
04/21/2015 -- ANNUAL REPORT  View image in PDF format
06/11/2014 -- AMENDED ANNUAL REPORT  View image in PDF format
03/18/2014 -- ANNUAL REPORT  View image in PDF format
04/22/2013 -- ANNUAL REPORT  View image in PDF format
04/27/2012 -- ANNUAL REPORT  View image in PDF format
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01/27/2007 -- ANNUAL REPORT  View image in PDF format
01/19/2006 -- ANNUAL REPORT  View image in PDF format
04/25/2005 -- ANNUAL REPORT  View image in PDF format
04/22/2004 -- ANNUAL REPORT  View image in PDF format
01/21/2003 -- ANNUAL REPORT  View image in PDF format
03/06/2002 -- ANNUAL REPORT  View image in PDF format
04/25/2001 -- ANNUAL REPORT  View image in PDF format
**Contract/Permit**

**JUNIOR LEAGUE OF ST PETERSBURG INC**

**KARA BOND**

500 DR MARTIN L KING JR ST N STE 201

ST PETERSBURG FL 33705 USA

**Purpose of Use:** BACK TO SCHOOL CARE FAIR  
**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: Fri 28 Jul 17 06:00 am
- Ending: Sat 29 Jul 17 09:00 pm

**Facility/Equipment:**
- Enoch Davis Park

<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>
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<th>Total</th>
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<tbody>
<tr>
<td>Enoch Davis Park</td>
<td>Fri</td>
<td>28 Jul 17</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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**Additional Fees:**

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<th>Co-Sponsored Application Fee</th>
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<tr>
<td></td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
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**Charges:**

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<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>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

**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): KARA BOND  
(Print Name): JUNIOR LEAGUE OF ST PETERSBURG 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**  
**Manager**

[ ] Approved or [ ] Rejected  
**Date:**

[ ] Approved or [ ] Rejected  
**Date:**

[ ] Approved or [ ] Rejected  
**Date:**

Printed: 23 Jan 2017, 08:45 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.
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.
## Event Listing

### 2017 - 2018

<table>
<thead>
<tr>
<th>Application #</th>
<th>Event Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chillounge Night</td>
</tr>
<tr>
<td>2</td>
<td>St Pete Wine and Food</td>
</tr>
<tr>
<td>3</td>
<td>SPIFFS</td>
</tr>
<tr>
<td>4</td>
<td>Dragon Boat Races</td>
</tr>
<tr>
<td>5</td>
<td>Ribfest</td>
</tr>
<tr>
<td>6</td>
<td>Folkfest St Pete</td>
</tr>
<tr>
<td>7</td>
<td>Making Strides</td>
</tr>
<tr>
<td>8</td>
<td>Out of the Darkness Community Walk</td>
</tr>
<tr>
<td>9</td>
<td>Purplestride Run / Walk</td>
</tr>
<tr>
<td>10</td>
<td>Boley Centers Jingle Bell Run</td>
</tr>
<tr>
<td>11</td>
<td>St. Petersburg Holiday of the Arts</td>
</tr>
<tr>
<td>12</td>
<td>Aids Walk St Pete</td>
</tr>
<tr>
<td>13</td>
<td>SPCA Petwalk 3K</td>
</tr>
<tr>
<td>14</td>
<td>Komen Suncoast Race for the Cure</td>
</tr>
<tr>
<td>15</td>
<td>Shopapalooza</td>
</tr>
<tr>
<td>16</td>
<td>St. Pete Power and Sailboat Show</td>
</tr>
<tr>
<td>17</td>
<td>Craft Art Festival 2017</td>
</tr>
</tbody>
</table>
Event Title: 10th Annual Bent Smith St. Petersburg Chillounge Night
Entity Name: Design o'Fresco Corp. dba Chillounge Night
Event Date(s): Saturday, November 18, 2017
Location: N. Straub Park
Day 1 of Event: 11/18/17
   Time Gates Open: 6PM
   Ending Time: 11PM
Day 2 of Event:
   Time Gates Open:
   Ending Time:
Day 3 of Event:
   Time Gates Open:
   Ending Time:
Application Prepared by: Rainer Scheer
Title: President/Owner
Address: 4909 Gulf Dr. #1B
City: Holmes Beach
State: FL
Zip: 34217
Email Address: rainerscheer@yahoo.com
Additional Contact Person: Ralph Rodtke
Day Phone: 941-400-8640
What month/year were you incorporated as nonprofit?
List all 501(c)3 entities that will benefit from this event:
CREATIVEClay, Inc. + Weedson Museum
Name of the for-profit entity:
Design o'Fresco Corp. dba Chillounge Night
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg:
Provides a festive, classy event for downtown St. Petersburg. Bringing a variety of fine entertainment in a chic, stylish setting and ambiance. A premier social event for the community.
Describe what economic benefit and impact this event will bring to St. Petersburg:
The event brings in excess of 2,000 to downtown St. Petersburg for a beautiful night of entertainment, food and drinks. The local community benefits from the overflow of attendance after the event to local eating and drinking establishments. We work hard to provide an event that can be a destination event for the St. Pete hospitality industry.
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?
$2 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:
TBD
Day of:
Please provide the website address for your event:
www.chilloungenight.com
Please provide a phone number that can be advertised to the public:
941-444-0495
What is the estimated attendance for this event?
Spectators: 2200
Participants: 120
Last Year's Total Attendance: 1900
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: No
  - Chairs # needed: No
- 
  - Public Address System: No
- 
  - # of portable risers needed (4 in. x 8 in. x 16 in. sections): No

**Special Events Facilities**

- Non-City Locations
  - Mahaffey Theater
  - Coliseum
  - Sunken Gardens
  - Boyd Hill

**Which Location?**

- N. Straub 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:**
- **Title:** President/Designee
- **Date:** 1/9/17

**Co-Sign:**

- **Name:**
- **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>Professional</td>
<td></td>
</tr>
<tr>
<td>Performers</td>
<td></td>
</tr>
<tr>
<td>Announcer Only</td>
<td></td>
</tr>
<tr>
<td>Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>Event Time Frame - SPPD</td>
<td></td>
</tr>
<tr>
<td>Regular Units</td>
<td></td>
</tr>
<tr>
<td>Disabled Units</td>
<td></td>
</tr>
<tr>
<td>Hand Washing</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>Radio</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</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. □ 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 is provided for all stage lighting & sound requirements. Additonal power also provided for LED screen. All other uses utilize standard 110/120 amp located in the park.

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.

Yes, the ability to sell distilled spirits in the park (alcohol/wine) for the day of event.

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

Name: [Design] Coffee Corp dba Chilllounge Night
Phone: 941-448-0995
Address (including zip): 4809 Gulf Dr. #13, Holmes Beach, FL 34217

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

1 stage; 2 live bands; easy listening/top 40/pop

List Vending Products. Name & Provider.

No vending products other than food & beverages, including alcohol

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

Courney Wade, Inc. dba Catering by Lundy's
737 3rd Avenue North
St. Petersburg, FL 33701 727-824-0882 (Courney Taylor)

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

Not Applicable

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

Load in: Starts ~ 2PM on Fri, 11/17/17 by US Tent until about 9 PM along w/ Lighting / Power/Production (need about 20 spaces available Fri. Bayshore will be closed day of event and provide supervised parking for vehicles. All furniture, food, entertainment, beverages setup Saturday 8AM-4PM)
Fee/Pricing structure to be determined re: if partial & inclusive for food or not. Tentatively 25% in advance online; 35% day of at the gate.

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/Owner  
Date: 1/9/17

Rainer Schier
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>Creative Clay, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Kim Dehrman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director/CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1114 Central Ave, St. Petersburg, FL 33705</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-825-0545</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:kim@creativeclay.org">kim@creativeclay.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-3338595</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>Design O'Frecco Corp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Ramon Scheer</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4909 Gulf Dr #18, Holmes Beach, FL 34217</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>941-448-0995</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:ramschey@ymail.com">ramschey@ymail.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>76-0723028</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash Sponsorships</td>
<td>$33,000</td>
</tr>
<tr>
<td>2. Ticket Sales - Online (39,300 + 3,500)</td>
<td>$42,800</td>
</tr>
<tr>
<td>3. Ticket Sales - Gate</td>
<td>$5,100</td>
</tr>
<tr>
<td>4. Other Income</td>
<td>$2,200</td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE: $83,100

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. City Services/Permits/fees/related</td>
<td>$7,500</td>
</tr>
<tr>
<td>2. Staging/Tents/Tables</td>
<td>$10,700</td>
</tr>
<tr>
<td>3. Production/Lighting/Sound/Video</td>
<td>$9,000</td>
</tr>
<tr>
<td>4. Equipment rental/props/generator/restrooms/misc</td>
<td>$5,575</td>
</tr>
<tr>
<td>5. Entertainment (including fireworks)</td>
<td>$7,500</td>
</tr>
<tr>
<td>6. Promotional/Signage/etc.</td>
<td>$1,890</td>
</tr>
<tr>
<td>7. Private Security</td>
<td>$2,000</td>
</tr>
<tr>
<td>8. Trucks/transportation/Load/Unload (warehouse)</td>
<td>$2,800</td>
</tr>
<tr>
<td>9. Labor (day/night labor, foreman; other)</td>
<td>$3,200</td>
</tr>
<tr>
<td>10. Food related costs (Backstage/VIP)</td>
<td>$4,300</td>
</tr>
<tr>
<td>11. Misc other (insurance, etc.)</td>
<td>$1,400</td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES: $56,165

TOTAL NET INCOME: $26,935

---

### 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. Furniture Rental + Mgmt. fee</td>
<td>$15,000</td>
</tr>
<tr>
<td>2. Creative Clay (Charity)</td>
<td>$2,000</td>
</tr>
<tr>
<td>3. Woodsm Museum (Charity)</td>
<td>$1,000</td>
</tr>
<tr>
<td>4. Net income retained by producer (furniture repair and to cover costs associated with rain out)</td>
<td>$8,935</td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME: $26,935

---

Prepared by: [signature]  
Date: 7/8/17

---

Print Application  
Submit Application by Email

Page 8 of 8
January 8, 2017

City Council City of St. Petersburg
PO Box 2842
St. Petersburg, FL 33731

Dear City Council Members:

Please use this letter as Chillounge Night’s formal request to allow the sale of distilled spirits/hard liquor at the 10th Annual St. Petersburg Chillounge Night scheduled on Saturday, November 18, 2017 to be held at North Straub Park.

As the City has provided for in the nine previous St Petersburg Chillounge Nights, we respectfully request an exemption (or other appropriate action) to the ordinance prohibiting the sale of distilled spirits in N. Straub Park.

Chillounge Night is proud to come back to St. Petersburg again this year and we look forward to another wonderful event. We greatly appreciate the support we have received from the City and the community.

Should you have any questions, or if I can be of further assistance, please feel free to contact me at 941-448-0995.

Best regards,

Rainer Scheer
Founder
Chillounge Night
**Purpose of Use:** CHILLOUNGE NIGHT  
**Expected:** 2,300  
**Co-Sponsored Event Contract Balance** $200.00

**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:** Thu 16 Nov 17 06:00 am  
- **Ending:** Mon 20 Nov 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>
</tr>
</thead>
<tbody>
<tr>
<td>North Straub Park</td>
<td>Thu</td>
<td>16 Nov 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>20 Nov</td>
<td>2017</td>
<td>12:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**
- **Co-Sponsored Application Fee**  
  - **Extra Fee:** $30.00  
  - **Tax:** $0.00  
  - **Total:** $30.00
- **Extra Fee - Bookings**  
  - **Hours:** 102:00  
  - **Quantity:** 1  
  - **Charge:** $200.00  
  - **Tax:** $0.00  
  - **Total:** $200.00

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

Balance of rental due and payable immediately.

**Payments:**
- **Date:** 18 Jan 2017  
  - **Amount:** $30.00  
  - **Payment Type:** Check  
  - **Reference:** Rental  
  - **Receipt Number:** 2710131

**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): RAINER SCHEER  
(Print Name): DESIGN O' FRESCO  
Name of User Organization, If Applicable

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

CITY OF ST. PETERSBURG, FLORIDA
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 800-555-8771.
Detail by Entity Name

Florida Profit Corporation
DESIGN OFRESCO CORP.

Filing Information
Document Number: P03000009921
FEI/EIN Number: 76-0723028
Date Filed: 01/21/2003
State: FL
Status: ACTIVE

Principal Address
4909 GULF DRIVE
#1B
HOLMES BEACH, FL 34217

Changed: 04/25/2011

Mailing Address
4909 GULF DRIVE
#1B
HOLMES BEACH, FL 34217

Changed: 04/25/2011

Registered Agent Name & Address
Scheer, Rainer
4909 Gulf Dr
Apt.1b
Holmes Beach, FL 34217

Name Changed: 04/29/2013

Address Changed: 04/29/2013

Officer/Director Detail
Name & Address
Title PD

SCHEER, RAINER
4909 GULF DRIVE #1B
HOLMES BEACH, FL 34217
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>04/22/2014</td>
</tr>
<tr>
<td>2015</td>
<td>01/28/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/29/2016</td>
</tr>
</tbody>
</table>

**Document Images**

- 03/29/2016 - ANNUAL REPORT
- 01/29/2015 - ANNUAL REPORT
- 04/22/2014 - ANNUAL REPORT
- 04/29/2013 - ANNUAL REPORT
- 04/30/2012 - ANNUAL REPORT
- 04/29/2011 - ANNUAL REPORT
- 04/27/2010 - ANNUAL REPORT
- 04/24/2009 - ANNUAL REPORT
- 05/14/2008 - ANNUAL REPORT
- 03/19/2007 - ANNUAL REPORT
- 01/29/2007 - ANNUAL REPORT
- 04/20/2006 - ANNUAL REPORT
- 07/19/2005 - ANNUAL REPORT
- 09/12/2004 - ANNUAL REPORT
- 01/21/2003 - Domestic Profit
Event Title: St. Pete Wine and Food Festival
Entity Name: Beach Drive Events, LLC
Event Date(s): Nov. 2-5, 2017
Location: Straub Park

Application Prepared by: Matt Dieter
Title: CEO
Address: 111 Bay Point Drive NE
City: St. Petersburg
State: FL
Zip: 33704
Email Address: matt@beachdriveevents.com

What month/year were you incorporated as nonprofit? N/A
List all 501(c)3 entities that will benefit from this event: St. Petersburg Arts Alliance
Name of the for-profit entity? Beach Drive Events, LLC

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

For the third consecutive year our event will provide residents and visitors an upscale, well-organized and fun 4 day waterfront wine and food festival experience. Local restaurants, retailers and brewers will be primary participants. We highlight our waterfront, growing culinary and brewing scene and reputation as the art capital of the southeast. St. Pete’s image is enhanced by showing it can host and sustain a world-class wine and food festival that’s on par with longtime festivals hosted by larger cities. We will continue to show the country and the world just what makes St. Pete shine! Our second year event was incredibly well received and our restaurants, breweries, wineries and sponsors want to come back for year three.

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

The initial economic impact will be on the restaurants and businesses that people patronize before and after our events. We also will be providing local restaurants and retailers exposure to thousands of existing and potential customers. We expect as the event grows we will be able to significantly increase the out-of-area and international visitors who choose to attend the event. That will translate into “heads-in-beds” and positive national and international media exposure. With proper support, we think in time our event can be one of the largest and most economically valuable events hosted in the city of 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?

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: Varies Day of:

Please provide the website address for your event: stpetewineandfoodfest.com

Please provide a phone number that can be advertised to the public: 727-201-9135

What is the estimated attendance for this event? Spectators: 18,000+ Participants: 8,000+ Last Year’s Total Attendance: 8000
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>Which Location?</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>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs # needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>TBD</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: Matthew Dieter                      Title: President                  Date: 12/13/16
Co-Sign: John Collins                     Title: Executive Director          Date: 12/13/16

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>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>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>☑ 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>
</tr>
<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  ☑ 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.

Some of our vendors may need higher power for their fryers and other cooking devices.

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: Matt Dieter
Address (including zip): 1111 Bay Point Drive NE, St. Petersburg, FL 33704
Phone: 727-641-7978

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

Soft rock and folk music, 1 stage with DJs. We may add a small live music stage with acoustic performers this year.

List Vending Products. Name & Provider.

A complete list of products will be provided once contracts with vendors have been signed.

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

St. Petersburg Arts Alliance
100 Second Ave. N, Ste 150
St. Petersburg, FL 33701 Phone: 727-518-5142

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

N/A

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

Load in: Monday October 30th at 9:00 AM
Load out: Monday November 6th at 9:00 AM (finished by end of day)
Other Comments: Please describe your fee structure.

We will have two levels for each event: regular and VIP. VIP tickets will cost $15-$25 more than a regular ticket and provide the user with access to our events 1 hour earlier than regular ticket holders.

Other comments:

We will also host our second annual Tacos & Tequila Fest on Thursday Nov. 2, 2017.

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: Matt Dieter  
Title: President  
Date: 12/13/16
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>St. Petersburg Arts Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>John Collins</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>100 Second Ave. N, Ste 150</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-518-5142</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:john@stpeteartsalliance.org">john@stpeteartsalliance.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>46-1335413</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>Beach Drive Events, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Matt Dieter</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>111 Bay Point Drive NE, St. Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-641-7978</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:matt@beachdriveevents.com">matt@beachdriveevents.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>47-3142928</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

$0.00

---

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</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></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

$0.00

---

Prepared by: Matthew Dieter

Date: Dec 13, 2016
# 2017 St. Pete Wine & Food Festival Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 11/2</td>
<td>6:30-9:30 PM</td>
<td>Tacos &amp; Tequila Fest</td>
<td>North Tent</td>
</tr>
<tr>
<td>Friday 11/3</td>
<td>5:30-10:00 PM</td>
<td>BEER Night St. Pete</td>
<td>Main Event Tents</td>
</tr>
<tr>
<td></td>
<td>5:30 PM</td>
<td>VIP Admission</td>
<td>Main Event Tents</td>
</tr>
<tr>
<td></td>
<td>6:30 PM</td>
<td>General Admission</td>
<td>Main Event Tents</td>
</tr>
<tr>
<td>Saturday 11/4</td>
<td>12:00-5:00 PM</td>
<td>Grand Tasting</td>
<td>Main Event Tents</td>
</tr>
<tr>
<td></td>
<td>12:00 PM</td>
<td>VIP Admission</td>
<td>Main Event Tents</td>
</tr>
<tr>
<td></td>
<td>1:00 PM</td>
<td>General Admission</td>
<td>Main Event Tents</td>
</tr>
<tr>
<td></td>
<td>2:00-2:30 PM</td>
<td>Chef Seminar</td>
<td>Main Stage</td>
</tr>
<tr>
<td></td>
<td>3:00-3:30 PM</td>
<td>Chef Seminar</td>
<td>Main Stage</td>
</tr>
<tr>
<td></td>
<td>4:00-4:30 PM</td>
<td>Chef Seminar</td>
<td>Main Stage</td>
</tr>
<tr>
<td>Sunday 11/5</td>
<td>12:00-5:00 PM</td>
<td>Grand Tasting</td>
<td>Main Event Tents</td>
</tr>
<tr>
<td></td>
<td>12:00 PM</td>
<td>VIP Admission</td>
<td>Main Event Tents</td>
</tr>
<tr>
<td></td>
<td>1:00 PM</td>
<td>General Admission</td>
<td>Main Event Tents</td>
</tr>
<tr>
<td></td>
<td>2:00-2:30 PM</td>
<td>Chef Seminar</td>
<td>Main Stage</td>
</tr>
<tr>
<td></td>
<td>3:00-3:30 PM</td>
<td>Chef Seminar</td>
<td>Main Stage</td>
</tr>
</tbody>
</table>
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.

[Letter 947 (DO/CG) details]

Employee Identification Number: 46-1335413
DLN: 17053003318013
Contact Person: ZENIA LUK
Contact Telephone Number: (877) 329-5500
Accounting Period Ending: December 31
Public Charity Status: 170(b)(1)(A)(vi)
Form 990 Required: Yes
Effective Date of Exemption: October 18, 2012
Contribution Deductibility: Yes
Addendum Applies: No
Sincerely,

Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC
### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$0.00</td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($30.00)</td>
</tr>
</tbody>
</table>
## Description of Payment

**Description** | **Amount**
--- | ---
Previous Balance | ($30.00)
Payment: Check | ($600.00)
Balance | ($630.00)

*Note: APPROVED REFUNDS ARE BY CHECK ONLY*
Purpose of Use: ST PETE FOOD AND WINE FESTIVAL  
Expected: 8,000  
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: Mon 30 Oct 17 06:00 am
- Ending: Tue 07 Nov 17 09:00 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>
</tr>
</thead>
<tbody>
<tr>
<td>North Straub Park</td>
<td>Mon</td>
<td>30 Oct 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
<tr>
<td>Park</td>
<td>07 Nov 2017</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 207:00  
  Quantity 3  
  Charge $600.00  
  Tax $0.00  
  Total $600.00

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>$630.00</td>
<td></td>
<td>$630.00</td>
<td>$0.00</td>
<td>$630.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:
- Date: 16 Dec 2016  
  Amount: $30.00  
  Payment Type: Check  
  Reference: Rental  
  Receipt Number: 2891372
- Date: 16 Dec 2016  
  Amount: $600.00  
  Payment Type: Check  
  Reference: Rental  
  Receipt Number: 2891374

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): MATT DIETER
- By (Print Name): BEACH DRIVE EVENTS LLC
- (Print Name): Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent
By (Sign 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.
BEACH DRIVE EVENTS LLC
MATT DIETER
111 BAY POINT DR NE
ST PETERSBURG FL 33704 USA

Purpose of Use: ST PETE WINE & FOOD FESTIVAL
Expected: 8,000
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: Mon 30 Oct 2017 06:00 am
Ending: Tue 07 Nov 17 09:00 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>
</tr>
</thead>
<tbody>
<tr>
<td>North Straub Park</td>
<td>Mon</td>
<td>30 Oct</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$500.00</td>
<td>$0.00</td>
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<td>09:00 PM</td>
<td></td>
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Extra Fee
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Extra Fee - Bookings
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Charges:
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<tr>
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<th>Total Applied</th>
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<td>$0.00</td>
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Balance of rental due and payable immediately.

Payments:

<table>
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<tr>
<th>Date</th>
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<th>Reference</th>
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<tr>
<td>16 Dec 2016</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2691372</td>
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<td>$600.00</td>
<td>Check</td>
<td>Rental</td>
<td>2691374</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): MATT DIETER
(Print Name) BEACH DRIVE EVENTS LLC
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/Permit Amendment
Printed: 18 Jan 2017, 08:49 AM
User: dwburns

Rental #: 19092
BEACH DRIVE EVENTS LLC
111 BAY POINT DR NE
ST PETERSBURG FL 33704 USA
ST PETE WINE & FOOD FESTIVAL

Amendment Reason: NAME UPDATE

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

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: $ 630.00 Contract Total: N/C
Statementing: N/C

Date

Date

Date

Date

Date

Date

Approved or Rejected

Approved or Rejected

Approved or Rejected

Approved or Rejected

MATT DIETER
Supervisor II / Foreman
Manager
Superintendent

Page: 1
Florida Limited Liability Company
BEACH DRIVE EVENTS, LLC

Filing Information
Document Number: L15000025862
FEI/EIN Number: 47-3142928
Date Filed: 02/11/2015
State: FL
Status: ACTIVE

Principal Address
111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704

Mailing Address
111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704

Registered Agent Name & Address
TK REGISTERED AGENTS, INC.
101 E KENNEDY BLVD STE 2700
TAMPA, FL 33602

Authorized Person(s) Detail
Name & Address
Title MGR
DIETER, MATT
111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704

Title P
DIETER, MATT
111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704

Title MGR
STONE, DAWNA
111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704
Title ST
STONE, DAWNA
111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704

Annual Reports
Report Year  Filed Date
2016       04/19/2016

Document Images
04/19/2016 – ANNUAL REPORT  View image in PDF format
02/11/2015 – Florida Limited Liability  View image in PDF format

http://search.sunbiz.org/inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=BEACHDRIVEV...
Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG ARTS ALLIANCE, INC.

Filing Information
Document Number N12000009944
FEI/EIN Number 46-1335413
Date Filed 10/18/2012
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 08/12/2014

Principal Address
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Mailing Address
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Changed: 08/12/2014

Registered Agent Name & Address
COLLINS, JOHN
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Address Changed: 08/12/2014

Officer/Director Detail
Name & Address

Title O

PAPICH, JOSEPH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title O
KELLEY, DEBORAH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title 0

LETIZIO, LISA
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title 0

WOOD, RICHARD
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title Director

Ransdell, Sandra
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

McClellan, Duncan
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

Boss, Kristy
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

Rolston, Jim
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

Schrader, Stacia
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Annual Reports
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<th>Report Year</th>
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**Document Images**

- 02/10/2016 — ANNUAL REPORT [View image in PDF format]
- 01/10/2015 — ANNUAL REPORT [View image in PDF format]
- 08/12/2014 — REINSTATEMENT [View image in PDF format]
- 10/18/2012 — Domestic Non-Profit [View image in PDF format]
Florida Not For Profit Corporation
ST. PETERSBURG ARTS ALLIANCE, INC.

Filing Information
Document Number: N12000009944
FEI/EIN Number: 46-1335413
Date Filed: 10/18/2012
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 08/12/2014

Principal Address
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Mailing Address
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Address Changed: 08/12/2014

Registered Agent Name & Address
COLLINS, JOHN
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Address Changed: 08/12/2014

Officer/Director Detail
Name & Address

Title: O

PAPICH, JOSEPH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title: O
KELLEY, DEBORAH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701
Title 0

LETIZIO, LISA
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701
Title 0

WOOD, RICHARD
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701
Title Director

Ransdall, Sandra
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704
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McClellan, Duncan
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Boss, Kristy
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SUITE 150
ST. PETERSBURG, FL 33704
Title Director

Schrader, Stacia
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704
Title Director

Annual Reports
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<th>Report Year</th>
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<tr>
<td>2015</td>
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<td>2016</td>
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**Document Images**

- 02/10/2016 – ANNUAL REPORT [View image in PDF format]
- 01/10/2015 – ANNUAL REPORT [View image in PDF format]
- 08/12/2014 – REINSTATEMENT [View image in PDF format]
- 10/18/2012 – Domestic Non-Profit [View image in PDF format]

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http://search.sunbiz.org/inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=STPETERSBURG
Event Title: SPIFFS 43rd Annual International Folk Fair

Entity Name: St. Petersburg International Folk Fair Society, Inc. (SPIFFS)

Event Date(s):
Day 1 of Event:
Time Gates Open: 9 am
Ending Time: 3 pm
Day 2 of Event:
Time Gates Open: 9 am
Ending Time: 3 pm
Day 3 of Event:
Time Gates Open: 10 am
Ending Time: 8 pm

Location: Vinoy Park

Application Prepared by: Lotta Baumann

Title: Executive Director

Address: 330 Fifth Street North
City: St. Petersburg
State: FL
Zip: 33701

Email Address: folkfair@ij.net

Day Phone: 727-552-1896

Application Prepaid by: Lotta Baumann

Title: Executive Director

Address: 330 Fifth Street North
City: St. Petersburg
State: FL
Zip: 33701

Email Address: folkfair@ij.net

Day Phone: 727-552-1896

What month/year were you incorporated as nonprofit? 1975

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

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.

Folk Fair offers the opportunity to our community and to visitors to have a positive experience and enjoy the ethnic cultural richness of music, ethnic foods, arts and crafts of the area.

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

Folk Fair draws approximately 15,000 visitors. About half of them are students from the Tampa Bay 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

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://www.spiiffs.org

Please provide a phone number that can be advertised to the public. 727-552-1896

What is the estimated attendance for this event? Spectators [ ]15,000+ Participants [ ]1,000+

Last Year's Total Attendance [ ]15,000
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) [ ]

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

Special Events Facilities

- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

Which Location?

Non-City Locations

Which Location?

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: Executive Director
Date: 1/4/17

Co-Sign: [ ]
Title: [ ]
Date: [ ]

NOTE: 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>
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<tr>
<th>Condition</th>
<th>Obligation</th>
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<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>Fire Inspection Permit</td>
</tr>
<tr>
<td>√ Open Flame Food Preparartion</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></td>
</tr>
<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>
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</tr>
<tr>
<td>√ Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>√ Invitations</td>
<td></td>
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<tr>
<td>√ Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>√ Newspaper / Internet</td>
<td></td>
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<td></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.

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

Name: SPIFFS
Phone: 727-552-1896

Address (including zip): 330 Fifth Street North, St. Petersburg, FL 33701

Type of music, # of stages, and # of bands:
International/ethnic folk music on two stages. 30-40 performing groups and 4-5 bands.

List Vending Products. Name & Provider.
SPIFFS member groups

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

SPIFFS

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

Discuss your load in/load out parking needs, include times and dates.
Our tent/fence contractor needs to start setting up on Saturday, October 21, 2017, in order to complete set-up by afternoon Tuesday, October 24, when our member groups begin set-up of their villages. Tear-down will be completed by Tuesday, October 31, 2017.
Other Comments: Please describe your fee structure.

| Students: $6  |
| Under 6: Free |
| Adults: $10  |
| Military: $8 |

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: Executive Director Date: 1/4/17
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 International Folk Fair Society, Inc. (SPIFFS)

Name of Responsible Party (President or CEO ONLY): Lotta Baumann

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 330 Fifth Street North, St. Petersburg, FL 33701

Phone Number of Responsible Party: 727-552-1896

Email Address of Responsible Party: folkfair@sj.net

Nonprofit (Employee Identification Number): 59-1674088

---

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)

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<th>Amount</th>
</tr>
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<tbody>
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<td>1. Grants/Sponsorships</td>
<td>$19,688.00</td>
</tr>
<tr>
<td>2. Ticket sales</td>
<td>$65,055.00</td>
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<tr>
<td>3. Souvenir program</td>
<td>$3,140.00</td>
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<tr>
<td>4. Village space</td>
<td>$26,209.00</td>
</tr>
<tr>
<td>5. Outside vendors</td>
<td>$3,231.00</td>
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<tr>
<td>6. Beverage sales</td>
<td>$15,349.00</td>
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<tr>
<td>7. Miscellaneous</td>
<td>$1,530.00</td>
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<tr>
<td><strong>TOTAL GROSS REVENUE</strong></td>
<td><strong>$134,202.00</strong></td>
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### II. EXPENSES (attach sheet if more space is needed)

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<td>1. Wages</td>
<td>$990.00</td>
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<td>2. Equipment/Park</td>
<td>$21,354.00</td>
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<td>3. Stage/Sound</td>
<td>$12,954.00</td>
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<tr>
<td>4. Private security</td>
<td>$3,582.00</td>
</tr>
<tr>
<td>5. Marketing/Printing</td>
<td>$23,731.00</td>
</tr>
<tr>
<td>6. Liability insurance</td>
<td>$8,038.00</td>
</tr>
<tr>
<td>7. Beverages/Ice</td>
<td>$6,537.00</td>
</tr>
<tr>
<td>8. Student awards</td>
<td>$363.00</td>
</tr>
<tr>
<td>9. Park rental/City</td>
<td>$27,930.00</td>
</tr>
<tr>
<td>10. Miscellaneous</td>
<td>$4,156.00</td>
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<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$109,635.00</strong></td>
</tr>
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**TOTAL NET INCOME**  

$24,567.00

---

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Operating funds for SPIFFS</td>
<td>$24,567.00</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**  

$24,567.00

---

Prepared by: Lotta Baumann  
Date: Jan 4, 2017
I am in response to your request of Jan. 27, 2003, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in January, 1981, that recognized you as exempt from Federal income tax and designates 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)(1) of the Code because you are described in section 501(c)(3).

Your contributions are deductible for Federal income tax purposes at the rates in effect at the time your contributions are made. Federal income tax purposes.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michael M. Sullivan
Michele M. Sullivan, Deputy Mgr.
Accounts Management Operations
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$900.00</td>
</tr>
<tr>
<td>Applied To: 19334 - SPIFFS</td>
<td>$900.00</td>
</tr>
<tr>
<td>Vinoy Park - Vinoy Park</td>
<td></td>
</tr>
<tr>
<td>October 23, 2017 1:00 pm to October 31, 2017 6:00 pm</td>
<td></td>
</tr>
</tbody>
</table>

Payment: Check ($900.00)  
Balance $0.00
Contract/Permit

ST PETERSBURG INTERNATIONAL FOLK FAIR
LOTTA BAUMANN
330 5TH ST N
ST PETERSBURG FL 33701 USA

Purpose of Use: SPIFFS

Expected: 15,000

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: Mon 23 Oct 2017 01:00 pm
- Ending: Tue 31 Oct 2017 06:00 pm

Facility/Equipment          Day     Date       Time       Fee   Extra Fee   Tax   Total
----------------------------------------
Vinoy Park                  Mon     23 Oct 2017 01:00 PM      $0.00  $900.00  $0.00  $900.00
Vinoy Park                  31 Oct 2017 06:00 PM      $0.00  $900.00  $0.00  $900.00

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Park Permit Fee (Vinoy)
    - Hours: 197:00
    - Quantity: 3
    - Charge: $500.00
    - Tax: $0.00
    - Total: $900.00

Charges:
- Fees: $0.00
- Extra Fees: $930.00
- Tax: $0.00
- Total: $930.00
- Deposit: $0.00
- Total Applied: $930.00
- Contract Balance: $0.00
- Account Balance: $0.00

Balance of rental due and payable immediately.

Payments:
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<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
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<tr>
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<td>Check</td>
<td>Rental</td>
<td>2710142</td>
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<tr>
<td>18 Jan 2017</td>
<td>$900.00</td>
<td>Check</td>
<td>Rental</td>
<td>2710143</td>
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</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) LOTTA BAUMANN
(Pin Name) ST PETERSBURG INTERNATIONAL FOLK FAIR

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) Parks and Recreation Superintendent
(Pin 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.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$0.00</td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($900.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($900.00)</td>
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</table>
Florida Not For Profit Corporation
ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.

Filing Information
- Document Number: 734390
- FEI/EIN Number: 59-1674088
- Date Filed: 11/20/1975
- State: FL
- Status: ACTIVE

Principal Address
- 559 MIRROR E LAKE
- SHUFFLE BOARD BLDG
- SAINT PETERSBURG, FL 33701

Changed: 06/02/2003

Mailing Address
- 330 FIFTH ST N
- SAINT PETERSBURG, FL 33701

Changed: 05/30/2001

Registered Agent Name & Address
- Parsons, William H
- 330 5TH STREET N
- SAINT PETERSBURG, FL 33701

Name Changed: 05/16/2016

Address Changed: 04/22/2011

Officer/Director Detail

Name & Address

Title P
- Pesev-Lukac, Penka
- 1244-35th Avenue N
- SAINT PETERSBURG, FL 33704

Title VP
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Title</th>
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<tbody>
<tr>
<td>White, George, VP</td>
<td>4511-67th Avenue N</td>
<td>VP</td>
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<tr>
<td></td>
<td>Pinellas Park, FL 33781</td>
<td></td>
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<tr>
<td>KEARNEY, ILSE</td>
<td>5039 35TH AVE. NO</td>
<td></td>
</tr>
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<td></td>
<td>SAINT PETERSBURG, FL 33710</td>
<td></td>
</tr>
<tr>
<td>Prakash, Sathya, S</td>
<td>203 Hancock Court</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Safety Harbor, FL 34695</td>
<td></td>
</tr>
<tr>
<td>HU, CHENG-SHIH</td>
<td>23508 Oakside Boulevard</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lutz, FL 33559</td>
<td></td>
</tr>
<tr>
<td>BAUMANN, MAJ-CHARLOTTE</td>
<td>342 Boca Ciega Drive</td>
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<td></td>
<td>Madeira Beach, FL 33708</td>
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### Annual Reports

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<th>Filed Date</th>
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<td>2014</td>
<td>04/01/2014</td>
</tr>
<tr>
<td>2015</td>
<td>04/12/2015</td>
</tr>
<tr>
<td>2016</td>
<td>05/16/2016</td>
</tr>
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</table>

### Document Images

- 05/16/2016 – ANNUAL REPORT View image in PDF format
- 04/12/2015 – ANNUAL REPORT View image in PDF format
- 04/01/2014 – ANNUAL REPORT View image in PDF format
- 04/22/2013 – ANNUAL REPORT View image in PDF format
- 03/30/2012 – ANNUAL REPORT View image in PDF format
- 04/22/2011 – ANNUAL REPORT View image in PDF format
- 01/08/2010 – ANNUAL REPORT View image in PDF format
- 06/01/2009 – ANNUAL REPORT View image in PDF format
- 05/27/2008 – ANNUAL REPORT View image in PDF format
- 09/17/2007 – ANNUAL REPORT View image in PDF format
- 05/08/2007 – ANNUAL REPORT View image in PDF format
- 08/14/2006 – ANNUAL REPORT View image in PDF format
- 04/20/2005 – ANNUAL REPORT View image in PDF format
- 05/03/2004 – ANNUAL REPORT View image in PDF format
- 09/29/2003 – ANNUAL REPORT View image in PDF format
Date: 11/17

Application Prepared by: Somdeth Inthalangsy

Title: President

Address: 5975 Carrier St. N.

City: St. Petersburg

State: FL

Zip: 33714

Email Address: isomdeth@gmail.com or Vinthlangsya@tampabay.rr.com

Additional Contact Person: Mr. Chantho Vorasane

Day Phone: 727-518-5991

Abput when incorporated as nonprofit? May, 2014

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

Name of the for-profit entity? Lao Arts and Cultural Foundation

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

Exchange and preserve Lao arts and Cultural (or South east Asia Arts and Cultural) to other nationalities and Americans.

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

Will bring economic benefit and impact this event to St. Petersburg are:
- Diversity in to the city with Lao cultural and the money will filter locally to 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? ________________

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: $10 Day of: 9/24/2016

Please provide the website address for your event. WWW.LaoACF.com

Please provide a phone number that can be advertised to the public. 727-224-2686

What is the estimated attendance for this event? Spectators 1000 Participants 50 Last Year's Total Attendance None
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No)  City Stage
# 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

Which Location?

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: Somdeth Inthalangsy  Title: President  Date: January 4th, 2017
Co-Sign: Chantho Vorasane  Title: Board of director  Date: January 4th, 2017

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></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
- 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 band and Lao traditional dance

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: Lao Arts and Cultural Foundation
Phone: 727-686-4761
Address (including zip): 5975 Carrier st. N. St. Petersburg, Fl 337114

Type of music, # of stages, and # of bands.
Lao Live music 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.
United Oriental food

Explain subject/purpose of all speeches/demonstrations which will occur.
Lao traditional dance and Lao Budda region

Discuss your load in/load out parking needs, include times and dates.
In load by 7:00AM and Out load 7:00PM
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: Somdeth Inthalangsy  Title: President  Date: January 4th, 2017
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>Corporation Type</th>
<th>Corporation Name</th>
<th>Responsible Party Name</th>
<th>Title</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonprofit</td>
<td>Lao Arts and Cultural Foundation</td>
<td>Somdeth Inthalangsy</td>
<td>President</td>
<td>5975 Carrier St. N. St. Petersburg, FL 33714</td>
<td>727-686-4761</td>
<td><a href="mailto:vinthalangsy@tampabay.rr.com">vinthalangsy@tampabay.rr.com</a> or <a href="mailto:Somdeth@CSJMarchitects.com">Somdeth@CSJMarchitects.com</a></td>
<td>47-1084767</td>
</tr>
<tr>
<td>For-profit</td>
<td>Lao Arts and Cultural Foundation</td>
<td>Chantho Vorasane</td>
<td>Board of director</td>
<td>5975 Carrier St. N. St. Petersburg, FL 33714</td>
<td>727-518-5991</td>
<td><a href="mailto:chanvrs@hotmail.com">chanvrs@hotmail.com</a></td>
<td>47-1084767</td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
Name of Event: THE FIRST ANNUAL DRAGON BOAT RACING
Date(s) of Event: September 24, 16

<table>
<thead>
<tr>
<th></th>
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TOTAL GROSS REVENUE

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<td>11.</td>
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TOTAL OPERATING EXPENSES
TOTAL NET INCOME

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<th>ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
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<td>5.</td>
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<tr>
<td>6.</td>
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</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME

Prepared by: Somdeth Inthalangsy
Date: January 4th, 2017
Ribfest

Northeast Exchange Club of St Petersburg, FL Inc.

November 10th, 11th & 12th 2017

Vinoy Park

11am

11pm

11am

11pm

11am

9pm

Chris Taylor

Exchange Club Member

5447 Haines Rd, No. PMB 461

St. Pete

FL

33714

Chris_Taylor2@aol.com

John Ulrich

5447 Haines Rd, No. PMB 461

St. Pete

FL

33714

Chris_Taylor2@aol.com

John Ulrich

727-798-8555

Ribfest in well known in the region. It is an event run by an all volunteer organization that donates the proceeds to local charities. This Community Event adds to the quality of life in St. Pete by offering a signature event in the city for it's citizens and visitors to the area to experience. The $5,000,000 + raised over the last 27 years has added to the quality of services afforded by many organizations.

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

The estimated economic impact is over $7,000,000 annually. (Study completed in 2014 by Research Data Services Inc. of Tampa) The event brings people to the beautiful waterfront. Money is spent on hotels, restaurants and retail shopping. There is also a substantial amount spent on city services leading directly to increased employment. The "multiplier" effect continues to benefit our community well beyond our weekend.

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: 25  Day of: 30

Please provide the website address for your event. Ribfest.org

Please provide a phone number that can be advertised to the public. 727-528-3828

What is the estimated attendance for this event? Spectators 35000  Participants 300  Last Year's Total Attendance 35000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) ☐

No □

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

Bleacher(s) needed. Each 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) 4

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: ☐

Date: 1/3/2017

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>How many? 25 - 30 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>
</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></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></td>
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</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>
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<tr>
<td>Newspaper / Internet</td>
<td></td>
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<td></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>

Page 3 of 8
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.

Typically 50 amp 240 volt single 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? Jerry White of The Electric Com

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: Northeast Exchange Club of St. Petersburg, FL Inc. Phone: 727-528-3828
Address (including zip): 5447 Haines Rd, No. PMB 461 St. Petersburg, FL 33714

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

Rock (classic and contemporary) and country. Two stages - Main stage has about 8 bands through the weekend. South stage has 8 - 10 acts for the weekend.

List Vending Products. Name & Provider.

Ribs, Corn, soft drinks, salads, Ice Cream, wraps... various

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

We are the entity sponsoring the event.

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

n/a

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

Parks set up begins Sunday before. Vendors are allowed to load in the park starting on Thursday the 9th. Daily during the even all vehicles must be out by 11am (gate opening). Parking is needed for vendors by North shore pool and the parking lots along bay shore are used by volunteers and vendors. We are out of the park by the following Wednesday.
Other Comments: Please describe your fee structure.

Vendors pay a fee to participate and the public pays a gate fee to attend.

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: [Position] Date: 1/3/2017
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>Northeast Exchange Club of St. Petersburg, FL Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Lisa Hood</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>11968 Iowa Ave NE</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-430-1986</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:hoodla@aol.com">hoodla@aol.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
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</table>

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

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)

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. See attached</td>
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</table>

**TOTAL GROSS REVENUE**

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th></th>
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<tbody>
<tr>
<td>1. see attached</td>
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<td>11.</td>
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<td>12.</td>
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</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

<table>
<thead>
<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. See attached</td>
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<td>6.</td>
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</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Chris Taylor
Date:
## NORTHEAST EXCHANGE CLUB OF ST. PETERSBURG, FLORIDA, INC.
### STATEMENT OF CASH RECEIPTS & DISBURSEMENTS
#### RIBFEST FUND
##### JULY 1, 2016 TO JUNE 30, 2017

### (thru Nov 30, 2016)  
#### (For the Year)

<table>
<thead>
<tr>
<th></th>
<th>2016 TO 2017</th>
<th>2015 TO 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GATES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>37,480.00</td>
<td>16,748.00</td>
</tr>
<tr>
<td>Saturday</td>
<td>93,543.00</td>
<td>141,949.00</td>
</tr>
<tr>
<td>Sunday</td>
<td>49,667.00</td>
<td>261,236.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>261,236.00</td>
<td>102,539.00</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PEPSI, CORN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>33,636.00</td>
<td></td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>60,984.00</td>
<td>141,949.00</td>
</tr>
<tr>
<td>Saturday</td>
<td>145,257.00</td>
<td>161,612.00</td>
</tr>
<tr>
<td>Sunday</td>
<td>84,090.00</td>
<td>92,653.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>290,331.00</td>
<td>322,101.00</td>
</tr>
<tr>
<td><strong>Sponsor</strong></td>
<td>225,450.00</td>
<td>192,636.00</td>
</tr>
<tr>
<td><strong>Vendors</strong></td>
<td>81,950.00</td>
<td>76,900.61</td>
</tr>
<tr>
<td><strong>Interest Income</strong></td>
<td>3,127.49</td>
<td>3,380.86</td>
</tr>
<tr>
<td><strong>Quarters for Kids</strong></td>
<td>29,280.00</td>
<td>35,669.07</td>
</tr>
<tr>
<td><strong>Pre-Tickets</strong></td>
<td>162,931.04</td>
<td>213,967.00</td>
</tr>
<tr>
<td><strong>Pre-Tickets - Circle K</strong></td>
<td>100,000.00</td>
<td></td>
</tr>
<tr>
<td><strong>Grants - Visit St Pete</strong></td>
<td>100,000.00</td>
<td></td>
</tr>
<tr>
<td><strong>Merchandise, Etc</strong></td>
<td>29,280.00</td>
<td>23,404.60</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>1,201,476.23</td>
<td>1,338,761.08</td>
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</table>

### DISBURSEMENTS

<table>
<thead>
<tr>
<th></th>
<th>2016 TO 2017</th>
<th>2015 TO 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost of Bands</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct</td>
<td>590,275.77</td>
<td>312,900.00</td>
</tr>
<tr>
<td>Indirect</td>
<td>122,530.00</td>
<td>112,814.72</td>
</tr>
<tr>
<td>Travel</td>
<td>20,267.12</td>
<td>20,267.12</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>733,073.89</td>
<td>451,471.00</td>
</tr>
<tr>
<td><strong>Sales Tax &amp; Licenses</strong></td>
<td>8,273.39</td>
<td>65,270.96</td>
</tr>
<tr>
<td><strong>Insurance</strong></td>
<td>28,147.00</td>
<td>26,812.00</td>
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<tr>
<td><strong>Vendor Expense</strong></td>
<td>5,000.00</td>
<td>3,819.13</td>
</tr>
<tr>
<td><strong>Beer, Wine &amp; Spirits</strong></td>
<td>46,195.50</td>
<td>72,984.50</td>
</tr>
<tr>
<td><strong>Pepsi &amp; Corn</strong></td>
<td>11,641.00</td>
<td>13,340.35</td>
</tr>
<tr>
<td><strong>Ticket Costs &amp; Commissions</strong></td>
<td>31,675.02</td>
<td>9,033.83</td>
</tr>
<tr>
<td><strong>Rentals</strong></td>
<td>67,547.63</td>
<td>72,764.59</td>
</tr>
<tr>
<td><strong>Patches, Shirts &amp; Merchandise</strong></td>
<td>13,655.96</td>
<td>15,502.67</td>
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<tr>
<td><strong>Volunteer &amp; VIP Food &amp; Other Costs</strong></td>
<td>32,666.03</td>
<td>35,888.17</td>
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<tr>
<td><strong>Event Day Expense</strong></td>
<td>23,404.60</td>
<td>33,207.19</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td>1,826.58</td>
<td>9,909.27</td>
</tr>
<tr>
<td><strong>Security, Park Cost &amp; Other Government Fees</strong></td>
<td>87,517.48</td>
<td>67,414.79</td>
</tr>
<tr>
<td><strong>Advertising, Commissions &amp; Printing</strong></td>
<td>87,517.48</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL DISBURSEMENTS</strong></td>
<td>1,089,124.08</td>
<td>954,153.69</td>
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### ESTIMATED EXCESS REVENUE (DISBURSEMENTS) WITH NET PAYABLES

<table>
<thead>
<tr>
<th></th>
<th>2016 TO 2017</th>
<th>2015 TO 2016</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>112,352.15</td>
<td>384,607.39</td>
</tr>
</tbody>
</table>
Dear Sir or Madam:

We are pleased to tell you that as a result of our examination for the above period(s) we will continue to recognize your organization as tax-exempt.

We have indicated below whether there is a change in your liability for the unrelated business income tax as provided by sections 511 through 515 of the Internal Revenue Code.

[X] There is no change.

Thank you for your cooperation.

Sincerely,

R. C. Johnson
Director, EO Operations
Date: MAY 21 1987

HE EXCHANGE CLUB OF NORTHEAST ST
PETERSBURG FLORIDA INC
O BOX 10942
T PETERSBURG, FL 33733

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under the provisions of the Internal Revenue Code section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay $100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay $50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of $1,500 or more in any calendar quarter. If you have any questions about excise, employment or other Federal taxes, please address them to this office.

If your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. Also you should inform us of all changes in your name and address.

The heading of this letter indicates whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is indicated, you are only required to file Form 990 if your gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law provides for a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late unless there is reasonable cause for the delay. This penalty may also be charged if a return is not.
January 3, 2017

Amy Foster, Council Chair
City of St Petersburg Florida
P.O. Box 2842
St. Petersburg, Florida 33731

Re: Request to sell “Hard Liquor” at Ribfest 2017

Dear Ms. Foster:

On November 10th, 11th and 12th of this year, the Northeast Exchange Club of St. Petersburg, Florida, Inc. (NEX) will be putting on its 28th Ribfest. NEX is in the process of obtaining the necessary permits to put on this event in the Vinoy Park.

As we did at Ribfest 2016, NEX is planning to sell “Hard Liquor” provided we can once again obtain sponsors for their products. On July 22, 2010 the City Council approved NEX to sell liquor product at Ribfest 2010 and subsequently allowed NEX to sell liquor products at Ribfest 2011, 2012, 2013, 2014, 2015 and 2016.

For the city, if there is anything else we need to do in order to sell “Hard Liquor” at Ribfest 2017, please do not hesitate to contact me. Thank you for your help in this matter.

Sincerely,

David S. Hood, Vice President, Ribfest Chair
Northeast Exchange Club of St. Petersburg Florida, Inc.

cc: Chris Taylor
    Gail Clark
    Tom Whiteman
    John Ullrich

5447 Haines Road No. PMB 461, St. Petersburg, FL 33714
May 18, 2016

Mr. Kevin Yeager
Northeast Exchange Club of St. Petersburg, Florida, Inc.
PO Box 10942
Saint Petersburg, FL 33733-0942

Dear Kevin and Northeast Exchange Club Membership,

Your gift to Johns Hopkins All Children’s Hospital is an investment in world-class pediatric medicine. On behalf of the Foundation, our doctors, nurses and the children we care for, I want to thank you for your generosity. Your support of our car seat program will act as powerful prevention of childhood death caused by car accidents. The parents of our community will be able to keep their kids safe regardless of their ability to pay for necessary, lifesaving items like car seats.

From our four newly formed institutes dedicated to cardiac care, neuroscience, cancer and blood disorders and maternal/fetal/neonatal health, to recruiting the best pediatric experts in the nation, you are making an impact on how we elevate and develop our brand of family-centered, genuine care. Being part of Johns Hopkins Health System—one of the most recognized and trusted health care systems in the world—ensures that we will continue to innovate and provide the very best care and the greatest possible outcomes for our patients.

This year we celebrate 90 years of excellence, but it is just the beginning of what we can accomplish. Creating an environment in which clinicians, learners and scientists come together to make care safer and cures achievable is our promise to you and to the families we serve. Thank you for standing alongside us these past 90 years to help provide expert care and safety for the kids of our community.

Sincerely,

Taylor Traviesa
Development Officer

Thank you! Will be in touch soon to figure out committee meeting and tour dates!
April 11, 2016

Northeast Exchange Club of St. Petersburg
Ribfest
5447 Hanes Rd. N PMB 461
St. Petersburg, FL 33714

Dear Northeast Exchange Club Members,

On behalf of the Academy Prep Center of St. Petersburg community, please accept our appreciation for your gift of $18,000. Your generosity helps sustain our commitment to excellence in all aspects of the educational experience.

Given the multitude of worthy organizations that could benefit from your philanthropy, we are immensely grateful that you have chosen Academy Prep Center of St. Petersburg. We pledge to be careful stewards of your faith in our work, advancing APSP’s commitment to developing thoughtful, responsible human beings within a rigorous yet supportive academic community.

Your investment will help us inspire, retain, and enable great students to pursue their dreams, and help us in our pursuit of the discoveries, innovations and solutions to society’s changes. We are grateful for your support and commitment to serving our community.

We wish you much success with Ribfest 2016, and look forward to volunteering again this year.

Sincerely,

Leigh Gale
Grants Specialist

Jocelyn Lister
Development Manager

GIFT RECEIPT

Fund: Donation

Gift Date & Amount: 4/11/2016 $18,000

Academy Prep Center of St. Petersburg is a 501 (c) (3) nonprofit organization and acknowledges that no goods or services were provided to you in return for your contribution other than the joy of giving to an organization that helps transform our community. This letter is your receipt and should be kept with your tax records.

Joan Fortune Campus • 2301 22nd Avenue South • St. Petersburg, FL 33712
www.academyprep.org • 727-322-0800 • 727-328-8904 fax
May 9, 2016

Ms. Dorothy Tadder
Northeast Exchange Club of St. Petersburg, Inc.
5447 Haines Rd No. PMB 461
St. Petersburg, FL 33714

Dear Ms. Tadder,

I would like to take this opportunity to personally extend my deepest appreciation for your donation to CASA from Ribfest 2015! We received your gift of $5,000.00 towards CASA’s programs and services on 4/11/2016. We are extremely grateful for your generosity!

The devastating effects of domestic violence are very personal and difficult to put into words, but the loss of lives is all around us. Our local law enforcement receives well over a hundred calls related to domestic battery each week and approximately one person is killed every month (nationally, every day). Overall, domestic violence costs over $8 billion in medical expenses and lost productivity at work each year.

Supporting CASA is one of the most direct ways to speak out against domestic violence and help to rebuild lives. Offering thanks never feels like enough to recognize that you are helping to save lives.

Please feel free to contact me at 727-895-4912 if you have any questions or if you would like to schedule a tour.

Warm regards,

Shandra L. Rifley
Executive Director

P.S. Please visit our website at www.casa-stpete.org, where you can sign up for our e-newsletter and see the many ways you are transforming lives.
April 18, 2016

Northeast Exchange
5447 Haines Road North
PMB 461
St. Petersburg, FL 33714

Dear Friends:

On behalf of our member artists, thank you for your support of Creative Clay Cultural Arts Center. Your recent gift in the amount of $2,500 for camp scholarships is extremely impactful and helps Creative Clay continue its long-standing work in our community.

As you know, the mission of Creative Clay Cultural Arts Center is to provide expressive, educational, and vocational opportunities in the arts for people with obstacles to arts access. We provide outreach art experiences for individuals with developmental, physical and emotional disabilities as well as those in healthcare settings, children, and veterans.

Thank you again for your support. For more information on Creative Clay and the programs we provide, please visit our website at www.creativeclay.org.

Sincerely,

Kim Dohran
Chief Executive Officer

Thank you all so very much!
kindness of individuals like you. Thank you for your donation for children like Eljah, and all the other children served by Eckerd Kids. Together we can provide all children with a second chance.

For the children,

David Dennis
President and CEO

PS – If you want to read more success stories visit our website www.eckerd.org

Receipt: Northeast Exchange Club of St Petersburg

<table>
<thead>
<tr>
<th>Gift Date</th>
<th>Designation</th>
<th>Amount</th>
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<tr>
<td>4/7/2016</td>
<td>Foster Parent Program- Pinellas &amp; Pasco Counties</td>
<td>$2,000.00</td>
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</table>

Cash Contribution Total: $2,000.00

Thank you!
June 28, 2016

Northeast Exchange Club
Of St. Petersburg, Florida Inc
Ribfest Account
5447 Haines RD N PMB 461
St. Petersburg, FL 33704

RE: Donation
Family Promise of Pinellas County, Inc.
FEIN 26-3550892

Thank you for your grant of $8,820 to Family Promise of Pinellas County, Inc. dated April 7, 2016. Your generous donation is a part of helping homeless children and their parents, right here in Pinellas County, gain independence.

For federal income tax purposes, the letter acknowledges your contribution. Family Promise of Pinellas County is a 501(c)(3) nonprofit organization. Your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for your generous financial donation.

Please retain this letter as proof of your charitable contribution.

Thank you for helping us to help homeless families.

Sincerely,

Jennifer Sunshine
Executive Director

Building community, strengthening lives.

Family Promise of Pinellas County is a 501(c)(3) not-for-profit corporation. FEIN: 26-35500892
April 12, 2016

Northeast Exchange Club of St. Petersburg, Inc
5447 Haines Road N PMB 461
St. Petersburg, FL 33714

Dear Northeast Exchange Club of St. Petersburg, Inc,

The Williams family have a lot to celebrate, a place to call home. You see, just this week, Marques and Chrisseanda and their children received the keys to their new home. It’s donors like you that make this possible!

Thank you for your recent generous gift of $2500 to Habitat for Humanity of Pinellas County on 4/7/2016. Your investment helps families in our community achieve what they thought was just a dream. Thanks to you, we will hand the keys to 45 struggling families by years end and look forward to celebrating with them as they start their new lives.

To date, Habitat Pinellas has completed 356 safe, affordable homes in our community. Your support allows us to remain focused on our mission to promote family stability through innovative housing solutions. Our overarching goal is to eliminate substandard housing throughout the county.

Let’s build!

Mike Sutton
Chief Executive Officer

P.S. Thought you would enjoy knowing that we are preparing to break ground on the Rosado home in St. Petersburg. People like you keep us building – thank you again!
May 12, 2016

Northeast Exchange Club of St. Petersburg, Florida, Inc.
5447 Haines Rd N Pmb 461
Saint Petersburg, FL 33714-1954

Dear Friends of Make-A-Wish:

You’re creating hope, strength and joy for families who are grappling with the life-threatening illness of a child! Your donation in support of the 7th Annual Wedges for Wishes Golf Tournament will make wishes come true. Your $1,000.00 donation, received on 5/4/2016, will help Make-A-Wish allow kids to meet their favorite celebrities, send them on shopping sprees or cruises and ensure they have lasting memories to emotionally carry them through dark times as they fight for their young lives.

Because of you, wish kids like, Dylan will get to enjoy his dream boat after his long battle with leukemia. Thank you making it possible to share the power of a wish!

Seventeen-year-old Dylan, who battled and survived leukemia, wished for a tower to be added to his 22-foot Seafnunt fishing boat. Last September, Dylan’s family gathered at the Get-A-Way on Gandy to showcase Dylan’s brand new boat tower. Dylan’s father, Doug Dykens prepared a speech and described how much hope and joy talking about Dylan’s future boat was for their family during the hard parts of Dylan’s battle with leukemia.

“One night was particularly bad for Dylan, he was in a lot of pain and he was at a point where I think he couldn’t see any bright future. We started talking about a bigger boat, a bay boat that would have a tower, jack plate and a new 4-stroke Yamaha. Dylan knew exactly what he wanted,” said Doug Dykens, Dylan’s father.

Complete with LED lights, a dual steering system and plenty of room for fishing pools, Dylan’s custom boat tower was the finishing component of his “dream boat.” The final product is exactly what he envisioned during the toughest moments of his treatments. Extraordinary things happen to very sick children when they are given permission to dream about something beyond their grasp. Through your support, we will be able to continue to help children like Dylan. On behalf of our staff and all the children we serve, please know your gift has made a difference.

Warmest wishes,

Kathryn Vroman
President & CEO

In compliance with regulations established by the Internal Revenue Service, we must state that we have not provided you with any goods or services in exchange for this contribution. Make-A-Wish of Central and Northern Florida is a 501(c)(3) nonprofit organization. Your contribution is tax deductible to the extent allowed by law. Please retain this document for your records. It is necessary so that you may take the federal income tax deduction for this contribution.

A copy of the official registration and financial information for Make-A-Wish® Central and Northern Florida (registration number SC-07620) may be obtained from the Division of Consumer Services by calling toll-free (800) 435-7352 within the state. Registration does not imply endorsement, approval or recommendation by the state. Make-A-Wish does not retain the services of external solicitors, fund raising consultants or telemarketing companies and 100% of your donation is received by our organization.
Dear NEX Board and Membership,

I just opened the letter from the Northeast Exchange Club with a check for $15,800 enclosed! I am not sure how to express our gratitude. Over the nearly 30 months I have been the Executive Director at PAL, the Northeast Exchange Club has been wonderful partner enabling us to reach so many more children, particularly those in need.

As you can imagine, parents are already seeking a safe place for their children for summer in the Midtown community. Having the funds provided by the Exchange Club gives us the confidence that we can provide for those that cannot afford to come to PAL. In fact, we now know for certainty that we can provide maximum assistance for over 75% of the children enrolling at Midtown because of your support!

We are planning other exciting programs for the Midtown location, and of course adding air conditioning to our Woodlawn facility has been a huge benefit. As we approach the 2016 summer, we are expecting 150 children between our two locations.

We see as our goal, to provide multiple opportunities to engage in activities for these youngsters so they can grow up safely and avoid the snares that catch so many of the area's youth and lead them into a life of crime. Thank you so much for your partnership with and for your confidence in PAL to help the kids Grow up to be Great Grown-ups.

Best wishes,

Doug Under
Executive Director

cc: John Ullrich
April 19, 2016

NE Exchange Club of St. Petersburg, FL Inc.
PO Box 10842
St. Petersburg, FL 33733

Dear N.E. St. Pete Exchange Club Board & Members,

On behalf of the staff, board, volunteers and most importantly the young adults thank you so much for your generous investment of $15,000.00 to Ready for Life. Your generosity and constant support allows RFL to provide hope to young adults that have “aged out” of the foster care system. Your support has provided our organization the resources needed to continue to serve and expand services to such an amazing and resilient population.

As you know, Ready for Life has become an important organization in the care, development, and advocacy for youth who are aging out of foster care. Together we line beside these young adults and help them fill life skills and learning gaps; navigate obstacles they face as new adults on their own; and create a family-like sense of belonging they have been missing most of their lives.

"Over the past seven years you guys have had my back like the mothers I never had. Thank you so much for always being there for me and Aaryn. You both are my voice of reason when I need to plan my life or just cry. To be honest you both taught me it was ok to cry. I truly love RFL because they are my family."

Words cannot express how grateful we are for the amount of time, energy and financial support your members provide at Ribfest so that we can receive this kind of donation. Our community is stronger due to groups such as the NE St. Pete Exchange Club. Thank you again for including RFL and know that your investment is truly providing HOPE to so many young adults “aging out” of the foster care system.

Sincerely,

Kathy Mize Plummer
Executive Director

Donation details for your tax records.

No goods or services were received in consideration for this contribution.
Gift Date: 4/10/2016 $15,000.00

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (1-800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE REGISTRATION NUMBER 26-1022079. RFL SOLICITS 100% OF ITS CONTRIBUTIONS AND DOES NOT CONTRACT PROFESSIONAL SOLICITORS.

Mission:
To engage foster care youth, private citizens and public resources to assist Pinellas County foster youth in a successful transition to adulthood.
April 12, 2016

Northeast Exchange Club Of
St. Petersburg, Florida
5447 Haines No. PMB 461
St. Petersburg, FL 33714

Dear Northeast Exchange Club Board,

On the behalf of Shepherd Village, I would like to extend my most heartfelt thank you for your generous donation of $3,480.00 for two pairs of laundry units. The single mothers have greatly missed the convenience of doing their laundry at Shepherd’s Village.

We would be happy to volunteer at the Ribfest in November, please let us know how we can serve. We look forward to seeing you then.

Thank you again for approving the funds for this project and helping the single-parent families at Shepherd’s Village.

God bless,

[Signature]

Dr. Phyllis Alderman
Founder & Director
April 8, 2016

Board and Membership
Northeast Exchange Club
5447 Haines Rd N
PMB 461
St. Petersburg, FL 33714

Dear NEX Board and Membership,

I just opened the letter from the Northeast Exchange Club with a check for $15,800 enclosed! I am not sure how to express our gratitude. Over the nearly 30 months I have been the Executive Director at PAL, the Northeast Exchange Club has been wonderful partner enabling us to reach so many more children, particularly those in need.

As you can imagine, parents are already seeking a safe place for their children for summer in the Midtown community. Having the funds provided by the Exchange Club gives us the confidence that we can provide for those that cannot afford to come to PAL. In fact, we now know for certainty that we can provide maximum assistance for over 75% of the children enrolling at Midtown because of your support!

We are planning other exciting programs for the Midtown location, and of course adding air conditioning to our Woodlawn facility has been a huge benefit. As we approach the 2016 summer, we are expecting 150 children between our two locations.

We see as our goal, to provide multiple opportunities to engage in activities for these youngsters so they can grow up safely and avoid the snares that catch so many of the area’s youth and lead them into a life of crime. Thank you so much for your partnership with and for your confidence in PAL to help the kids Grow up to be Great Grown-ups.

Best wishes,

Doug Linder
Executive Director

cc: John Ullrich
April 22, 2016

Northeast Exchange Club
5447 Haines Road N PMB 461
St. Petersburg, FL 33714

Dear Friends at Northeast Exchange Club:

On behalf of Suncoast Voices for Children, I would like to thank you for your generous support and donation of $15,000.00. Your gift will truly make a difference in the lives of abused, abandoned and neglected children here in our local area. Making a difference in the lives of hurting children is what Suncoast Voices for Children has been doing for the past twelve years.

Thanks to generous supporters and donors like your members, Suncoast Voices is helping to provide normalcy for this special group of underserved children. Our goal is for every child in the child dependency system to have everything required to meet their physical, psychological, social and educational needs so they will develop the skills necessary to transition to a productive adulthood. Our vision is that every child has that opportunity.

On behalf of the children we serve, thank you for sharing and promoting our vision through your support. Please use this letter as your gift receipt.

Sincerely,

Cynthia B. Faulhaber
President
April 14, 2016

David Salverson
Northeast Exchange Club of St. Petersburg, Florida
100 2nd Ave S Ste. 600
St. Petersburg, Fl 33701-4336

Dear David,

Thank you for your support of the 2016 YMCA Neighbor-to-Neighbor Christmas Program! Your gift of $5,000.00 helps provide the magic and nostalgia of the Christmas season for the underserved children and families of our community.

Embracing the true meaning of social responsibility, the YMCA of Greater St. Petersburg brought the spirit of Christmas to 1105 adults and youth in 2015, the 25th Anniversary of the program. Each family was eligible to receive a live tree, tree stand, decorations, a Publix gift card, and toys, books, games and bikes for the children.

Because our mission centers around strengthening community, we spread the joy all year long. In addition to the Christmas initiative, each child is receiving a full season of youth sports or swimming lessons, and each parent has access to free educational workshops.

As you know, the YMCA Neighbor-to-Neighbor Christmas Program exists because of the support of community advocates like you. When you give to the Y, you make a meaningful, enduring impact right in your own neighborhood.

Thank you for strengthening our community through your continued support of the Neighbor-to-Neighbor Christmas Program. We are better together.

For a better us.

Sincerely,

David W. Jezek
President/CEO

Please retain this letter for your tax records. The YMCA of Greater St. Petersburg is a non-profit organization which has not provided you with any goods or services in exchange for your gift.
April 11, 2016

Northeast Exchange Club of St. Petersburg, FL
c/o Gregory, Sharer & Stuart
100 2nd Ave South, Suite 600
St. Petersburg, FL 33701-4336

Dear Friends,

On behalf of the entire Tampa Bay Watch family, I thank you for your recent contribution. Your very generous gift, in the amount of $15,000, paid by check number 7180 and received on April 9, 2016, will make an immediate positive impact on our Estuary EDventures programs.

As you know, Tampa Bay Watch strives to provide free educational field trip opportunities to school children from economically disadvantaged schools. Just last year, and thanks to your support, Tampa Bay Watch provided 440 academically at-risk students and 49 educators the opportunity to participate in the Estuary EDventures program at no cost to the school. In our experience, many of these children have never had the opportunity to be on the water in a boat or explore the beach.

In addition, last year we engaged more than 7,400 students in hands-on restoration activities, and 1713 volunteers committed their time and talents to help us build 15,471 square feet of oyster shell bar, and plant more than 50,000 plugs of salt marsh to help restore seven miles of shoreline in Tampa Bay. A bay that provides approximately $22 billion to the region's economic value. Another reason your support is so critical to our mission to educate others in the value of a clean bay.

We are honored that you have once again chosen to invest in Tampa Bay Watch in such a significant way. Thank you for sharing our commitment to protecting and restoring our spectacular Bay waters and engaging our youth in hands-on environmental education to ensure our Bay is protected for future generations.

Sincerely,

Peter A. Clark
President

No goods or services were provided for this contribution. Retain this letter for tax purposes. 100% of each contribution supports Tampa Bay Watch, Inc. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION FOR TAMPA BAY WATCH, INC. (CH#14736) MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.
April 13, 2016

Thank You

Northeast Exchange Club
Of St. Petersburg, FL
100 Second Avenue Suite 600
St Petersburg, FL 33701

To Whom It May Concern,

On behalf of Angels Against Abuse, Inc. we would like to thank the NE Exchange Club for their generous donation in the amount of $5000 to our organization. Last year the NE Exchange Club had requested that their donation to the Angels be used towards the Guardian ad Litem Gas Card Program, so if there is a designation for this year, please let me know so we can make sure it is properly applied. The Angels are so grateful to the Exchange Club for their years of support to our organization because without your support, we would not have been able to make the difference in the lives of the children and youth in our community who depend us who have been abused and neglected. Thanks to organizations like the NE Exchange Club, we can give these children HOPE for a better tomorrow. We hope we see some of you at this year’s Blue Ribbon Gala April 30th. If you need details please let me know.

The NE Exchange Club has been one of the Angel’s biggest supporters over the past and it is only because of this support that we can continue to sustain the programs we provide. From the bottom of our hearts “thank you”.

Thank You

Sandy Kearney, Founder
Angels Against Abuse

Federal Tax ID#26-3694664

11300 4th Street North, Suite 200 . St. Petersburg, FL . 33716

Angels Against Abuse is a 501(c)(3) nonprofit organization, Federal Tax ID#26-3694664

Florida Dept of Agriculture & Consumer Services Registration No. CH29470

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WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.*
Northeast Exchange Club  
ATTN: Mr. Ken Haas, Treasurer  
PMB 461  
5447 Haines Road N  
Saint Petersburg, FL 33714-1954

PLEASE SAVE THIS RECEIPT FOR TAX PURPOSES

NO GOODS OR SERVICES WERE PROVIDED IN EXCHANGE FOR THE GIFT AMOUNT OF YOUR CONTRIBUTION

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<tr>
<th>Date</th>
<th>Total Check or Cash amount</th>
<th>Gift Amount</th>
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Your gift may be submitted for a matching gift from the state if the intended use specified for your gift is consistent with the criteria of one of the state’s matching gift programs.

The University of South Florida Foundation, Inc. is a 501(c)(3) tax-exempt organization soliciting tax-deductible private contributions for the benefit of the University of South Florida. The Foundation is registered to solicit charitable contributions with the appropriate governing authorities in all states requiring registration. The organization is located at 4202 E. Fowler Ave., ALC 100, Tampa, FL 33620. Financial and other information about the University of South Florida Foundation’s purpose, programs and activities can be obtained by contacting the Office of Donor Relations & Stewardship, 4202 E. Fowler Ave., ALC 100, Tampa, FL 33620 or by calling (813) 974-2035.

FLORIDA: SC No. 59-0879015 A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, WITHIN THE STATE, 1-800-HELP-FLA OR VIA THE INTERNET AT WWW.800HELPFLA.COM.

CONTRIBUTIONS ARE DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES IN ACCORDANCE WITH APPLICABLE LAW. REGISTRATION IN A STATE DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION OF THE UNIVERSITY OF SOUTH FLORIDA FOUNDATION BY THE STATE.
January 3, 2017

Amy Foster, Council Chair
City of St Petersburg Florida
P.O. Box 2842
St. Petersburg, Florida 33731

Re: Request to sell “Hard Liquor” at Ribfest 2017

Dear Ms. Foster:

On November 10th, 11th and 12th of this year, the Northeast Exchange Club of St. Petersburg, Florida, Inc. (NEX) will be putting on its 28th Ribfest. NEX is in the process of obtaining the necessary permits to put on this event in the Vinoy Park.

As we did at Ribfest 2016, NEX is planning to sell “Hard Liquor” provided we can once again obtain sponsors for their products. On July 22, 2010 the City Council approved NEX to sell liquor product at Ribfest 2010 and subsequently allowed NEX to sell liquor products at Ribfest 2011, 2012, 2013, 2014, 2015 and 2016.

For the city, if there is anything else we need to do in order to sell “Hard Liquor” at Ribfest 2017, please do not hesitate to contact me. Thank you for your help in this matter.

Sincerely,

David S. Hood, Vice President, Ribfest Chair
Northeast Exchange Club of St. Petersburg Florida, Inc.

cc: Chris Taylor
    Gail Clark
    Tom Whiteman
    John Ullrich
NORTHEAST EXCHANGE CLUB
OF ST PETERSBURG FLORIDA INC
RIBFEST ACCOUNT
5447 HAINES RD N PMB 461
SAINT PETERSBURG, FL 33714

DATE 1/3/17

PAY TO THE ORDER OF: CITY OF ST PETERSBURG

Nine hundred ninety dollars

SUNTRUST
ACH RT 089100124
FOR Vinny Park Permit, RibFest 2017

7212

$900.00

DOLLARS

TO THE ORDER OF

CITY OF ST PETERSBURG

Nine hundred ninety dollars

SUNTRUST
ACH RT 089100124
FOR Vinny Park Permit, RibFest 2017

7212

$900.00

DOLLARS

**Contract/Permit**

**Contract #:** 19335  
**Date:** 18 Jan 2017

**NORTHEAST EXCHANGE CLUB OF ST PETERSBURG**
**CHRIS TAYLOR**
**100 2ND AVE S STE 600**
**ST PETERSBURG FL 33701 USA**

**Primary #:** (727) 528-3828  
**Secondary #:** ()  
**Other #:** ()

---

**Purpose of Use:** RIBFEST  
**Expected:** 35,000  
**Co-Sponsored Event**

**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: Mon 06 Nov 2017 06:00 am  
- Ending: Tue 14 Nov 2017 12:00 pm

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**Additional Fees:**
- **Extra Fee**
  - Co-Sponsored Application Fee: $30.00  
  - Quantity: 1  
  - Extra Fee - Bookings
    - Co-Sponsored Park Permit Fee (Vinoy)
      - Hours: 198.00  
      - Quantity: 3  
      - Total: $900.00

**Charges:**
- **Fees**
  - $0.00  
- **Extra Fees**
  - $930.00  
- **Tax**
  - $0.00  
- **Total**
  - $930.00  
- **Deposit**
  - $0.00  
- **Total Applied**
  - $930.00  
- **Contract Balance**
  - $0.00  
- **Account Balance**
  - ($900.00)

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

**Payments:**
- **Date:** 16 Feb 2016  
  - **Amount:** $930.00  
  - **Payment Type:** Check  
  - **Reference:** Rental  
  - **Receipt Number:** 2501156

---

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):**

**Name of User Organization, If Applicable**

---

**CITY OF ST. PETERSBURG, FLORIDA**

**By (Sign Name):** Parks and Recreation Superintendent

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

---

**Printed:** 18 Jan 2017, 09:24 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.
Folkest at St. Pete 2017
Creative Clay, Inc.

Event Date(s):
Nov. 4th - 5th, 2017

Day 1 of Event:
Nov. 4th
Time Gates Open: 10 am
Ending Time: 8 pm

Day 2 of Event:
Nov. 5th
Time Gates Open: 10 am
Ending Time: 8 pm

Application Prepared by: Emily Turner
Title: Director of Folkest at St. Pete
Address: 1114 Central Ave
City: St. Pete
State: FL
Zip: 33705

Additional Contact Person: Kim Dohrmann
Phone: (727) 834-0515
Cell Phone: (727) 469-0986
Day Phone: (727) 834-0515

List all 501(c)3 entities that will benefit from this event:
Creative Clay, Inc.

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg:
Free music and art show that brings together people from all over the Southeast United States (Arts Collectors + Music fans)
It also raises awareness about art accessibility and Creative Clay

Describe what economic benefit and impact this event will bring to St. Petersburg:
Visitors from outside Tampa Bay ZIP codes
All visitors coming to the EDGE district to spend at local shops + restaurants. Awareness of St. Pete's organizations and people.

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: N/A
Day of: N/A

Provide the website address for your event:
www.folkestatstpete.org

Please provide a phone number that can be advertised to the public:
(727) 834-0515

What is the estimated attendance for this event? Spectators 5,000 Participants 2,000 Last Year's Total Attendance 12,000

Turned in: 1/11/17

Page 1 of 8
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]

Special Events Facilities
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: Emily Fernandez  
Co-Sign: Kim DeForrest  
Title:  
Title:  
Date: 1/9/17  
Date: 1/9/17

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
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

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
- Seminoluck / Tractor Trailer

**Obligation**
- General Liability Insurance
- Park Permit
- Occupational License
- Health Inspection
- Alcohol Permit
- Additional insurance Required
- Temporary Structure Permit
- Fireworks Permit
- Parade or Street Closure Permit(s)

How many? 70
What type? 2 of 3
What structure? 10 x 10 tents

**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. [ ] 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.

Beer Truck and Freeman’s Ice Bin Run on a Suncoast Rented Generator as does our sound system.

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? [ ] Ken Olsen Sound

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: Creative Clay Phone: (727) 825-0515

Address (including zip): 1114 Central Ave, St. Petersburg, FL 33701

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

1 stage, folk, folk rock. 15-20 bands

List Vending Products. Name & Provider.

Folk art and crafts vended by the artists.

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

Creative Clay

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

Awareness and fundrasing by donation for Creative Clay making the arts accessible.

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

Would like to close Central Ave by 2pm on Friday for set-up.
Admission by donation.

Vendors donate $150 to participate.

Art festival, music festival, family zone, food, and drink!

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: [Festival Director]
Date: 1/9/17
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 $150.00 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: Creative City, Inc.
Name of Responsible Party (President or CEO ONLY): Kim Doehrman
Title of Responsible Party: Executive Director, CEO
Physical Address of Responsible Party: 1114 Central Ave, St. Pete, FL 33705
Phone Number of Responsible Party: (727) 825-0515
Email Address of Responsible Party: Kim@creativecity.org
Nonprofit (Employee Identification Number): 59-3338575

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 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>REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sponsors</td>
<td>$25,500.00</td>
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<tr>
<td>2. Donations</td>
<td>$13,329.00</td>
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<tr>
<td>3. Grants</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>4. Booth Fees</td>
<td>$2,850.00</td>
</tr>
<tr>
<td>5. Receipts at Event</td>
<td>$3,892.00</td>
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<tr>
<td>6.</td>
<td></td>
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<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
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<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$50,571.00</td>
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<table>
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<tr>
<th>EXPENSES (attach sheet if more space is needed)</th>
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<tr>
<td>1. City</td>
<td>$6,464.00</td>
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<tr>
<td>2. Insurance and permits</td>
<td>$1,122.00</td>
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<td>3. Event Management</td>
<td>$829.00</td>
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<tr>
<td>4. Marketing</td>
<td>$8,369.00</td>
</tr>
<tr>
<td>5. Equipment, Music, Sound, Beer, Security, Misc. Supplies</td>
<td>$21,751.00</td>
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<td>6.</td>
<td></td>
</tr>
<tr>
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<td>TOTAL OPERATING EXPENSES</td>
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<td>TOTAL NET INCOME</td>
<td>$12,036.00</td>
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<th>ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
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<td>5.</td>
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<tr>
<td>6.</td>
<td></td>
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<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td></td>
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Prepared by: ___________________________ Date: ________________

Print Application   Page 8 of 8   Submit Application by Email
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<thead>
<tr>
<th>Description</th>
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<tr>
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<tr>
<td>Applied To: 19333 - CHILLOUNGE NIGHT</td>
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<td>North Straub Park - Park</td>
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<td>November 16, 2017 6:00 am to November 20, 2017 12:00 pm</td>
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<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
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<tr>
<td>Balance</td>
<td>$200.00</td>
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</table>
Contract/Permit

Contract #: 19331
Date: 18 Jan 2017

CREATIVE CLAY INC
KIM DOHRMAN
1124 CENTRAL AVE
ST PETERSBURG FL 33705 USA

Purpose of Use: FOLKFEST 2017
Expected: 5,000
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: Sat 04 Nov 17 10:00 am
Ending: Sun 05 Nov 17 09:00 pm

Facility/Equipment
Day Date Time Fee Extra Fee Tax Total
Special Programs Sat 04 Nov 17 10:00 AM $0.00 $0.00 $0.00 $0.00
Special Event 05 Nov 17 09:00 PM

Additional Fees:
Extra Fee Co-Sponsored Application Fee

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

Total $30.00

Charges:
Fees $0.00
Extra Fees $30.00
Tax $0.00
Total $30.00
Deposit $0.00
Total Applied $30.00
Contract Balance $0.00
Account Balance ($340.00)

Balance of rental due and payable immediately.

Payments:
Date 22 Feb 2013
Amount $30.00
Payment Type Check
Reference Rental
Receipt Number 1873007

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 Recreation Superintendent or designee.

By (Sign Name) KIM DOHRMAN
(Print Name) CREATIVE CLAY 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

Approved or Rejected Date:
Printed: 18 Jan 2017, 08:31 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.
Florida Not For Profit Corporation
CREATIVE CLAY INC.

Filing Information
Document Number: N95000002251
FEI/EIN Number: 59-3338595
Date Filed: 05/08/1995
State: FL
Status: ACTIVE

Principal Address
1114 CENTRAL AVE
SAINT PETERSBURG, FL 33705

Changed: 09/18/2013

Mailing Address
1114 CENTRAL AVE
SAINT PETERSBURG, FL 33705

Changed: 09/18/2013

Registered Agent Name & Address
DOHRMAN, KIMBERLY M
1114 CENTRAL AVENUE
SAINT PETERSBURG, FL 33705

Name Changed: 07/15/2011

Address Changed: 09/18/2013

Officer/Director Detail
Name & Address

Title CEO

DOHRMAN, KIMBERLY M
1114 CENTRAL AVENUE
SAINT PETERSBURG, FL 33705

Title President

Kennedy, Sean
1114 CENTRAL AVENUE
SAINT PETERSBURG, FL 33705

Title VP

Jackson, Melanie
1114 CENTRAL AVENUE
ST. PETE, FL 33705

Annual Reports

<table>
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<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<td>2015</td>
<td>01/16/2015</td>
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<tr>
<td>2016</td>
<td>01/22/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/09/2017</td>
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</tbody>
</table>

Document Images

- 01/09/2017 – ANNUAL REPORT
- 01/22/2016 – ANNUAL REPORT
- 07/27/2015 – AMENDED ANNUAL REPORT
- 01/16/2015 – ANNUAL REPORT
- 01/30/2014 – ANNUAL REPORT
- 09/19/2013 – AMENDED ANNUAL REPORT
- 01/19/2013 – ANNUAL REPORT
- 01/05/2012 – ANNUAL REPORT
- 07/19/2011 – Reg. Agent Change
- 09/22/2011 – Reg. Agent Resignation
- 06/02/2011 – ANNUAL REPORT
- 01/05/2011 – ANNUAL REPORT
- 02/17/2010 – ANNUAL REPORT
- 01/17/2009 – ANNUAL REPORT
- 01/11/2008 – ANNUAL REPORT
- 03/19/2007 – ANNUAL REPORT
- 01/05/2006 – ANNUAL REPORT
- 01/18/2005 – ANNUAL REPORT
- 02/12/2004 – ANNUAL REPORT
- 03/03/2003 – ANNUAL REPORT
- 07/11/2002 – ANNUAL REPORT
- 01/28/2001 – ANNUAL REPORT
- 02/09/2000 – ANNUAL REPORT
- 04/14/1999 – ANNUAL REPORT
- 04/14/1998 – ANNUAL REPORT
- 06/20/1997 – ANNUAL REPORT
- 07/19/1996 – ANNUAL REPORT
- 06/08/1996 – DOCUMENTS PRIOR TO 1997
Event Title: Making Strides Against Breast Cancer
Entity Name: American Cancer Society

Event Date(s):
- Day 1 of Event: October 13, 2017, Time Gates Open: 8AM, Ending Time: 6PM
- Day 2 of Event: October 14, 2017, Time Gates Open: 6AM, Ending Time: 12PM
- Day 3 of Event: Time Gates Open: Ending Time: 

Application Prepared by: Cindi Crisci
Address: 4801 86th Avenue North
City: Pinellas Park
State: FL
Zip: 33712
Email Address: cindi.crisci@cancer.org
Additional Contact Person: Lynn Webb
Day Phone: 727-812-7011

What month/year were you incorporated as nonprofit? 1913

List all 501(c)3 entities that will benefit from this event:
- American Cancer Society

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.

Making Strides is our community’s opportunity to honor breast cancer survivors, educate women and men about breast cancer prevention and early detection, and raise funds and awareness for the fight against breast cancer.

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

Event participants pay to park, meet for breakfast or lunch in downtown St. Petersburg, shop and utilize local hotels.

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
How much? 1,000,000

Are there plans to sell or distribute beer/wine at your event? YES

Will there be an admission / registration fee? YES

Please provide the website address for your event:
www.makingstridesthaw.org/pinellas

Please provide a phone number that can be advertised to the public: 727-546-9822

What is the estimated attendance for this event? Spectators 6000
Participants 5000
Last Year’s Total Attendance 5000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Special Events Facilities

Showmobile (Yes/No) [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) [ ]

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: Cynthia Crisci

Co-Sign: Cathy Vallianatos

Title: Community Manager

Date: 12/19/16

Title: Sr. Manager, Community Event

Date: 12/19/16

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 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>Fireworks Permit</td>
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<tr>
<td>Open Flame Food Preparation</td>
<td>Parade or Street Closure Permit(s)</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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<td>Staging</td>
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<td>Amplified Sound</td>
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<td>Security</td>
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<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
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<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.

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.

Parade Permit will be needed from Police

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

Name: American Cancer Society

Address (including zip): 4801 86th Avenue North, Pinellas Park, FL 33782

Phone: 727-812-7011

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

Deejay

Would like Showmobile please

List Vending Products. Name & Provider.

Complimentary giveaways, snacks and water provided by event sponsors

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.

Community education on breast cancer and how donor dollars are used in our community

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

Tent and Table and sign set up on Friday. (10/13) Portable toilets, water and ice delivered on Friday. Storage unit (POD) delivered on Friday. Sponsors to unload prior to event on Saturday (7 AM)
Other Comments: Please describe your fee structure.

Donation type 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: Cynthia Crisci
Title: Community Manager
Date: 12/19/16
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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Ralph Devito</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Florida Division CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4801 86th Avenue North, Pinellas Park, FL 33782</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-812-7025</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:cindi.crisci@cancer.org">cindi.crisci@cancer.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>13-1788491</td>
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</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>
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</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
## I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Sponsorship</td>
<td>$60,000.00</td>
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<tr>
<td>Team Donations</td>
<td>$134,424.92</td>
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<tr>
<td>Individual Walker Donations</td>
<td>$8,991.00</td>
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<tr>
<td>General Event Donations (Third Party Fundraisers)</td>
<td>$6,163.00</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Gross Revenue</td>
<td>$209,578.92</td>
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## II. EXPENSES (attach sheet if more space is needed)

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</thead>
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<tr>
<td>Decorations and Signage</td>
<td>$906.00</td>
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<tr>
<td>Print Materials and Event t-shirts</td>
<td>$2,668.71</td>
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<tr>
<td>Rentals: Stage, table chairs, portable toilets</td>
<td>$3,453.00</td>
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<tr>
<td>Entertainment (DJ)</td>
<td>$350.00</td>
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<td>Logistics, Security, Site Fees (City)</td>
<td>$5,000.00</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>$12,377.71</td>
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## III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
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<tr>
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<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Allocation of Net Income</td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: Cynthia Crisci  
Date: Dec 19, 2016
**Route Directions:**
- Start at Vinoy Park Mole (5th Ave NE and Bayshore Dr NE)
- North through Vinoy and North Shore Park
- West at 18th Ave NE
- South on North Shore Drive NE
- East on 7th Ave NE
- South on Bayshore Dr NE
- End at Vinoy Park Mole

**Parking Recommendations:**
- North Shore Pool Lot
- Sundial Garage (1st NE and 2nd Ave N)
- Dolphin Parking Lot on Pier approach
- Plaza Tower (2nd Ave / 1st St. NE)
Form W-9

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
   American Cancer Society, Inc.

2. Business name/dissolved entity name, if different from above

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor or
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=G corporation, S=S corporation, P=partnership).
   - Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
   - Other (see instructions)

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exemption code(s) if any
   - Exemption from FATCA reporting code (if any)
   - (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.)
   250 Williams Street
   Atlanta, GA 30303

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

1 3 1 7 8 8 4 9 1

Part II - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and interests paid, acquisition or abandonment of a security, or cancellation of debt, see instructions on page 3.

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person

Date

1-23-15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payer, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 5 for further information.
# Receipt

**City of St. Petersburg**

---

**AMERICAN CANCER SOCIETY**  
MELISSA WEEST  
4801 86TH AVE N  
PINELLAS PARK, FL 33782 USA

**Receipt #: 2705652**  
**User:** SCTegard  
**Issued:** Tue 10 Jan 17 02:27 pm

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Previous Balance</td>
<td><strong>$430.00</strong></td>
</tr>
<tr>
<td>Applied To: 19256 - Making Strides Against Breast Cancer</td>
<td><strong>$230.00</strong></td>
</tr>
<tr>
<td>Vinoy Park - Mole</td>
<td></td>
</tr>
<tr>
<td>October 13, 2017  8:00 am to October 14, 2017  3:00 pm</td>
<td></td>
</tr>
</tbody>
</table>

**Payment:** Visa/MasterCard  

<table>
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<th>Balance</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>$200.00</strong></td>
</tr>
</tbody>
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**APPROVED REFUNDS ARE BY CHECK ONLY**
**Purpose of Use:** Making Strides Against Breast Cancer

**Expected:** 0

**Co-Sponsored Event**

<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>Fri</td>
<td>13 Oct 17</td>
<td>08:00 AM</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
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<tr>
<td>Mole</td>
<td></td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>Sat</td>
<td>14 Oct 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>Mole</td>
<td></td>
<td></td>
<td>03:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**

- Extra Fee - Bookings
  - Hours: 13:00
  - Quantity: 1
  - Charge: $30.00
  - Tax: $0.00
  - Total: $30.00

- Co-Sponsored Application Fee
  - Hours: 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

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

**Payments:**

- Date: 10 Jan 2017
- Amount: $230.00
- Payment Type: Visa/MasterCard
- Reference: Rental
- Receipt Number: 2705652

**Additional Notes:**

I have read this Agreement and agrees 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): CINDI CRISCI

(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
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

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
<table>
<thead>
<tr>
<th>Annual Reports</th>
<th></th>
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<tbody>
<tr>
<td>Report Year</td>
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</tr>
<tr>
<td>2014</td>
<td>04/03/2014</td>
</tr>
<tr>
<td>2015</td>
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<tr>
<td>2016</td>
<td>04/05/2016</td>
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**Document Images**

<table>
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<td>12/13/2012</td>
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<td>REINSTATEMENT</td>
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</tr>
<tr>
<td>09/03/2002</td>
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<td>PDF</td>
</tr>
</tbody>
</table>
### Event Title:
St. Petersburg AFSP Out of the Darkness Community Walk

### Entity Name:
American Foundation for Suicide Prevention

### Event Date(s):
- **October 21, 2017**

### Location:
South Straub Park

### Day 1 of Event:
- **Time Gates Open:** 7:00AM
- **Ending Time:** 1:00PM

### Day 2 of Event:
- **Time Gates Open:**
- **Ending Time:**

### Day 3 of Event:
- **Time Gates Open:**
- **Ending Time:**

### Application Prepared by:
Tara Sullivan

### Additional Contact Person:
Thuy Huynh

### Date of Event:
10/21/2017

### Time Gates Open:
7:00AM

### Ending Time:
1:00PM

### What month/year were you incorporated as nonprofit?
November 1991

### List 501(c)3 entities that will benefit from this event.
American Foundation for Suicide Prevention

### 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.
Funds raised from the walk will be used by AFSP both nationally and locally. AFSP is the leading non-profit organization dedicated to research, education, and advocacy for suicide prevention as well as support to those who have attempted suicide, as well as those who have lost someone to suicide.

The local chapters offer Youth Mental Health First Aid training which teaches adults that work with youth how to recognize and assist youth that may be in mental health crisis. AFSP Tampa Bay also sponsors safeTALK trainings which are educate those 15 years of age older how to become suicide alert and how to help during a crisis.

### Describe what economic benefit and impact this event will bring to St. Petersburg.
People from around the country will attend the walk. In the past, we had people from as out of state and the surrounding Tampa Bay area counties who stay at local hotels and visit many local restaurants. Many local business contribute prizes to the event, thus encourage the recipient to visit local 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

### 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.afsp.org/walks

### Please provide a phone number that can be advertised to the public.
407-415-8757

### What is the estimated attendance for this event?
Participants: 600

Last Year's Total Attendance: 800

---

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

Recreation Equipment

Showmobile (Yes/No) ☑ YES

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

Tables (6 ft) # needed [ ] 40 Chairs # needed [ ] 80

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

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: [ ] Tara Co-Sign: [ ] Thuy Huyn Date: [ ] 11/15/16

Title: [ ] Central and Northern Florida Title: [ ] Walk Chair Date: [ ] 11/15/16

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>Alcohol Permit Additional insurance Required</td>
</tr>
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<td>❏  Vending Beer / Wine</td>
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<td>❏  Other Structures</td>
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<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</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>
</tr>
<tr>
<td>❏  Semitruck / Tractor Trailer</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td>❏  Require Street Closure</td>
<td>Overnight - Private</td>
</tr>
<tr>
<td>❏  Require Street Closure</td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>❏  Staging</td>
<td>Regular Units</td>
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<tr>
<td>❏  Amplified Sound</td>
<td>Disabled Units</td>
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<td>❏  Security</td>
<td>Hand Washing</td>
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<tr>
<td>❏  Sanitary Facilities - Port-O-Lets</td>
<td>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
</tr>
<tr>
<td>❏  Off-site Parking / Shuttle</td>
<td>Radio</td>
</tr>
<tr>
<td>❏  Semitruck / Tractor Trailer</td>
<td>Television</td>
</tr>
<tr>
<td>❏  Require Street Closure</td>
<td>Remote Broadcast</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.

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: [ ] Tara Sullivan

Address (including zip): PO Box 533754, Orlando, FL 323853

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

Light Rock, Pop, Band DJ/Showmobile

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.

Encouragement to people walking with regards to surviving the loss of a loved one.

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

Load in on Saturday at 7:00am, Load out by 1:00pm

We request 7 dedicated parking spaces along Bayshore Drive, for 1st Aid, Uhaul, and guest speaker.
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: Tara Sullivan  Title: Central and Northern Florida  Date: 11/15/2016
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></th>
</tr>
</thead>
<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>
<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>
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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>Email Address of Responsible Party:</td>
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<tr>
<td>For-profit (Employee Identification Number)</td>
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</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
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>
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<tr>
<td><strong>TOTAL GROSS REVENUE</strong></td>
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</table>

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

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
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<tbody>
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<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
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</table>

| **TOTAL NET INCOME** |        |

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

<p>| | |</p>
<table>
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<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: [ ]
Date: [ ]
Detail by FEI/EIN Number

Foreign Not For Profit Corporation
AMERICAN FOUNDATION FOR SUICIDE PREVENTION, INC.

Filing Information

- **Document Number**: F05000000628
- **FEI/EIN Number**: 13-3393329
- **Date Filed**: 02/03/2005
- **State**: DE
- **Status**: ACTIVE
- **Last Event**: REINSTATEMENT
- **Event Date Filed**: 06/20/2012

**Principal Address**
120 Wall Street, FL 29
New York, NY 10005

Changed: 01/09/2017

**Mailing Address**
120 WALL ST., FL 29
New York, NY 10005

Changed: 01/09/2017

**Registered Agent Name & Address**
INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

Name Changed: 06/20/2012
Address Changed: 06/20/2012

**Officer/Director Detail**

**Name & Address**

- **Title**: Secretary
- **Name**: Killpack, Daniel
- **Address**: 120 Wall Street, FL 29
  New York, NY 10005

Annual Reports
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<tr>
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<tr>
<td>2016</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/09/2017</td>
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**Document Images**

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<thead>
<tr>
<th>Name</th>
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</tr>
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<td>08/17/2016 - ANNUAL REPORT</td>
<td>View image in PDF format</td>
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<td>01/12/2016 - ANNUAL REPORT</td>
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<td>04/17/2014 - ANNUAL REPORT</td>
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<td>06/24/2013 - ANNUAL REPORT</td>
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<td>06/20/2012 - REINSTATEMENT</td>
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<tr>
<td>04/30/2009 - Reinstatement</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/03/2005 - Foreign Non-Profit</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
Contract/Permit

Contract #: 19268
Date: 10 Jan 2017

AMERICAN FOUNDATION FOR SUICIDE PREVENT
TARA SULLIVAN
PO BOX 533754
ORLANDO FL 32853 USA

Purpose of Use: Out of the Darkness Walk

Expected: 0

Co-Sponsored Event

Contract Balance: $230.00

Primary #: (813) 352-9890
Secondary #: ()
Other #: ()

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 21 Oct 17 06:00 am
Ending: Sat 21 Oct 17 04:00 pm

Facility/Equipment
South Straub Park
Park

Day: Sat
Date: 21 Oct 2017
Time: 06:00 AM
04:00 PM

Fee Extra Fee Tax Total
$0.00 $230.00 $0.00 $230.00

Additional Fees:

Extra Fee - Bookings
Hours Quantity Charge Tax Total
10:00 1 $30.00 $0.00 $30.00

Co-Sponsored Application Fee
10:00 1 $200.00 $0.00 $200.00

Co-Sponsored Park Permit Fee

2 $230.00 $0.00 $230.00

Charges:

Fees Extra Fees Tax Total Deposit Total Applied Contract Balance Account Balance
$0.00 $230.00 $0.00 $230.00 $0.00 $0.00 $230.00 $0.00

Rental charges are due according to the following schedule:

Date: Saturday, Oct 7, 2017
Amount: $230.00

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): TARA SULLIVAN

(Print Name) AMERICAN FOUNDATION FOR SUICIDE PREVENT

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: PurpleStride Tampa Bay 2017
Phone No.: 310-725-0025
Fax No.: 310-725-0029

Entity Name: Pancreatic Cancer Action Network
Federal I.D. Number: 33-0841281

Event Date(s): Oct. 27 (set up) - Oct. 28 (event) 2017
Location: Albert Whitted Park

Day 1 of Event: 10/27/2017 Time Gates Open: 8:00 AM Ending Time: 6:00 PM
Day 2 of Event: 10/28/2017 Time Gates Open: 4:30 AM Ending Time: 3:00 PM
Day 3 of Event: 

Application Prepared by: Jennifer Pear
Phone: 310-706-3339

Title: Event Manager
Cell Phone: 239-728-8950
Address: 1500 Rosecrans Ave. Ste. 200
City: Manhattan Bch
State: CA
Zip: 90266

Email Address: jpear@pancan.org

Additional Contact Person: Jennifer McMillon
Day Phone: 310-725-0025

What month/year were you incorporated as nonprofit? 1999

List all 501(c)3 entities that will benefit from this event:
Pancreatic Cancer Action Network

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:
Offers members of the community the opportunity to take action in the fight against pancreatic cancer by participating in a 5K awareness run/walk.

Describe what economic benefit and impact this event will bring to St. Petersburg:
The unique course will highlight the beautiful waterfront in St. Petersburg. Many participants travel from across the state to participate and will require accommodations. Many participants also remain downtown after the event and patronize local 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
How much? $1M per occurrence/$2M agg.

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

Will there be an admission/registration fee? YES NO Advanced Fee: $25 Day of: $40

Please provide the website address for your event.
www.purplestride.org/tampabay

Please provide a phone number that can be advertised to the public.
310-725-0025

What is the estimated attendance for this event? Spectators 1000 Participants 1300 Last Year's Total Attendance 1184
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 [TBD]

Chairs # needed [TBD]

Public Address System [No]

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [No]

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.

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: Jennifer Peer
Title: Event Manager
Date: 12/13/2016
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><strong>Condition</strong></th>
<th><strong>Obligation</strong></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>
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<td>☒ Vending Beer / Wine</td>
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</tr>
<tr>
<td>☐ Semitruck / Tractor Trailer</td>
<td></td>
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</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. □ RVs □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks

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

One RV MAY be parked in the event area to store supplies and provide a secure space for accounting. No additional power other than the 110/20 Amps will be required.

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.

None that we are aware of at this time.

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

Name: Pancreatic Cancer Action Network

Phone: 310-725-0025

Address (including zip): 1500 Rosecrans Ave. Ste. 200 Manhattan Beach, CA. 90266

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

1 Platform stage (approx. 16'x20')

DJ to make announcements and play music from approximately 6:30 a.m. to 12:00 noon.

List Vending Products, Name & Provider.

Pancreatic Cancer Action Network will be selling branded jewelry, accessories, and apparel. All proceeds benefit the organization.

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.

Announcements will be made to address the race and attendees, as well as provide event details and organizational messaging.

Opening ceremonies will last approximately 20 minutes, during which an emcee will present awards to top finishers/fund raisers, an inspirational speaker will give a short message, and the race will be started.

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

Set up will take place beginning at 9:00 a.m. (or earlier, if possible) the day prior (Friday) to the event on Saturday. Equipment crews will set up tents, tables, chairs, and portable restrooms on-site and the RV will park to store all event supplies. Staff will need four (4) parking spaces. Overnight security will arrive at 6:00 p.m. and need to park on-site as well. Event day set up will begin on Saturday at approximately 4:30 a.m. All vendors to pick up equipment after 11:00 a.m. Saturday. Portable restrooms to be picked up Monday.
Other Comments: Please describe your fee structure.

Adult Registration - $25 (Untimed)/$30 (Timed)
Youth Registration $15 (Untimed)/$20 (Timed)
Survivor and volunteer registration is always free.
Prices will increase as we get closer to event date with all prices increased by $10-$15 on event day.

Other comments:

This will be our 8th annual PurpleStride Tampa Bay. The event has raised over $1.2 million for the fight against pancreatic cancer. Community support has grown over the last several years, including corporate sponsorships, while attendance has remained steady. Marketing efforts are done on both a national level and a grassroots level through the help of volunteers.

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.

certify that the facts contained in this application are accurate.

Name: Jennifer Pear
Title: Event Manager
Date: 12/13/2016
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>Pancreatic Cancer Action Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Julie Fleshman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President and CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1500 Rosecrans Ave. Ste. 200, Manhattan Beach, CA. 30266</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>310-725-0025</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:scontreras@pancan.org">scontreras@pancan.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>33-0841281</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> 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>
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</tr>
<tr>
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<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: PurpleStride Tampa Bay 2016
Date(s) of Event: Oct 29, 2016 - Oct 29, 2016

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

| 1. Registration          | $27,651.25 |
| 2. Sponsorship           | $40,875.00 |
| 3. Donations             | $134,736.87 |
| 4.                       |           |
| 5.                       |           |
| 6.                       |           |
| 7.                       |           |
| 8.                       |           |

**TOTAL GROSS REVENUE** $203,263.12

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

| 1. Advertising            | $4,731.00 |
| 2. Decor                  | $774.00   |
| 3. Entertainment           | $410.00   |
| 4. Equipment/Rentals      | $7,233.00 |
| 5. Food & Beverage        | $1,255.00 |
| 6. Giveaways              | $3,281.00 |
| 7. Postage                | $276.00   |
| 8. Printing & Copying     | $1,822.00 |
| 9. Professional Services  | $6,367.00 |
| 10. Supplies              | $736.00   |
| 11. T-Shirts              | $7,347.00 |
| 12. Venue                 | $260.00   |

**TOTAL OPERATING EXPENSES** $34,492.00

**TOTAL NET INCOME** $168,771.12

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

| Pancreatic Cancer Action Network | $168,771.12 |
|                                 |            |
|                                 |            |
|                                 |            |
|                                 |            |
|                                 |            |

**TOTAL ALLOCATION OF NET INCOME** $168,771.12

Prepared by: Jennifer Pear
Date: 12/13/2016
Detail by Entity Name
Foreign Not For Profit Corporation
PANCREATIC CANCER ACTION NETWORK, INC.

Filing Information
Document Number: F05000001056
FEI/EIN Number: 33-0841281
Date Filed: 02/14/2005
State: CA
Status: ACTIVE

Principal Address
1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Changed: 10/14/2010

Mailing Address
1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Changed: 10/14/2010

Registered Agent Name & Address
LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS STE 400
FORT MYERSE, FL 33907

Name Changed: 09/07/2016

Address Changed: 09/07/2016

Officer/Director Detail
Name & Address
Title Secretary
RICKERSON, STUART E
P.O. BOX 510
RANCHO SANTA FE, CA 92067

Title P
### Detail by Entity Name

**FLESHMAN, JULIE**  
1500 ROSECRANS AVENUE, SUITE 200  
MANHATTAN BEACH, CA 90266  

**Title** Chairman  

Laurie MacCaskill  
10727 Wilshire Boulevard  
802  
Los Angeles, CA 90024  

**Title** Director  

Hilarie Koplow-McAdams  
83 De Bell Drive  
Atheron, CA 94027  

**Title** Director  

Terrence Meck  
1201 Broadway  
Suite 504  
New York, NY 10001  

**Title** Director  

Jeanne Ruesch  
One Primrose Street  
Chevy Chase, MD 20815  

**Title** CFO  

Winston, Abigail  
1500 ROSECRANS AVENUE  
SUITE 200  
MANHATTAN BEACH, CA 90266  

### Annual Reports  

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>01/08/2014</td>
</tr>
<tr>
<td>2015</td>
<td>02/23/2015</td>
</tr>
<tr>
<td>2016</td>
<td>05/23/2016</td>
</tr>
</tbody>
</table>

### Document Images  

- 09/07/2016 - Rep. Agent Change  
  View image in PDF format  
- 09/07/2016 - ANNUAL REPORT  
  View image in PDF format  
- 02/23/2016 - ANNUAL REPORT  
  View image in PDF format  
- 01/08/2014 - ANNUAL REPORT  
  View image in PDF format  
- 01/23/2013 - ANNUAL REPORT  
  View image in PDF format  
- 01/03/2012 - ANNUAL REPORT  
  View image in PDF format
Contract/Permit

Contract #: 19166
Date: 30 Dec 2016

PANCREATIC CANCER ACTION NETWORK
JENNIFER PEAR
1500 ROSECRANZ AVE STE 200
MANHATTAN BEACH CA 90266 USA

Purpose of Use: PurpleStride TB 2017
Expected: 0
Co-Sponsored Event

Purpose of Use: PurpleStride TB 2017
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: Fri 27 Oct 17 08:00 am
Ending: Sat 28 Oct 17 04:00 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>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Whitted Park</td>
<td>Fri</td>
<td>27 Oct 17</td>
<td>08:00 AM</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albert Whitted Park</td>
<td>Sat</td>
<td>28 Oct 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></td>
<td>04:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Bookings
- Co-Sponsored Application Fee: $30.00
- Co-Sponsored Park Permit Fee: $200.00

Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
</tr>
</tbody>
</table>

Deposits:
- $0.00
- $230.00

Contract Balance
- $0.00

Account Balance
- $200.00

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>30 Dec 2016</td>
<td>$230.00</td>
<td>Check</td>
<td>Rental</td>
<td>2699653</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): JENNIFER PEAR
(Print Name): PANCREATIC CANCER ACTION NETWORK
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 Jan 2017, 05:23 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.
City of St. Petersburg

PANCREATIC CANCER ACTION NETWORK  
JENNIFER PEAR  
1500 ROSECRANZ AVE STE 200  
MANHATTAN BEACH, CA 90266 USA

Receipt #: 2699553  
User: SCTegard  
Issued: Fri 30 Dec 16 03:59 pm

<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: 19166 - PurpleStride TB 2017</td>
<td>$230.00</td>
</tr>
<tr>
<td>Albert Whitted Park - Park</td>
<td></td>
</tr>
<tr>
<td>October 27, 2017 - 8:00 am to October 28, 2017 - 4:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($230.00)</td>
</tr>
</tbody>
</table>

Balance: $0.00

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: Boley Centers Jingle Bell Run

Entity Name: Boley Centers, Inc

Event Date(s): 12-13-17

Location: North Shore South Parking Lot

Day 1 of Event: Time Gates Open: 6 PM Ending Time: 9 PM

Day 2 of Event: Time Gates Open: Ending Time:

Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Jenine Thornley

Title: Executive Assistant

Address: 445 - 31st St. N

City: St. Petersburg

State: FL

Zip: 33713

Email Address: Jenine.thornley@boleyceneters.org

Additional Contact Person: Jen Flanagan

Day Phone: 727-224-8325

What month/year were you incorporated as nonprofit? 1970

List all 501(c)3 entities that will benefit from this event: Homeless Project

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.

Enhances City quality and image as a sports/healthy entity and adds to the lineup of holiday events.

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

Brings business throughout the downtown area and surrounding eating 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

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 $25.00 Day of $30.00

Please provide the website address for your event: www.boleyceneters.org

Please provide a phone number that can be advertised to the public: 727-821-4819, ext. 5700

What is the estimated attendance for this event? Spectators 2,800 Participants 4,000 Last Year's Total Attendance 3,000

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>Mahaffey Theater</td>
<td>Which Location?</td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>Boyd Hill</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 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: Vice President of Development  Date: 1-10-2017
Co-Sign: [Signature]  Title: President/CEO  Date: 1-10-2017

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>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>
</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 110/20 amp 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: [ ]

Address (including zip): [ ]

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

Approximately 15 bands playing holiday music along the course from 7 PM to 8:30 PM.

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.

TBD

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

[ ] N/A

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

TBD & discussed with St. Petersburg Police Department.
Other Comments. Please describe your fee structure.

Admission Fee. $25 Adults ($30 race night)
$20 Children ($25 race night)

Other comments.
The Jingle Bell Run is a non-competitive one (1) or three (3) mile fun run which takes participants along the City’s beautiful waterfront.

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.

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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 <strong>Nonprofit</strong> Corporation:</th>
<th>Boley Centers, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>Gary MacMath</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>President/CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>445 - 31st Street North, St. Petersburg, FL 33713</td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td>727-224-0329</td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td><a href="mailto:gary.macmath@boleycenters.org">gary.macmath@boleycenters.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number)</td>
<td>59-1290089</td>
</tr>
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</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)

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

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Donations</td>
<td>$423.20</td>
</tr>
<tr>
<td>2. Sponsorships</td>
<td>$45,650.00</td>
</tr>
<tr>
<td>3. Registrations</td>
<td>$35,150.00</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** | $81,223.20 |

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Operational Expenses</td>
<td>$218.52</td>
</tr>
<tr>
<td>2. Advertising</td>
<td>$475.00</td>
</tr>
<tr>
<td>3. Entertainment</td>
<td>$3,900.00</td>
</tr>
<tr>
<td>4. City of St. Petersburg Estimate</td>
<td>$7,500.00</td>
</tr>
<tr>
<td>5. Food</td>
<td>$1,518.80</td>
</tr>
<tr>
<td>6. Fundraising expenses</td>
<td>$3,463.45</td>
</tr>
<tr>
<td>7. Fundraising equipment</td>
<td>$1,371.93</td>
</tr>
<tr>
<td>8. Contract Service</td>
<td>$100.00</td>
</tr>
<tr>
<td>9. Glow Necklaces</td>
<td>$552.00</td>
</tr>
<tr>
<td>10. Printing</td>
<td>$2,174.94</td>
</tr>
<tr>
<td>11. Jingle Bells/Elastic</td>
<td>$852.49</td>
</tr>
<tr>
<td>12. Licenses/Permits</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** | $34,211.89 |

**TOTAL NET INCOME** | $47,011.31 |

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

<table>
<thead>
<tr>
<th>Allocation</th>
<th></th>
</tr>
</thead>
</table>

**TOTAL ALLOCATION OF NET INCOME** |  |

Prepared by: [Signature]  
Date: [Date]
BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
JENINE THORNLEY
445 31ST ST N
ST PETERSBURG FL 33713 USA

Purpose of Use: Jingle Bell Run
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: Wed 13 Dec 17 06:00 am
Ending: Wed 13 Dec 17 11:00 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>
</tr>
</thead>
<tbody>
<tr>
<td>North Shore Park</td>
<td>Wed</td>
<td>13 Dec 17</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>Park</td>
<td></td>
<td>11:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:

<table>
<thead>
<tr>
<th>Extra Fee</th>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
<td>17.00</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Co-Sponsored Park Permit Fee</td>
<td>17.00</td>
<td>1</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Extra Fee</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
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<tr>
<td></td>
<td>2</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
</tr>
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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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<tbody>
<tr>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
</tr>
</tbody>
</table>

Rental charges are due according to the following schedule:

Date: Wednesday, Nov 29, 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): JENINE THORNLEY

BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
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.
Detail by Entity Name

Florida Not For Profit Corporation
BOLEY CENTERS, INC.

Filing Information
Document Number: 718784
FEI/EIN Number: 59-1290089
Date Filed: 07/01/1970
State: FL
Status: ACTIVE
Last Event: AMENDED AND RESTATED ARTICLES
Event Date Filed: 06/30/2015
Event Effective Date: NONE

Principal Address
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Changed: 01/19/2009

Mailing Address
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Changed: 01/19/2009

Registered Agent Name & Address
MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Name Changed: 01/19/2009

Address Changed: 01/19/2009

Officer/Director Detail

Name & Address
Title President/CEO
MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713
Title COO, Corporate Secretary

NORDLINGER, MIRIAM
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

INCORVIA, SANDRA
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

MISIEWICZ, PAUL
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Chairman

ROSS, LORETTA
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

LOTT, MARTIN
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

POYNTER, SALLY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

HEBERT, JOHN T
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

BUSSEY, RUTLAND
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

PITTS, BOB
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

STRINGER, JOSEPH
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title DIRECTOR

SMITH, JOSEPH L
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

COLEY, LEONARD
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

DR. WALLACE, ROBERT
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

HUGHES, MARKUS, LIEUTENANT
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title FIRST VICE CHAIRMAN

McQueen, Maggi
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title SECOND VICE CHAIRMAN

PHARES, GAIL
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Annual Reports

<table>
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<td>2016</td>
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<tr>
<td>2016</td>
<td>04/28/2016</td>
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<tr>
<td>2016</td>
<td>09/16/2016</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
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<td>02/07/2016</td>
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<td>09/30/2015</td>
<td>Amended and Restated Articles</td>
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<td>06/29/2015</td>
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<td>AMENDED ANNUAL REPORT</td>
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<tr>
<td>01/27/1995</td>
<td>ANNUAL REPORT</td>
</tr>
</tbody>
</table>
Event Title: 4th Annual St. Petersburg Holiday of the Arts

Entity Name: Paragon Fine Arts Festivals, Inc.

Event Date(s): December 15-17, 2017

Day 1 of Event:
Dec 15 (setup) Time Gates Open: 10:00am Ending Time: 7:00pm
Day 2 of Event:
Dec 16 (event) Time Gates Open: 10:00am Ending Time: 5:00pm
Day 3 of Event:
Dec 17 (event) Time Gates Open: 10:00am Ending Time: 5:00pm

Application Prepared by: Bill Kinney

Title: Event Director

Address: 1625 Keely Ln.

Email Address: [admin@paragonartfest.com](mailto:admin@paragonartfest.com)

Phone: (941) 487-8061

Cell Phone: (631) 525-6736

City: Sarasota

State: FL

Zip: 34232

What month/year were you incorporated as nonprofit? N/A

List all 501(c)3 entities that will benefit from this event. St. Petersburg Arts Alliance

Name of the for-profit entity? Paragon Fine Arts Festivals, Inc.

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

There is immense aesthetic and cultural contribution to the community through the encounter with original, handmade fine art by artisans from around the country. Art enriches our lives. This experience introduces the residents of and visitors to St. Petersburg to a tapestry of extraordinary work they would otherwise not experience. It is in the heart of St. Petersburg, thus bringing event attendees to downtown St. Petersburg, Straub Park and the businesses (e.g., restaurants, galleries and shops) of the local downtown area.

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

In 2014 we conducted a post-show survey of downtown businesses near the event site of Straub Park to assess how the event impacted local businesses. From our event in February 2014 businesses in the vicinity of Straub Park reported 15-300% increases in revenue stemming from the art festival. In addition, we project the artists in attendance at the event alone will contribute about 380 room nights in hotels and 1700 meals in local restaurants. We also do not compete with local food merchants in that we do not have food vendors onsite. We encourage local art galleries to have a presence at the event if they choose. They may find artisans from outside of St. Petersburg they wish to carry the work of in their galleries.

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.

Did your group presently have liability insurance? ☑ YES ☑ NO How much? [We set based on limits specified]

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://www.paragonartevents.com/5-58-St%2E+Petersburg+Holiday+of+the+Arts.html](http://www.paragonartevents.com/5-58-St%2E+Petersburg+Holiday+of+the+Arts.html)

Please provide a phone number that can be advertised to the public. (941) 487-8061 (Paragon)

What is the estimated attendance for this event? Spectators: 4000 Participants: 120 Last Year's Total Attendance: ~ 4000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ] Yes [ ] No

# Bleacher(s) needed. Each bleacher approx. 180 people [ ] 0

Tables (6 ft) # needed [ ] 0

Chairs # needed [ ] 0

Public Address System [ ] Yes [ ] No

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [ ] 0

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: [ ] Bill Kinney (Paragon) [ ] John Collins (St. Petersburg Arts Alliance)

Title: Event Director [ ] Executive Director

Date: 12/27/2016 [ ] 12/27/2016

Co-Sign: [ ] Bill Kinney (Paragon) [ ] John Collins (St. Petersburg Arts Alliance)

Title: Event Director [ ] Executive Director

Date: 12/27/2016 [ ] 12/27/2016

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>
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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>
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<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
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<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>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>
<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>Announcement Only</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>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td>Hand Washing</td>
</tr>
<tr>
<td>Invitations</td>
<td>Regular Units</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Disabled Units</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Hand Washing</td>
</tr>
</tbody>
</table>
|                               | City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Marketing: Please check all that apply.
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?

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: Paragon Fine Arts Festivals
Phone: (941) 487-8061
Address (including zip): 1625 Keely Ln., Sarasota, FL 34232

Type of music, # of stages, and # of bands.
N/A - no musical performances

List Vending Products. Name & Provider.
N/A - none provided/sold - only original artwork by the artists in attendance at the event

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.
Load-in beginning at noon on Friday December 16, 2017. Artists will park at curb and dolly booths, displays and artwork into South Straub Park for setup. Will consider renting a Looper Trolley for shuttling artists from site to parking (e.g., Vinoy Park).
Other Comments: Please describe your fee structure.

N/A - no admission charged - the show is about artists selling their original handmade artwork to the public, pricing determined solely by the artisans.

Other comments:
None

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: Bill Kinney
Title: Festival Director
Date: 12-27-2016
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><strong>Name of the Nonprofit Corporation:</strong></th>
<th>St. Petersburg Arts Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Responsible Party (President or CEO ONLY):</strong></td>
<td>John Collins</td>
</tr>
<tr>
<td><strong>Title of Responsible Party:</strong></td>
<td>Executive Director</td>
</tr>
<tr>
<td><strong>Physical Address of Responsible Party:</strong></td>
<td>100 Second Ave. N., Ste. 150, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td><strong>Phone Number of Responsible Party:</strong></td>
<td>(727) 518-5142</td>
</tr>
<tr>
<td><strong>Email Address of Responsible Party:</strong></td>
<td><a href="mailto:john@stpeteartsalliance.org">john@stpeteartsalliance.org</a></td>
</tr>
<tr>
<td><strong>Nonprofit (Employee Identification Number):</strong></td>
<td>46-1335413</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of the For-profit Corporation:</strong></th>
<th>Paragon Fine Arts Festivals, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Responsible Party (President or CEO ONLY):</strong></td>
<td>Bill Kinney</td>
</tr>
<tr>
<td><strong>Title of Responsible Party:</strong></td>
<td>Event Director</td>
</tr>
<tr>
<td><strong>Physical Address of Responsible Party:</strong></td>
<td>1625 Keely Ln., Sarasota, FL 34232</td>
</tr>
<tr>
<td><strong>Phone Number of Responsible Party:</strong></td>
<td>(941) 487-8061</td>
</tr>
<tr>
<td><strong>Email Address of Responsible Party:</strong></td>
<td><a href="mailto:admin@paragonartfest.com">admin@paragonartfest.com</a></td>
</tr>
<tr>
<td><strong>For-profit (Employee Identification Number):</strong></td>
<td>56-2462971</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)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Date(s) of Event:</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
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<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

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

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Date(s) of Event:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>8.</td>
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<td>9.</td>
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<td>10.</td>
<td></td>
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</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
</tr>
</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 of Event:</th>
<th>Date(s) of Event:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
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</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: __________________________ Date: __________________________
**Contract/Permit**

**Contract #:** 19269  
**Date:** 10 Jan 2017  
**User:** SCTegard  
**Status:** Firm

PARAGON FINE ARTS FESTIVALS INC  
BILL KINNEY  
8258 MIDNIGHT PASS RD  
SARASOTA FL 34242 USA

<table>
<thead>
<tr>
<th>Purpose of Use:</th>
<th>St. Petersburg Holiday of the Arts</th>
<th>Expected: 0</th>
<th>Co-Sponsored Event</th>
<th>Contract Balance</th>
</tr>
</thead>
</table>

**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 15 Dec 17 06:00 am  
- Ending: Sun 17 Dec 17 09:00 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>South Straub Park</td>
<td>Fri</td>
<td>15 Dec 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Straub Park</td>
<td>Sat</td>
<td>16 Dec 2017</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></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Straub Park</td>
<td>Sun</td>
<td>17 Dec 2017</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></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**
- Extra Fee - Bookings
  - Co-Sponsored Application Fee 15:00 1 $30.00 $0.00 $30.00
  - Co-Sponsored Park Permit Fee 30:00 2 $400.00 $0.00 $400.00
  - Total 3 $430.00 $0.00 $430.00

**Charges:**
- Fees: $0.00
- Extra Fees: $430.00
- Tax: $0.00
- Total: $430.00

- Deposit: $0.00
- Total Applied: $0.00
- Contract Balance: $430.00
- Account Balance: $0.00

**Rental charges are due according to the following schedule:**
- Date: Friday, Dec 1, 2017  
  - Amount: $30.00
- Date: Saturday, Dec 2, 2017  
  - Amount: $200.00
- Date: Sunday, Dec 3, 2017  
  - Amount: $200.00

**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) ____________________________
(Print Name) BILL KINNEY ____________________________
PARAGON FINE ARTS FESTIVALS INC

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): ____________________________
Parks and Recreation Superintendent

(P)(Print Name): ____________________________
Parks and Recreation Department

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) BILL KINNEY ____________________________
PARAGON FINE ARTS FESTIVALS INC

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): ____________________________
Parks and Recreation Superintendent

(P)(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.
City of St. Petersburg

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$430.00</td>
</tr>
<tr>
<td>Applied To: 19269 - St. Petersburg Holiday of the Arts</td>
<td>$30.00</td>
</tr>
<tr>
<td>South Straub Park - Park</td>
<td></td>
</tr>
<tr>
<td>December 15, 2017 6:00 am to December 17, 2017 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$400.00</td>
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</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$400.00</td>
</tr>
<tr>
<td>Applied To: 17242 - Seafood &amp; Music Festival</td>
<td>$200.00</td>
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<tr>
<td>North Straub Park - Park</td>
<td></td>
</tr>
<tr>
<td>March 24, 2017 10:00 am to March 26, 2017 5:00 pm</td>
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</tr>
<tr>
<td>Applied To: 19269 - St. Petersburg Holiday of the Arts</td>
<td>$400.00</td>
</tr>
<tr>
<td>South Straub Park - Park</td>
<td></td>
</tr>
<tr>
<td>December 15, 2017 6:00 am to December 17, 2017 9:00 pm</td>
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</tr>
<tr>
<td>Payment: Check</td>
<td>($600.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title: P
Name: MAGUIRE, DENISE
Address: 8258 MIDNIGHT PASS RD
City-State-Zip: SARASOTA FL 34242

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENISE MAGUIRE
PRESIDENT

04/10/2016
**Detail by Entity Name**

Foreign Profit Corporation  
PARAGON FINE ARTS FESTIVALS, INC.

<table>
<thead>
<tr>
<th><strong>Filing Information</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Document Number</strong></td>
<td>F1400002914</td>
</tr>
<tr>
<td><strong>FE/EIN Number</strong></td>
<td>45-2779488</td>
</tr>
<tr>
<td><strong>Date Filed</strong></td>
<td>07/08/2014</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>NY</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

| **Principal Address**  | 8258 MIDNIGHT PASS RD  
|                        | SARASOTA, FL 34242 |

| **Mailing Address**    | 8258 MIDNIGHT PASS RD  
|                        | SARASOTA, FL 34242 |

<table>
<thead>
<tr>
<th><strong>Registered Agent Name &amp; Address</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MAGUIRE, DENISE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>8258 MIDNIGHT PASS RD</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SARASOTA, FL 34242</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Officer/Director Detail</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name &amp; Address</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>P</td>
</tr>
</tbody>
</table>

| **MAGUIRE, DENISE**         |  |
| **8258 MIDNIGHT PASS RD**   |  |
| **SARASOTA, FL 34242**      |  |

<table>
<thead>
<tr>
<th><strong>Annual Reports</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Report Year</strong></td>
<td><strong>Filed Date</strong></td>
</tr>
<tr>
<td>2015</td>
<td>04/23/2015</td>
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<tr>
<td>2016</td>
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<td><strong>04/10/2016 -- ANNUAL REPORT</strong></td>
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<tr>
<td><strong>07/08/2014 -- Foreign Prof</strong></td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
Detail by Entity Name
Florida Not For Profit Corporation
ST. PETERSBURG ARTS ALLIANCE, INC.

Filing Information
Document Number: N12000009944
FEIEIN Number: 46-1335413
Date Filed: 10/18/2012
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 08/12/2014

Principal Address
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Mailing Address
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Changed: 08/12/2014

Registered Agent Name & Address
COLLINS, JOHN
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Address Changed: 08/12/2014

Officer/Director Detail
Name & Address
Title O

PAPICH, JOSEPH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title O
KELLEY, DEBORAH  
100 SECOND AVE. NORTH, #150  
ST. PETERSBURG, FL 33701  
Title 0

LETIZIO, LISA  
100 SECOND AVE. NORTH, #150  
ST. PETERSBURG, FL 33701  
Title 0

WOOD, RICHARD  
100 SECOND AVE. NORTH, #150  
ST. PETERSBURG, FL 33701  
Title Director

Ransdall, Sandra  
100 SECOND AVE. NORTH  
SUITE 150  
ST. PETERSBURG, FL 33704  
Title Director

McClellan, Duncan  
100 SECOND AVE. NORTH  
SUITE 150  
ST. PETERSBURG, FL 33704  
Title Director

Boss, Kristy  
100 SECOND AVE. NORTH  
SUITE 150  
ST. PETERSBURG, FL 33704  
Title Director

Rolston, Jim  
100 SECOND AVE. NORTH  
SUITE 150  
ST. PETERSBURG, FL 33704  
Title Director

Schrader, Stacia  
100 SECOND AVE. NORTH  
SUITE 150  
ST. PETERSBURG, FL 33704  
Title Director

Annual Reports
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<td>2016</td>
<td>02/10/2016</td>
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**Document Images**

- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
**CITY OF ST. PETERSBURG**
**PARKS & RECREATION DEPARTMENT**
**CO-SPONSORED EVENT APPLICATION**

<table>
<thead>
<tr>
<th>Event Title</th>
<th>Phone No.: 727-523-3419</th>
<th>Fax No.: 727-523-3396</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tampa Bay AIDS Walk &amp; 5k Run</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entity Name:</th>
<th>Federal I.D. Number: 59-2862537</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empath Health - AIDS Service Association of Pinellas</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Date(s):</th>
<th>Location: Vinoy Park</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 of Event: 12/9/2017</td>
<td>Time Gates Open: 8:00am Ending Time: 12:00pm</td>
</tr>
<tr>
<td>Day 2 of Event:</td>
<td>Time Gates Open:</td>
</tr>
<tr>
<td>Day 3 of Event:</td>
<td>Time Gates Open:</td>
</tr>
</tbody>
</table>

Application Prepared by: Rachel Lewis

<table>
<thead>
<tr>
<th>Title:</th>
<th>Phone: 727-523-3419</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Events Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City: Clearwater</th>
</tr>
</thead>
<tbody>
<tr>
<td>5771 Roosevelt Blvd.</td>
<td>State: FL</td>
</tr>
<tr>
<td></td>
<td>Zip: 33760</td>
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<table>
<thead>
<tr>
<th>Email Address:</th>
<th>Day Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:rachellewis@empathhealth.org">rachellewis@empathhealth.org</a></td>
<td></td>
</tr>
</tbody>
</table>

What month/year were you incorporated as nonprofit? 1987

List all 501(c)3 entities that will benefit from this event. Empath Health - AIDS Service Association of Pinellas

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.

This event will raise much needed funds for AIDS Service Association of Pinellas (ASAP) - which in return assist the people of Pinellas County, including St. Petersburg. ASAP provides a myriad of support services and referrals for the HIV/AIDS community. Services include: case management, food and personal needs pantry, children's program, prevention, testing and counseling, monthly client dinners, limited emergency financial assistance and much more. In Pinellas and surrounding counties our mobile unit provides free rapid HIV testing and prevention education.

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

Over 750 people came out to last year’s Tampa Bay AIDS Walk & 5k run. These participants get to see the beautiful parks and waterfront of St. Petersburg and often linger afterward to visit local stores and restaurants.

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: 25.00 Day of: 25.00

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

Please provide a phone number that can be advertised to the public. 727-523-3419

What is the estimated attendance for this event? Spectators 50 Participants 800 Last Year's Total Attendance 750
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
<thead>
<tr>
<th>Showmobile (Yes/No)</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
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</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>30</td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>75</td>
</tr>
<tr>
<td>Public Address System</td>
<td>Yes</td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
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Special Events Facilities

<table>
<thead>
<tr>
<th></th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mahaffey Theater</td>
</tr>
<tr>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<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: Rachel Lewis
Title: Special Events Coordinator
Date: 1/10/17

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>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>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td></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.  □ 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.

________________________________________________________________________________________________________________________________________________________________________________________

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:  Suncoast Hospice Foundation  Phone:  727-523-3419
Address (including zip):  5771 Roosevelt Blvd, Clearwater FL 33760

Type of music, # of stages, and # of bands.
Hope to have a radio station out to the event again.

List Vending Products. Name & Provider.
Will not be selling any products.

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.
Any announcements will concern thanking the public for their support of the event and letting them know how much they raised

Discuss your load in/load out parking needs, include times and dates.
Load in- morning of at 6am - will bring truck into park to unload and move truck into parking lot. Load out - will move truck back into park to load all materials at about noon.
Other Comments: Please describe your fee structure.

It is free to walk and the 5k has a $25 admission rate.

Other comments:

We had such a great response from our 2016 walk. We were able to raise over our goal and all of our attendees thoroughly enjoyed being out at the park the day of.

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: Rachel Lewis  Title: Special Events Coordinator  Date: 1/10/17
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 $1200.00 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>Empath Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Rafael Sciullo</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President and CEO of Empath Health</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>5771 Roosevelt Blvd, Clearwater, FL 33760</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-586-4432</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:rafaelisciullo@empathhealth.org">rafaelisciullo@empathhealth.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-2862537</td>
</tr>
</tbody>
</table>

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

Tampa Bay AIDS walk & 5k Run

### Date(s) of Event:

12/10/2016

---

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorship</td>
<td>$43,500</td>
</tr>
<tr>
<td>Donations</td>
<td>$69,697</td>
</tr>
<tr>
<td>5k Participation fee</td>
<td>$2,795</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL GROSS REVENUE</strong></td>
<td></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>Printing</td>
<td>$397.19</td>
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<tr>
<td>Advertising</td>
<td>$7,500</td>
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<tr>
<td>Other</td>
<td>$5,500</td>
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<tr>
<td>Contract Services</td>
<td>$6,000</td>
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<tr>
<td>Fees</td>
<td>$30</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

### 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>AIDS Service Association of Pinellas</td>
<td>$85,833</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

---

Prepared by: Rachel Lewis  
Date: 11.10.17
Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in December 1988 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

[Signature]

John E. Ricketts, Director, TE/GE
Customer Account Services
TAMPA BAY AIDS WALK +5k Run
Tampa Bay AIDS Walk & Fun Run
Timeline

6:00am Set-up Begins
7:30am Registration and Prizes ready to go
8:00am Registration begins
    All vendors must be ready at 8am
8:30am Mobile Testing unit open
9:00am Opening Ceremonies
9:30am Run Begins
9:50am Walk begins
11:00am Breakdown
THE HOSPICE OF THE FLORIDA SUNCOAST
RACHEL LEWIS
5771 ROOSEVELT BLVD
CLEARWATER FL 33760 USA

Purpose of Use: TAMPA BAY AIDS WALK & 5K
Expected: 800
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: Fri 08 Dec 17 06:00 am
Ending: Mon 11 Dec 17 09:00 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>Fri</td>
<td>08 Dec 17</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>11 Dec 17</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Co-Sponsored Application Fee
  - Quantity: 1
  - Charge: $30.00
  - Tax: $0.00
  - Total: $30.00
  - Extra Fee - Co-Sponsored Park Permit Fee (Vinoy)
    - Hours: 67.00
    - Quantity: 1
    - Charge: $300.00
    - Tax: $0.00
    - Total: $300.00

Charges:
- Extra Fees: $330.00
- Tax: $0.00
- Total: $330.00
- Deposit: $0.00
- Total Applied: $0.00
- Contract Balance: $330.00
- Account Balance: $330.00

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)

(Right Name) RACHEL LEWIS
THE HOSPICE OF THE FLORIDA SUNCOAST
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name) Parks and Recreation Superintendent

(Prin 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.
Detail by Entity Name

Florida Not For Profit Corporation
EMPATH HEALTH, INC.

Filing Information
Document Number N08000008790
FEI/EIN Number 26-3605761
Date Filed 09/19/2008
State FL
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 02/11/2015
Event Effective Date NONE

Principal Address
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Changed: 01/14/2014

Mailing Address
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Changed: 01/14/2014

Registered Agent Name & Address
SCIULLO, RAFAEL J
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Name Changed: 02/27/2013
Address Changed: 05/20/2013

Officer/Director Detail
Name & Address
Title Director
GAINES, MICHAEL (MIKE)  
5771 ROOSEVELT BLVD  
610  
CLEARWATER, FL 33760  

Title Chairman  

HANLEY-CRABB, KELLI  
5771 ROOSEVELT BLVD  
610  
CLEARWATER, FL 33760  

Title Treasurer  

WHETSTONE, CHARLES (CHAD)  
5771 ROOSEVELT BLVD  
610  
CLEARWATER, FL 33760  

Title President  

SCIULLO, RAFAEL J  
5771 ROOSEVELT BLVD  
610  
CLEARWATER, FL 33760  

Title Secretary, Director  

BROWN, SUSAN  
5771 ROOSEVELT BLVD  
610  
CLEARWATER, FL 33760  

Title Director  

ETTEN, MARY JEAN  
5771 ROOSEVELT BLVD  
610  
CLEARWATER, FL 33760  

Title Vice Chair, Director  

HAYES, BENJAMIN (BEN)  
5771 ROOSEVELT BLVD  
610  
CLEARWATER, FL 33760  

Title Director  

BARMORE, PATRICK (PAT)  
5771 ROOSEVELT BLVD  
610  
CLEARWATER, FL 33760
<table>
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<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>01/14/2014</td>
</tr>
<tr>
<td>2015</td>
<td>02/16/2015</td>
</tr>
<tr>
<td>2016</td>
<td>01/29/2016</td>
</tr>
</tbody>
</table>

**Document Images**

- 01/29/2016 – ANNUAL REPORT
- 02/16/2015 – ANNUAL REPORT
- 02/11/2015 – Name Change
- 01/14/2014 – ANNUAL REPORT
- 09/20/2013 – AMENDED ANNUAL REPORT
- 09/27/2013 – ANNUAL REPORT
- 01/06/2012 – ANNUAL REPORT
- 01/05/2011 – ANNUAL REPORT
- 01/06/2010 – ANNUAL REPORT
- 09/13/2009 – ANNUAL REPORT
- 09/19/2009 – Domestic Non-Profit
Event Title: SPCA Tampa Bay Pet Walk
Entity Name: SPCA Tampa Bay

Day 1 of Event:
Event Date(s): Saturday, October 7, 2017
Location: Vinoy Park
Day 1 of Event:
Time Gates Open: 8:30am
Ending Time: 12:00pm

Day 2 of Event:
Time Gates Open:
Ending Time:

Day 3 of Event:
Time Gates Open:
Ending Time:

Application Prepared by: Luan Dean
Title: Director Mission Advancement
Address: 9099 130th Avenue N
City: Largo
State: FL
Zip: 33773
Email Address: LDean@spcatampabay.org
Additional Contact Person: Lisa Richardson
Day Phone: 1727-596-3591

What month/year were you incorporated as nonprofit? October, 1940
List all 501(c)3 entities that will benefit from this event. SPCA Tampa Bay

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The Pet Walk is SPCA Tampa Bay’s largest event of the year and one of the longest running walks in the state of Florida. We have consistently raised over $150,000 each year to benefit the rescue and protection of Pinellas County's homeless pets. Media Sponsors heavily promote this event, including several pre-walk events that are held at established restaurants in downtown St. Pete, which is a very "pet-friendly" community. Pet lovers are enthusiastic about patronizing businesses that recognize this relationship.

Describe what economic benefit and impact this event will bring to St. Petersburg.
This event, in its 27th year, attracts more than 2,500 people to the downtown area and generates high foot traffic to local 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?  X  YES  □ NO
How much?  $1,000,000

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: $35 Day of:

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

Please provide a phone number that can be advertised to the public. 727-586-3591

What is the estimated attendance for this event? Spectators 700 Participants 1500 Last Year's Total Attendance 2200
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ] Yes [ ] No

# Bleacher(s) needed. Each bleacher approx. 180 people [ ] 0

Tables (6 ft) # needed [ ] 0 Chairs # needed [ ] 0

Public Address System [ ] 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

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Name: [Signature] Title: [Title] Date: [Date]

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.

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Page 2 of 8
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<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
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</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>
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<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
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<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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<td>VIP Area</td>
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<tr>
<td>Staging</td>
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<td>Amplified Sound</td>
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<td>Security</td>
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<tr>
<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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<tr>
<td>How many? Over 30 Vendors / Exhibitors</td>
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<tr>
<td>How many? 9</td>
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<tr>
<td>What type?</td>
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<td>What structure?</td>
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<td>Performers</td>
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<td>Overnight - Private</td>
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<td>Event Time Frame - SPPD</td>
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<td>Regular Units 9</td>
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<td>Disabled Units 1</td>
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<tr>
<td>Hand Washing 2</td>
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<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
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<tr>
<td>Newspaper / Internet</td>
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<tr>
<td>Marketing: Please check all that apply.</td>
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<tr>
<td>Invitations</td>
<td></td>
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<tr>
<td>Posters / Flyers</td>
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<tr>
<td>Newspaper / Internet</td>
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<td>Radio</td>
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<td>Television</td>
<td></td>
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<tr>
<td>Remote Broadcast</td>
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<tr>
<td>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
<td></td>
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</tbody>
</table>

Page 3 of 8
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20 amp 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.

The RV is used to tally the results as they come in and to provide someone overnight to watch over the set up.
The ice truck is to store the bags of ice for Saturday's walk.

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: SPCA Tampa Bay  Phone: 727-586-3591
Address (including zip): 9099 130th Avenue N., Largo, FL 33773

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

Classic Rock and 90s music (family friendly)

List Vending Products. Name & Provider.

Vendors will be set up and allowed to sell their goods and services. They have not been secured but they consist of pet item vendors, groomers and other pet supply vendors.

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.

Speeches will include operational directions, a welcome, thank you to our sponsors, pet costume contest, SPCA adoption pet parade

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

We will need the lot on the Vinoy side of the park for reserved parking on Saturday morning, beginning at 6:00 a.m. Load in will begin on Friday morning at 9:00 a.m. and be complete by 5:00 p.m. on Friday afternoon. Vendors will arrive at 6:30 am on Saturday to begin set up. All set up and vehicles will be removed from park lawn by 8:00 a.m. (30 minutes before the event).
Other Comments: Please describe your fee structure.

$35/person donation to participate in the walk. Park is not fenced off.
$100/vendor for booth participation
Sponsorships range from $10,000 to $1,500.

All proceeds benefit SPCA Tampa Bay. The event is fully planned by SPCA Tampa Bay.

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: Dir. Mission
Date: 1-12-17
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: SPCA Tampa Bay

Name of Responsible Party (President or CEO ONLY): Martha Boden

Title of Responsible Party: CEO

Physical Address of Responsible Party: 9099 130th Avenue N., Largo, FL 33773

Phone Number of Responsible Party: 727-596-3591

Email Address of Responsible Party: mboden@spcatampabay.org

Nonprofit (Employee Identification Number): 59-0715928

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

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:** SPCA Tampa Bay Pet Walk and Internet Cat

**Date(s) of Event:** 10/7/2016 - 10/8/2016

---

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

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<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1. Sponsorships</td>
<td>$82,000.00</td>
</tr>
<tr>
<td>2. Registration</td>
<td>$106,000.00</td>
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<tr>
<td>3. Vendors</td>
<td>$5,000.00</td>
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<tr>
<td>4. Donations</td>
<td>$10,000.00</td>
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<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>$203,000.00</td>
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### II. EXPENSES (attach sheet if more space is needed)

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</tr>
</thead>
<tbody>
<tr>
<td>1. Printing &amp; Publications</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>2. Rental</td>
<td>$10,000.00</td>
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<tr>
<td>3. Mail Services</td>
<td>$1,200.00</td>
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<tr>
<td>4. Postage</td>
<td>$6,000.00</td>
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<tr>
<td>5. Prizes &amp; Promotions</td>
<td>$11,000.00</td>
</tr>
<tr>
<td>6. Misc</td>
<td>$5,800.00</td>
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<tr>
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<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
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<td>10.</td>
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<td><strong>TOTAL OPERATING EXPENSES</strong></td>
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<td><strong>TOTAL NET INCOME</strong></td>
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### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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<th>Description</th>
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<tbody>
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<td>1. Shelter Operations, Medical Services, Adoption Services, Kids Programs</td>
<td>$162,000.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
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<td>3.</td>
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<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
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<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td>$162,000.00</td>
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</tbody>
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---

**Prepared by:** Luan Dean

**Date:** Jan 12, 2017
Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on July 29, 2005. We have updated our records to reflect the name change as indicated above.

In May 1974 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca, Director, TE/GE
Customer Account Services
Will be very similar to this 2016 map.
City of St. Petersburg

SPCA OF PINELLAS COUNTY
LUAN DEAN
9099 130TH AVE N
LARGO, FL 33773 USA

Receipt #: 2706889
User: SCTegard
Issued: Thu 12 Jan 17 04:40 pm

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<td>Previous Balance</td>
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<tr>
<td>Applied To: 19297 - SPCA Walk</td>
<td>$230.00</td>
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<tr>
<td>Vinoy Park - Park</td>
<td></td>
</tr>
<tr>
<td>October 7, 2017 6:00 am to October 7, 2017 3:00 pm</td>
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</tr>
<tr>
<td>Payment: Check</td>
<td>($230.00)</td>
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<tr>
<td>Balance</td>
<td>$0.00</td>
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APPROVED REFUNDS ARE BY CHECK ONLY
Contract/Permit

SPCA OF PINELLAS COUNTY
LUAN DEAN
9099 130TH AVE N
LARGO FL 33773 USA

Purpose of Use: SPCA Walk

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 07 Oct 17 06:00 am
Ending: Sat 07 Oct 17 03:00 pm

Facility/Equipment | Day | Date | Time   | Fee  | Extra Fee | Tax | Total
-------------------|-----|------|--------|------|-----------|-----|-------
Vinoy Park Park   | Sat | 07 Oct 2017 | 06:00 AM | $0.00 | $230.00 | $0.00 | $230.00

Additional Fees:
- Extra Fee - Bookings
  - Hours: 9:00
  - Quantity: 1
  - Charge: $30.00
  - Tax: $0.00
  - Total: $30.00
- Co-Sponsored Application Fee
  - Hours: 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

Rental charges are due according to the following schedule:

Payments:
- Date: 12 Jan 2017
- Amount: $230.00
- Payment Type: Check

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): LUAN DEAN
(Date Name) SPCA OF PINELLAS COUNTY
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.
Detail by FEI/EIN Number

Florida Not For Profit Corporation
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.

Filing Information
Document Number 705975
FEI/EIN Number 59-0715928
Date Filed 08/02/1963
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 04/05/2012
Event Effective Date NONE

Principal Address
9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Changed: 01/14/2009

Mailing Address
9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Changed: 01/14/2009

Registered Agent Name & Address
BODEN, MARTHA
9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Name Changed: 03/03/2014
Address Changed: 03/13/2012

Officer/Director Detail
Name & Address
Title Treasurer

ALLEN, CHRIS
204 37TH AVENUE NORTH #421
ST PETERSBURG, FL 33704
Title Past President

Hulsey, Marilyn
2000 Michigan Ave NE
ST PETERSBURG, FL 33702

Title Secretary

MCGINTY, JIM
201 North Franklin Street
Suite 1500
Tampa, FL 33602

Title VP, Facilities Chair

Miller, Tara
7210 14th Street North
St Petersburg, FL 33702

Title President

Ralph, John F, Jr.
6850 Central Avenue
Suite B
St. Petersburg, FL 33707

Title VP, Governance Chair

Browy, Jonathan
12450 Roosevelt Blvd
Suite 400
St Petersburg, FL 33716

Title VP, Development Chair

Egarter, Michele
111 2nd Ave NE
Suite 1006
St Petersburg, FL 33701

Title CEO

Boden, Martha
9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Annual Reports

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<td>03/08/1993 -- ANNUAL REPORT</td>
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Event Title: Susan G. Komen Florida Suncoast Race for the Cure
Entity Name: Susan G. Komen Breast Cancer Foundation Florida Suncoast Affiliate

Event Date(s):
Day 1 of Event: 10/7/2017
Day 2 of Event: 10/8/2017
Day 3 of Event: 10/9/2017

Location: Albert Whitted Park

Application Prepared by: Gina Kravitz
Phone: 727-823-0984

Title: Executive Director
Cell Phone: 727-417-3297
Address: PO Box 12848
City: St. Pete
State: FL
Zip: 33733
Email Address: Gina.Kravitz@komensuncoast.org

Additional Contact Person: SUSAN DANIELS
Day Phone: 727-580-1896

What month/year were you incorporated as nonprofit? 1999

List all 501(c)3 entities that will benefit from this event: Susan G. Komen Florida Suncoast Affiliate

Name of the for-profit entity? NA

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.

We anticipate at least 2500 registrants will participate. The event will be held in the evening and we will actively promote that our participants frequent downtown St. Petersburg restaurants, bars, and hotels. Historically, our event fills the local hotels and parking, and brings business to downtown restaurants, museums, the Saturday Morning Market, and other tourist attractions.

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: $35 Day of: $40

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

Please provide a phone number that can be advertised to the public. 727-823-0984

What is the estimated attendance for this event? Spectators 1500 Participants 2500 Last Year's Total Attendance 2500
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

Mabaffey 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: SUSAN DANIELS

Co-Sign: Gina Kravitz

Title: Event Director

Title: Executive Director

Date: 1-12-17

Date: 1-12-17

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 $10.00 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.

**Condition**

- [ ] Public Invited
- [x] Located in Park
- [x] Vending Product / Merchandise Sales
- [x] Vending Food / Beverage
- [x] Vendors / Exhibitors
- [x] Vending Beer / Wine
- [x] Erecting Tents - Larger than 10ft x 12ft
- [x] Fence Installation
- [ ] Other Structures
- [ ] Open Flame Food Preparation
- [ ] Pyrotechnics
- [ ] Require Street Closure
- [x] VIP Area
- [x] Staging
- [ ] Amplified Sound
- [x] Security
- [x] 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
- Temporary Structure Permit
- Temporary Structure Permit
- Fire Inspection Permit
- Fireworks Permit
- Parade or Street Closure Permit(s)

**Marketing:** Please check all that apply.

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

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

Page 3 of 8
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: Florida Suncoast Affiliate Susan G. Komen
Address (including zip): PO Box 14452 St. Petersburg, FL 33733
Phone: 727-823-0904

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

- Family oriented music with continuous pre-scripted educational announcements about breast cancer.

List Vending Products. Name & Provider.

- NA at this time.

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.

- To educate audience on Breast Cancer education and awareness

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

- Set up on Friday 10-6 tear down on Sunday 10-8. Our website will promote all downtown parking facilities.
Other Comments: Please describe your fee structure.

Entry fees will be $35 in advance, and $40 on race day.

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: Gina Kravitz  
Title: Exec. Director  
Date: 1/12/16
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:** Florida Suncoast Affiliate of Susan G. Komen for the Cure

**Name of Responsible Party (President or CEO ONLY):** Gina Kravitz

**Title of Responsible Party:** Executive Director

**Physical Address of Responsible Party:** 1200 7th Ave N.

**Phone Number of Responsible Party:** 727-823-0984

**Email Address of Responsible Party:** Gina.Kravitz@komensuncoast.org

**Nonprofit (Employee Identification Number):** 75-287-0702

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

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<tr>
<th>Description</th>
<th>Amount</th>
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<td>1. Entry fees and donations</td>
<td>$132,430.14</td>
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<td>2. Sponsorship</td>
<td>$12,502.00</td>
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<td>3. Merchandise sales</td>
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<td>4. Inter-company revenue</td>
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<td>TOTAL GROSS REVENUE</td>
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### II. EXPENSES (attach sheet if more space is needed)

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<td>2. Printing/graphics/postage/supplies</td>
<td>$6,989.48</td>
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<td>3. Advertising</td>
<td>$954.98</td>
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<td>4. Equipment rental</td>
<td>$8,282.06</td>
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<td>5. City of St. Petersburg (police, sanitation, park, etc.)</td>
<td>$18,000.00</td>
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<td>6. Race production</td>
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<td>TOTAL OPERATING EXPENSES</td>
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<td>TOTAL NET INCOME</td>
<td>$92,601.89</td>
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### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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<td>TOTAL ALLOCATION OF NET INCOME</td>
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Prepared by: Gina Kravitz
Date: 1/11/2017
FLORIDA SUNCOAST AFFILIATE OF THE SUSAN
G KOMEN BREAST CANCER FOUNDATION
205 DR MARTIN LUTHER KING JR ST N # 2-13
ST PETERSBURG FL 33701-3109

This certifies that

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.
Via: Email

January 4, 2016

Susan G. Komen ® Florida Suncoast Affiliate
205 Dr. Martin Luther King St. N., Suite 2-133
St. Petersburg, FL 33701

To Whom It May Concern:

Attached please find a copy of the Susan G. Komen Breast Cancer Foundation, Inc.’s original group 501(c)(3) exemption ruling. The Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen Florida Suncoast, EIN #75-2870702, was included in the group exemption for the most recent tax year. To our knowledge, no action has been taken to revoke their group exemption.

Sincerely,

Miguel Perez
Vice President, Affiliate Network

MP/jm

Enclosures: Copy of Current 501(c)(3) Group Certification Letter
Copy of Original 501(c)(3) Group Exemption Letter
Florida Suncoast Affiliate - EIN Certificate
Dear Taxpayer:

This is in response to your July 10, 2015, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in June 1992, 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.

Contributions or gifts by individuals to domestic fraternal societies, orders, or associations, operating under the lodge system, used exclusively for 501(c)(3) purposes are deductible under section 170(c)(4) of the Code. If solicitations are made for contributions or gifts by individuals for non-501(c)(3) purposes, the solicitation must include a statement indicating that these payments are not deductible as charitable contributions for Federal income tax purposes.
If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Doris Kanwright, Operation Mgr.
Accounts Management Operations 1
December 15, 2014

Internal Revenue Service
Ogden, UT 84201-0023

EIN 75-1835298
Notice Number – CP 119
GEN Number – 7164

To Whom This May Concern:

Below is a summary of the changes that have been made directly on the group exemption form per the IRS instructions.

Address Changes
All subsidiaries should have the address below:
5005 LBJ Freeway, Suite 250
Dallas TX 75244

Removal from list
1. North Dakota Affiliate – EIN 26-4810260. This Affiliate is no longer active and needs to be removed from the list.

2. Aspen Chapter – EIN 84-1160739. This Affiliate has merged with the Denver Metropolitan Affiliate and needs to be removed from the list.

We appreciate your assistance with this matter. Please do not hesitate to give me a call should you have any questions at (972) 855-4381.

Sincerely,

Ria Williams
Director, Financial Services
Susan G Komen
Why Are You Getting This Notice?

As a holder of a group exemption letter, you are required to annually provide us with current information about each subordinate unit included under your ruling. This information will help us update our records.

What Do You Need To Do?

1. Review and make needed changes directly on the enclosed list of your subordinates to the:
   - Employer identification number (EIN)
   - Name
   - Chapter name or local number
   - Address (including state and ZIP Code)

2. Add new subordinates. For each subordinate added, include the information listed in #1, above. If a subordinate does not have an EIN, apply for one online, by telephone, fax, or by mail.
   - Online - Go to the IRS website at www.irs.gov/businesses and click on "Employer ID Numbers,"
   - Telephone - Call the IRS at 1-800-829-4933,
   - Fax - Fax the IRS at 801-620-3253, or
   - Mail - Complete Form SS-4 and mail it to the service center address for your state. See Form SS-4 instructions for more information.

3. Delete subordinates no longer included in the group exemption letter. If you delete subordinates, mark them on the listing as deleted and notify the deleted subordinates that they may be required to file federal tax returns and reports because they are no longer covered by a group exemption ruling.
4. If there are no changes to the enclosed list, sign the Declaration at the bottom of this notice and return it to us.

What Happens If You Don't Provide This Information?

If you do not submit the information required, your group exemption letter will be terminated. Your subordinates will have to file annual income tax returns. To reactivate the ruling, you will have to submit a new application for recognition of tax-exempt status for the group and pay the applicable user fee.

How Can You Get Forms, Instructions and Publications?

Forms, instructions and publications are available on our website at www.irs.gov or by calling the IRS Forms Distribution Center at 1-800-TAX-FORM (1-800-829-3676) (toll-free). Publication 557, Tax-Exempt Status for Your Organization, will assist you with tax-exempt organization questions. For more information about group exemption rulings and procedures, see the Publication 4573, Group Exemptions.

Where Should You Send the Information?

Mail your updated listing or signed Declaration (see the bottom of this page) to:

Department of Treasury
Internal Revenue Service
Ogden, UT 84201-0023

When Is Your Response Due?

The IRS must receive the updated information or signed Declaration 90 days before the end of your annual accounting period. Failure to reply could result in the loss of your group exemption letter.

How Can You Get Help?

If you have any questions about this notice, write us at the address shown above, or call us at 801-620-6019. If the number is outside your local calling area, you will incur a long-distance charge.
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751935298 SUBSIDIARY ORGANIZATION OF SUSAN G KOMEN BREAST CANCER FOUNDATION
GEN NUMBER 7164 SUBSIDIARY TOTAL IS 120 CYCLE 201439
Date: JUN 4 1992

SUSAN G Komen Foundation, Inc.
5005 LAKEFRONT PKWY 710
DALLAS, TX 75244-6117

Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code as organizations of the type described in section 501(c)(3).

Our records show that your organization is exempt from federal income tax under section 501(c)(3) of the Code. Your exemption letter becomes effective immediately.

Based on information you supplied, we recognize your subordinates as organizations that appear on the list you submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in sections 501(c)(3) and 501(c)(4) of the Code.

Donors may deduct contributions to your subordinates as provided in section 170 of the Code. Requests, legacies, devises, transfers, or gifts to your subordinates or for their use are deductible for federal income tax purposes if they meet the applicable provisions of section 170A, 170B, and 170Z of the Code.

Your subordinates whose gross receipts each year are normally more than $50,000 are each required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of their annual accounting period. If you prefer, you may file a group return for those subordinates that authorize you in writing to include them in that return. If you are required to file Form 990 for your own activities, you must file a separate return and may not be included on any group return that you file for your subordinates. The law imposes a penalty of 5% a day when a return is filed late.
unless there is reasonable cause for the delay. However, the maximum penalty
imposed cannot exceed $5,000 or 5 percent of gross receipts for the year.
Penalties cannot be charged if a return is not made within 90 days after the
due date. If your returns are complete, you should file the return as soon as
possible. If you receive a Form 990 package in the mail, it is advisable to
file the return even if your gross receipts do not exceed $25,000. If not required to file, a sub-
SUSAN A. KORNER, RN, M.N.

section 501(c)(3)
5. The street address of each associate whose mailing address is a P.O. Box and
6. The information required by Revenue Procedure 79-44, 1979-1 C.B. 667, for each associate that is a church
7. Any other information necessary to establish

that the church is satisfying the requirements of

Revenue Ruling 71-447, 1971-1 C.B. 236. This is the same
information required by Schedule A, Form 1023, Application

for Recognition of Exemption Under Section 501(c)(3) of

the Internal Revenue Code.

4. If applicable, a statement that your group exemption letter is

not amended since your previous report.

The above information should be sent: "Attention: Entry Control Unit"

The Service Center that processes your return will send you a group

exemption letter. Your associates are required to include this letter with

each Form 990, Return of Organization Exempt From Income Tax, and Form 990-PF,

Exempt Organization Business Income Tax Return, that they file. Please ask

your associates if this requirement applies to them and provide them with the

group exemption letter.

If the letter is not current, indicates that an amendment applies, the

enclosed address is an integral part of this letter.

Because this letter could help resolve any questions about your exempt

status and foundation status of your associates, you should keep it for your

records.

If you have any questions, please contact the person whose name and

telephone number are shown in the heading of this letter.

Sincerely yours

Mary O. Bridges

Director Finance
Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Please type or print clearly.

1. Name of applicant (legal name) (see instructions)
   The Greater Tampa Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation

2. Traits name of business (if different from name on line 1)
   ANDREW G. HALPERN, ESQ. ATTORNEY- IN-FACT

3. Business address (if different from address on lines 3 and 4)
   SAME

4. Mailing address (street address) (room, apt., or suite no.)
   5063 UJBJ FEIVAN-SUITE 2, DALLAS, TX 75211

5. City, state, and ZIP code
   SAMEN

6. County and state where principal business is located
   DALLAS COUNTY, TEXAS 75214

7. Name of principal officer, general partner, grantor, owner, or taxpayer—SSN or ITIN may be required (see instructions)
   SUSAN B. BEAN, PRESIDENT - INTERNATIONAL HEADQUARTERS

8a. Type of entity (Check only one box) (see instructions)
   [ ] Sole proprietor (SSN)
   [ ] Partnership
   [ ] REMIC
   [ ] Estate (SSN of decedent)
   [ ] National Guard
   [ ] Other corporation (specify) □
   [ ] State/local government
   [ ] Farmers' cooperative
   [ ] Trust
   [ ] Church or church-controlled organization
   [ ] Federal government/military
   [ ] Other nonprofit organization (specify) □
   [ ] Other (specify) □

8b. If a corporation, name the state or foreign country (If applicable) where incorporated
   DE LAWARE

9. Reason for applying (Check only one box) (see instructions)
   [ ] Banking purpose (specify purpose) □
   [ ] Changed type of organization (specify new type) □ INDEPENDENT
   [ ] Purchased going business
   [ ] Created a trust (specify type) □
   [ ] Other (specify) □

10. Date business started or acquired (month, day, year) (see instructions)
    9/30/99

11. Cessing month of accounting year (see instructions)
    December

12. First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) □

13. Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (See instructions) □
   Non-Human Agricultural Household

14. Principal activity (see instructions)
   PROMOTION OF RESEARCH, EDUCATION, AND STUDY ON BREAST CANCER

15. Is the principal business activity manufacturing? □
   Yes □ No □

16. If "Yes," principal product and raw material used □
   BUSINESS (wholesaler) □
   PUBLICATION □

17a. Has the applicant ever applied for an employer identification number for this or any other business? □
   Yes □ No □

17b. If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name □
   TRADE NAME □

17c. Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed □
   PREVIOUS EIN □

18. Under penalty of perjury, I declare that I have examined this application and all of the information herein and that the statements herein are true, correct, and complete.

   NAME AND TITLE (PLEASE TYPE OR PRINT CLEARLY)
   PATRIC E P. OTOS - CFO

   SIGNATURE □
   DATE □
   10/28/99

   Note: Do not write below this line. For official use only.

   Please save Sec. □
   Form □
   Class □
   Site □
   Reason for applying □

For Paperwork Reduction Act Notice, see page 3.
Contract/Permit

Contract #: 19298
Date: 12 Jan 2017

SUSAN G KOMEN BREAST CANCER FOUNDATION
GINA KRAVITZ
PO BOX 12848
ST PETERSBURG FL 33733 USA

Purpose of Use: Susan G. Komen Race for the Cure

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 07 Oct 17 06:00 am
Ending: Sat 07 Oct 17 11:00 pm

Facility/Equipment: Albert Whitted Park

Additional Fees:
- Extra Fee - Bookings
- Co-Sponsored Application Fee
  - Hours: 17:00
  - Quantity: 1
  - Charge: $30.00
  - Tax: $0.00
  - Total: $30.00

Charges:
- Fees: $0.00
- Extra Fees: $30.00
- Tax: $0.00
- Total: $30.00

Balance of rental due and payable immediately.

Payments:
- Date: 12 Jan 2017
  - Amount: $30.00
  - Payment Type: Check
- Date: 12 Jan 2017
  - Amount: ($30.00)
  - Payment Type: Check
- Date: 12 Jan 2017
  - Amount: $30.00
  - Payment Type: Check

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): GINA KRAVITZ
(Print Name): SUSAN G KOMEN BREAST CANCER FOUNDATION
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: 12 Jan 2017, 07:12 PM
User: sclegard
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 FEI/EIN Number

**Foreign Not For Profit Corporation**

**FLORIDA SUNCOAST AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.**

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#### Principal Address

5005 LBJ FREEWAY  
SUITE 250  
DALLAS, TX 75244

Changed: 04/27/2007

#### Mailing Address

5005 LBJ Freeway #250  
Dallas, TX 75244

Changed: 04/30/2014

#### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

#### Officer/Director Detail

**Name & Address**

**Title Director**

Clark, Gail  
205 Dr. Martin Luther King St. N  
Suite 2-133  
St Petersburg, FL 33701

**Title TREA**
Hochsprung, Anne  
205 Dr. Martin Luther King St. N.,  
Suite 2-133  
St. Petersburg, FL 33701  
Title Director  

Degala, Lalitha  
205 Dr. Martin Luther King St. N.,  
Suite 2-133  
St. Petersburg, FL 33701  
Title Secretary  

Lewis, Wayne  
205 Dr. Martin Luther King St. N.  
Suite 2-133  
St. Petersburg, FL 33701  
Title DIRE  

Traugott, Delana  
205 Dr. Martin Luther King St. N  
Suite 2-133  
St. Petersburg, FL 33701  
Title Director  

Scott, Lauren  
205 Dr. Martin Luther King St. N.,  
Suite 2-133  
St. Petersburg, FL 33701  
Title President  

Honeycutt, Teresa  
205 Dr. Martin Luther King St. N  
Suite 2-133  
St. Petersburg, FL 33701  
Title Director  

Samaha, Cindi  
205 Dr. Martin Luther King St. N.,  
Suite 2-133  
St. Petersburg, FL 33701  

Annual Reports  

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Event Title: Shopapalooza Festival

Entity Name: LocalShops1

Event Date(s): Saturdays Nov 18 and 25, 2017

Location: South Straub Park

Day 1 of Event: Nov 18
Time Gates Open: 10
Ending Time: 5

Day 2 of Event: Nov 25
Time Gates Open: 10
Ending Time: 5

Day 3 of Event: Time Gates Open: Ending Time: 

Application Prepared by: Ester Venouziou
Title: LocalShops1 founder
Address: PO Box 530144
City: St Petersburg
State: FL
Zip: 33747

Email Address: ester@localshops1.com

Additional Contact Person: Mo Venouziou
Day Phone: 727-686-3565

What month/year were you incorporated as nonprofit? we are not a non-profit. our nonprofit partner is Chart 411

List all 501(c)3 entities that will benefit from this event. Chart 411

Name of the for-profit entity? LocalShops1

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

Shopapalooza Festival is one of the region's most highly anticipated holiday shopping events. The event, in its eighth year, is a free community celebration that takes place every year in downtown St. Petersburg the Saturday before Thanksgiving and the Saturday after Thanksgiving (aka Small Business Saturday).

Shopapalooza Festival features more than 130 local shops, artists, food vendors and service providers. Add to the mix free entertainment, extensive kids' zone, music, acrobatics, raffles and prizes! Shopapalooza showcases St. Petersburg as a city that is not only beautiful and vibrant, but also very pro-local business. Our event receives much media attention. In 2016 the festival was featured on several of the major news stations -- previewing the event, during the event, and following the event.

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

Shopapalooza features more than 130 local businesses, and our follow-up surveys show record profits for many of our vendors. Since the vendors are local businesses, their money keeps recirculating locally.

Our event attracts guests from throughout the Tampa Bay region and beyond. Our event ends at 5 pm, giving these guests plenty of time to continue shopping at the local businesses downtown and nearby, and then finishing their evening with dinner and drinks at one of St. Pete's restaurants. Attendance is estimated at more than 10,000 people over the two days.

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. www.shopapaloozafestival.com

Please provide a phone number that can be advertised to the public. 727-637-5586

What is the estimated attendance for this event? Spectators 5000 Participants 130

Last Year's Total Attendance 5,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

- Showmobile (Yes/No): no
- # Bleacher(s) needed: each approx. 180 people
- Tables (6 ft) # needed: 8
- Chairs # needed: 40
- Public Address System: no
- # of portable risers needed: 6

Special Events Facilities

- Non-City Locations
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

Which Location?

- South Straub 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: Ester Venouziou
Co-Sign: Lucinda Johnston
Title: LocalShops1 founder
Title: Chart 411 executive director
Date: 1/10/2017
Date: 1/10/2017

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.

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<tr>
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<th>Obligation</th>
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<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
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<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
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<td>Vendors / Exhibitors</td>
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<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional insurance Required</td>
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<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
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<td>How many? Over 30 Vendors / Exhibitors</td>
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<td>How many?</td>
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<td>What type?</td>
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<td>Invitations</td>
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<td>Television</td>
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<td>Remote Broadcast</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. ☐ 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.

Same power requirements as we had during the 2016 event. We don't expect anything other than what is already located in the parks, but will check as event gets closer. We can make do with what's there, if needed.

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: LocalShops1
Address (including zip): PO Box 530144 St. Petersburg FL 33747
Phone: 727-637-5586

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

DJ -- top 40s, holiday music, family-friendly. No rap/metal.

List Vending Products. Name & Provider.

130 local shops, restaurants and service providers. Clothing, art, food, etc.

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

Chart 411 -- we haven't decided yet if we will have beer/wine/alcohol, but would like to leave option open. Will confirm as event gets closer.

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

No demonstrations/speeches, but general announcements about supporting local businesses and about how awesome St Pete is!

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

Day of: 6-7 am food trucks and early vendors; 7-8 am other vendors; everyone will be set up and ready to go by 9 am. Event begins at 10.
Other Comments: Please describe your fee structure.

Vendor fee is $100-$200 per day for members of LocalShops1 (membership is $100/year)

Admission to the event is absolutely free

Other comments:

Thanks for all your help over the years!

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: LocalShops1 founder
Date: 1/10/2017
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>Chart 411</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Lucinda Johnston</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>president</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1017 Ninth Ave N, St. Petersburg FL 33705</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-505-3061</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:ljohnston@chart411.com">ljohnston@chart411.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>45-5338192</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>LocalShops1 (Local Shopper, LLC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Ester Venouziou</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>founder/president</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2908 Beach Blvd S, Gulfport FL 33707</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-637-5586</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:ester@localshops1.com">ester@localshops1.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>26-3082602</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:
Shopapalooza Festival

### Date(s) of Event:
11/19/16 and 11/24

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor and sponsor fees</td>
<td>$23,000.00</td>
</tr>
<tr>
<td>Total Gross Revenue</td>
<td>$23,000.00</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>Entertainment</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Staffing (planning and day of)</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Marketing and Advertising</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Printing (posters, fliers, banners, postcards)</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Insurance, portapotties</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Vendor meetup/party expenses</td>
<td>$2,700.00</td>
</tr>
<tr>
<td>City fees (Parks, Rec, Fire)</td>
<td>$2,820.00</td>
</tr>
<tr>
<td>Other city fees (processing, park rental)</td>
<td>$430.00</td>
</tr>
<tr>
<td>Miscellaneous (spray paint, flashlights, tools, etc)</td>
<td>$450.00</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>$22,400.00</td>
</tr>
</tbody>
</table>

**TOTAL NET INCOME**: $600.00

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

<table>
<thead>
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<tr>
<td>Chart 411</td>
<td>$600.00</td>
</tr>
<tr>
<td>Total Allocation of Net Income</td>
<td>$600.00</td>
</tr>
</tbody>
</table>

Prepared by: Ester Venouzliou
Date: 01/10/2017
G1 between tree and pole, then clockwise through G8
Current Principal Place of Business:  
1017 9TH AVE N  
ST. PETERSBURG, FL 33705

Current Mailing Address:  
1017 9TH AVE N  
ST. PETERSBURG, FL 33705 US

FEI Number: 45-5338192

Name and Address of Current Registered Agent:  
JOHNSTON, LUCINDA L  
348 11TH AVE NE  
ST. PETERSBURG, FL 33701 US

Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  
Electronic Signature of Registered Agent

Officer/Director Detail:

<table>
<thead>
<tr>
<th>Title</th>
<th>C/O</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>JOHNSTON, HOWARD</td>
<td>348 11TH AVE NE</td>
<td>ST. PETERSBURG FL 33701</td>
</tr>
<tr>
<td></td>
<td></td>
<td>JOHNSTON, LUCINDA L</td>
<td>111 SECOND AVE NE SUITE 325</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HANSFORD, GENEVA</td>
<td>73 W MAIN STREET</td>
<td>LAKELAND GA 31635</td>
</tr>
</tbody>
</table>

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUCINDA L. JOHNSTON  
EXECUTIVE DIRECTOR  
03/31/2016
<table>
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<tr>
<td>Previous Balance</td>
<td>$0.00</td>
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<tr>
<td>Payment: Check</td>
<td>($430.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($430.00)</td>
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Approved refunds are by check only.
Contract/Permit

LOCAL SHOPPER LLC
ESTER VENOZIOU
4913 28TH AVE S
GULFPORT FL 33707 USA

Purpose of Use: Shopapalooza Festival

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>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>South Straub Park</td>
<td>Fri 17 Nov</td>
<td>02:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td></td>
<td>Sat 18 Nov</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$230.00</td>
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<td>02:00 PM</td>
<td>$0.00</td>
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<tr>
<td></td>
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<td>$0.00</td>
<td>$200.00</td>
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Additional Fees:

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<tr>
<td></td>
<td>30:00</td>
<td>$400.00</td>
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Charges:

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<td>$0.00</td>
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<td>$430.00</td>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$0.00</td>
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Balance of rental due and payable immediately.

Payments:

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<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
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<tr>
<td>12 Jan 2017</td>
<td>$430.00</td>
<td>Check</td>
<td>Rental</td>
<td>2706891</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) ESTER VENOUZIOU
LOCAL SHOPPER, LLC
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 / Foreman

☐ Approved or ☐ Rejected Date: __________

Manager

☐ Approved or ☐ Rejected Date: __________

Manager

☐ Approved or ☐ Rejected Date: __________

This 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 FEI/EIN Number

Florida Limited Liability Company
LOCAL SHOPPER, LLC

Filing Information

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<td>FL</td>
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<td>Status</td>
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Principal Address
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Mailing Address
P.O. BOX 530144
ST. PETERSBURG, FL 33747

Registered Agent Name & Address
VENOUIZIOU, ESTER
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Authorized Person(s) Detail

Name & Address

Title MGR

VENOUIZIOU, ESTER
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Annual Reports

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<td>2016</td>
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<td>2017</td>
<td>01/12/2017</td>
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Document Images

01/12/2017 – ANNUAL REPORT

http://search.sunbiz.org/Inquiry/corporationsearch/SearchResultDetail?inquirytype=FeiNumbe... 1/12/2017
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Florida Not For Profit Corporation
CHART 411, INC.

Filing Information

Document Number: N12000004982
FEI/EIN Number: 45-5338192
Date Filed: 05/17/2012
Effective Date: 05/20/2012
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 07/17/2012
Event Effective Date: NONE

Principal Address
1017 9th Ave N
St. Petersburg, FL 33705

Changed: 03/31/2016

Mailing Address
1017 9th Ave N
St. Petersburg, FL 33705

Changed: 03/31/2016

Registered Agent Name & Address
JOHNSTON, LUCINDA L
348 11th Ave NE
St. Petersburg, FL 33701

Address Changed: 04/30/2015

Officer/Director Detail

Name & Address
Title C/D

JOHNSTON, HOWARD
348 11th Ave NE
St. Petersburg, FL 33701
### Annual Reports

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</thead>
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<td>2015</td>
<td>04/30/2015</td>
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<tr>
<td>2016</td>
<td>03/31/2016</td>
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### Document Images

- 03/31/2016 -- ANNUAL REPORT
- 04/30/2015 -- ANNUAL REPORT
- 03/31/2014 -- ANNUAL REPORT
- 04/30/2014 -- ANNUAL REPORT
- 07/17/2012 -- Amendment
- 05/17/2012 -- Domestic Non-Profit

[View image in PDF format](http://search.sunbiz.org/Inquiry/corporationsearch/SearchResultDetail?action=ViewDocument&documentId=...&inquirytype=FeeNumber...&...1/12/2017)
**Event Title:** St. Petersburg Power & Sailboat Show

**Entity Name:** Yachting Promotions Inc

**Event Date(s):** Nov. 30-Dec. 3, 2017

**Location:**

**Day 1 of Event:** Nov. 30 **Time Gates Open:** 10 am **Ending Time:** 7 pm

**Day 2 of Event:** Dec. 1 **Time Gates Open:** 10 am **Ending Time:** 7 pm

**Day 3 of Event:** Dec. 2-Dec. 3 **Time Gates Open:** 10 am **Ending Time:** 7 pm

**Application Prepared by:** Dane Graziano

**Title:** Sr. VP & COO

**Address:** 1115 NE 9 Ave

**City:** Ft. Lauderdale

**State:** FL

**Zip:** 33304

**Email Address:** jpalieri@showmanagement.com

**What month/year were you incorporated as nonprofit?** 5/78

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

**Name of the for-profit entity?** Yachting Promotions Inc

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

To bring the best products and savings to the community to shop and buy and enjoy our best natural resource THE WATER

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

There will be a 30 million dollar economic impact in services such as hotels, restaurants and taxes

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.showmanagement.com

Please provide a phone number that can be advertised to the public.

**What is the estimated attendance for this event?**

<table>
<thead>
<tr>
<th>Spectators</th>
<th>Participants</th>
<th>Last Year's Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>20,000+</td>
</tr>
</tbody>
</table>
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
[ ] Albert Whitted Park
[ ] 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: Efrem Zimbalist III
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.

**Condition**

- [x] Public Invited
- [x] Located in Park
- [ ] Vending Product / Merchandise Sales
- [x] Vending Food / Beverage
- [x] Vendors / Exhibitors
- [x] Vending Beer / Wine
- [x] Erecting Tents - Larger than 10ft x 12ft
- [ ] Fence Installation
- [x] Other Structures
- [ ] Open Flame Food Preparation
- [ ] Pyrotechnics
- [x] Require Street Closure
- [ ] VIP Area
- [ ] Staging
- [ ] Amplified Sound
- [ ] Security
- [x] Sanitary Facilities - Port-O-Lets
- [x] Off-site Parking / Shuttle
- [ ] Semitruck / Tractor Trailer

**Marketing:** Please check all that apply.

- [x] Invitations
- [ ] Posters / Flyers
- [x] 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.

We use the existing transformers that are on site at Albert Whitted Park. They are 750KVA. Each as 400 amp disconnects

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? Show Management Electric

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: Yachting Promotions Inc
Phone: 954-764-7642
Address (including zip): 1115 NE 9 Ave Ft. Lauderdale, FL 33304

Type of music, # of stages, and # of bands.
Light music on floating cocktail barge from Noon to 7 pm

List Vending Products. Name & Provider.
Marine accessories and boats on display

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

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

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: Efrem Zimbalist III  
Title: CEO  
Date: 1/11/17
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></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>Nonprofit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>Yachting Promotions Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Efrem Zimbalist III</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1115 NE 9 Ave Ft. Lauderdale, FL 33304</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>954-764-7642</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:dgraziano@showmanagement.com">dgraziano@showmanagement.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>S91652459</td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
### I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>10 x 10 booths</td>
<td>$47,302.50</td>
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<tr>
<td>Land Exhibits</td>
<td>$13,889.53</td>
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<tr>
<td>In Water</td>
<td>$45,935.43</td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$107,127.46</td>
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### II. EXPENSES (attach sheet if more space is needed)

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<th>Expense</th>
<th>Amount</th>
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<td>Association Fees</td>
<td>$51,500.00</td>
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<tr>
<td>Tent Rental</td>
<td>$15,450.00</td>
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<tr>
<td>Electrical Services</td>
<td>$7,725.00</td>
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<td>Security</td>
<td>$11,716.25</td>
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<td>Parking Attendants</td>
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<td>Forklift Rentals</td>
<td>$6,978.25</td>
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<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$95,676.70</td>
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| NET INCOME             | $11,450.76   |

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

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<th>Amount</th>
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</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$8,054.90</td>
</tr>
</tbody>
</table>

Prepared by: Dane Graziano

Date: Jan 11, 2017
Contract/Permit

Contract #: 19303
Date: 12 Jan 2017

YACHTING PROMOTIONS INC
DANE GRAZIANO
1115 NE 9TH AVE
FORT LAUDERDALE FL 33304 USA

Purpose of Use: St. Pete Power & Sailboat Show
Expected: 0
Co-Sponsored Event: No

Contract Balance: $600.00

Use of beer and wine: Yes
Use of fencing: Yes
Use of liquor: No

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

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<thead>
<tr>
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<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
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<td>Thu</td>
<td>30 Nov 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
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<tr>
<td>Park</td>
<td></td>
<td></td>
<td>11:00 PM</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Albert Whitted</td>
<td>Fri</td>
<td>01 Dec 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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<tr>
<td>Park</td>
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<td></td>
<td>11:00 PM</td>
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<tr>
<td>Albert Whitted</td>
<td>Sat</td>
<td>02 Dec 2017</td>
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<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
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<tr>
<td>Albert Whitted</td>
<td>Sun</td>
<td>03 Dec 2017</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
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<tr>
<td>Park</td>
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Additional Fees:

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<tr>
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<td>Co-Sponsored Park Permit Fee</td>
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<td>3</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
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</table>

Balance of rental due and payable immediately.

Payments:

Date | Amount | Payment Type | Reference | Receipt Number
---|--------|--------------|-----------|------------------
25 Jan 2016 | $30.00 | Check | Rental | 2488436

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) DANE GRAZIANO
YACHTING PROMOTIONS 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.
# Receipt

**City of St. Petersburg**

YACHTING PROMOTIONS INC  
DANE GRAZIANO  
1115 NE 9TH AVE  
FORT LAUDERDALE, FL 33304 USA

Received: 2707126  
User: SCTegard  
Issued: Fri 13 Jan 17 11:04 am

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<td>Applied To: 19303 - St. Pete Power &amp; Sailboat Show</td>
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Approved refunds are by check only.
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<tr>
<th>Detail by FEI/EIN Number</th>
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<td>Florida Profit Corporation</td>
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<td>YACHTING PROMOTIONS, INC.</td>
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**Filing Information**

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<td>State</td>
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<tr>
<td>Last Event</td>
<td>CORPORATE MERGER</td>
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<td>Event Date Filed</td>
<td>12/14/2006</td>
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<td>Event Effective Date</td>
<td>01/01/2007</td>
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</tbody>
</table>

**Principal Address**

1115 NE 9TH AVENUE  
FORT LAUDERDALE, FL 33304

**Mailing Address**

1115 NE 9TH AVENUE  
FORT LAUDERDALE, FL 33304

**Registered Agent Name & Address**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33324

Name Changed: 03/21/2012

Address Changed: 03/21/2012

**Officer/Director Detail**

**Name & Address**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO</td>
<td>ZIMBALIST III, EFREM MR</td>
</tr>
<tr>
<td></td>
<td>1115 NE 9TH AVE FT LAUDERDALE, FL 33304</td>
</tr>
<tr>
<td>SVP</td>
<td>SELLSTROM, BRIAN MR</td>
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<tr>
<td>Annual Reports</td>
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<tr>
<td><strong>Report Year</strong></td>
<td><strong>Filed Date</strong></td>
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<td>12/14/2006 -- Merger</td>
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<tr>
<td>01/26/1996</td>
</tr>
<tr>
<td>05/01/1995</td>
</tr>
</tbody>
</table>
Event Title: CraftArt Festival 2017
Entity Name: Florida CraftArt
Event Date(s): Nov. 18 & 19, 2017
Location: Central Ave. (4th St to 6th St) & 5th St (1st Ave N to 1st Ave)
Day 1 of Event: Time Gates Open: 10 am Ending Time: 5pm
Day 2 of Event: Time Gates Open: 10 am Ending Time: 4pm
Day 3 of Event: Time Gates Open: Ending Time: 
Application Prepared by: Janie Lorenz
Title: Business Manager
Address: 501 Central Ave.
City: St. Petersburg
State: FL
Zip: 33701
Email Address: janie.lorenz@floridacraftart.org
Additional Contact Person: Katie Deits
Day Phone: 727/821-7391
What month/year were you incorporated as nonprofit? May 1974
List all 501(c)3 entities that will benefit from this event. Florida CraftArt
Name of the for-profit entity? NA
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The CraftArt Festival is celebrating its 20th Anniversary this year and 14th year in St. Petersburg. As one of the anchors in the Central Arts District, Florida CraftArt is a statewide organization that places St. Petersburg on the national arts scene through national calls to artists for participation. The CraftArt Festival continues to add to the growth of the cultural community in St. Petersburg, for which it has become well known. From data collected with our visitor surveys, we know that the CraftArt Festival has become an "annual" event for residents of downtown St. Petersburg and the Tampa Bay Area.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Hotel, restaurants and other cultural & business venues receive the benefit of the additional foot traffic that the CraftArt Festival brings to the city over the course of the 2-day event. As a result of having approximately 15,000 visitors at the festival, our neighboring restaurants, hotels and other businesses see an increase in revenue.

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? $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: Day of:
Please provide the website address for your event: www.floridacraftart.org
Please provide a phone number that can be advertised to the public: 727/821-7391
What is the estimated attendance for this event? Spectators 15,000 Participants 200 Last Year's Total Attendance 10,000
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 [tbd]
- Public Address System [NO]
- # of portable risers needed (4 in. x 8 in. x 16 in. sections) [NO]

**Special Events Facilities**

- 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:** [Signature]

**Title:** Executive Director

**Date:** 1/19/2017

**Co-Sign:** [Signature]

**Title:** Business Manager

**Date:** 1/19/2017

**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.

**Condition**

- [x] Public Invited
- [ ] Located in Park
- [x] Vending Product / Merchandise Sales
- [x] Vending Food / Beverage
- [x] Vendors / Exhibitors
- [x] Vending Beer / Wine
- [x] Erecting Tents - Larger than 10ft x 12ft
- [ ] Fence Installation
- [ ] Other Structures
- [ ] Open Flame Food Preparation
- [ ] Pyrotechnics
- [x] Require Street Closure
- [ ] VIP Area
- [ ] Staging
- [ ] Amplified Sound
- [x] Security
- [x] 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
- Temporary Structure Permit
- Temporary Structure Permit
- Fire Inspection Permit
- Fireworks Permit
- Parade or Street Closure Permit(s)
- Professional
- Showmobile
- Other
- Performers
- Announcement Only
- Daytime - Private
- Overnight - Private
- Event Time Frame - SPPD

Regular Units: 39
Disabled Units: 4
Hand Washing: 30

Marketing: Please check all that apply.

- [x] Invitations
- [x] Posters / Flyers
- [x] Newspaper / Internet
- [x] 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: Florida CraftArt  ☐

Address (including zip):  501 Central Ave., St. Petersburg, FL 33701  ☐

Phone: 727/821-7391

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.

Florida CraftArt  ☐

501 Central Ave.  ☐

St. Petersburg, FL 33701  ☐

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

Artist demonstrations of fine craft, hands on, make & take activities

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

tent set-up, artist load in will take place on Friday afternoon after the streets are closed and cleared 3-7pm

depend down begins at 4pm on Sunday and is completed by 8pm - the streets reopen
Other Comments: Please describe your fee structure.

participating artists pay a booth fee based on size and location of their tent:
10 x 10 tent/booth space - $270
corner tent/booth space - $370
tents and tables are available to rent - pricing tbd

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: Executive Director
Date: 1/13/2017
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>Florida Craftsmen, Inc., dba Florida CraftArt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Kathryn Howd</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President, Board of Directors</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>842 36th Ave. N., St. Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727/365-1718</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:khowd@tampabay.rr.com">khowd@tampabay.rr.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>23-7375994N</td>
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<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
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</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
### 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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<td>See attached P&amp;L</td>
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### II. EXPENSES

(attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>See attached P &amp; L</td>
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</tbody>
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### III. ALLOCATION OF NET INCOME

(attach sheet if more space is needed)

1. Programming and exhibitions for Florida CraftArt $11,507.40

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11,507.40</td>
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Prepared by: Janie Lorenz

Date: 1/19/2017
Florida CraftArt
CraftArt
October 1, 2016 through January 19, 2017

<table>
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<th>Ordinary Income/Expense</th>
<th>CA 16</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Income</td>
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<tr>
<td>CraftArt Festival</td>
<td></td>
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<tr>
<td>Fees</td>
<td>27,814.50</td>
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<td>58,543.96</td>
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<tr>
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<tr>
<td>Expense</td>
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<tr>
<td>CraftArt Festival Expenses</td>
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<tr>
<td>Awards / Jury Fees</td>
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<tr>
<td>Net Ordinary Income</td>
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<tr>
<td>Net Income</td>
<td>11,507.40</td>
<td>11,507.40</td>
</tr>
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</table>
Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

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 under sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than $5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

ATTACHED:

Thomas P. Schell
Exempt Organization Specialist

SE DIR A Form AUD - 225 (4-72)
**St. Petersburg Parks & Recreation**

**Contract/Permit**

**Contract #:** 19389  
**Date:** 19 Jan 2017  
**User:** SCTegard  
**Status:** Firm  
**Primary #:** (727) 821-7391  
**Secondary #:** ()  
**Other #:** ()

---

**FLORIDA CRAFTSMAN**  
**JANIE LORENZ**  
**501 CENTRAL AVE**  
**ST PETERSBURG FL 33701 USA**

---

**Purpose of Use:** CraftArt 2017  
**Expected:** 0  
**Co-Sponsored Event:**  
**Contract Balance:** $0.00

**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 Nov 17 06:00 am  
- Ending: Sun 19 Nov 17 06:00 pm

**Facility/Equipment**  
**Day**  
**Date**  
**Time**  
**Fee**  
**Extra Fee**  
**Tax**  
**Total**
---

**Special Programs**  
**Sat:** 16 Nov 2017 06:00 AM  
Fee: $0.00  
Extra Fee: $30.00  
Tax: $0.00  
Total: $30.00

**Special Event**  
06:00 PM  
---

**Special Programs**  
**Sun:** 19 Nov 2017 06:00 AM  
Fee: $0.00  
Extra Fee: $0.00  
Tax: $0.00  
Total: $0.00

**Special Event**  
06:00 PM  
---

**Additional Fees:**

- **Extra Fee - Bookings**  
  **Co-Sponsored Application Fee**  
  **Hours:** 12:00  
  **Quantity:** 1  
  **Charge:** $30.00  
  **Tax:** $0.00  
  **Total:** $30.00

---

**Charges:**

- **Fees:** $0.00  
- **Extra Fees:** $30.00  
- **Tax:** $0.00  
- **Total:** $30.00

**Deposit:** $0.00  
**Total Applied:** $30.00  
**Contract Balance:** $0.00  
**Account Balance:** $0.00

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

**Payments:**

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<th>Amount</th>
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<th>Reference</th>
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<td>$30.00</td>
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<td>Rental</td>
<td>2711119</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): JANIE LORENZ  
(Print Name) FLORIDA CRAFTSMAN  
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:** 19 Jan 2017, 05:12 PM  
**User:** scategard  
**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.
City of St. Petersburg

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<td>Applied To: 19369 - CraftArt 2017</td>
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<tr>
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<td>November 18, 2017  6:00 am to November 19, 2017  6:00 pm</td>
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<td>Payment: Check</td>
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<tr>
<td>Balance</td>
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APPROVED REFUNDS ARE BY CHECK ONLY
**Detail by FEI/EIN Number**

Florida Not For Profit Corporation  
FLORIDA CRAFTSMEN, INC.

**Filing Information**

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<td>AMENDMENT</td>
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<tr>
<td>Event Date Filed</td>
<td>12/27/2016</td>
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<td>Event Effective Date</td>
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**Principal Address**

501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

**Mailing Address**

501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

**Registered Agent Name & Address**

DEITS, KATIE  
FLORIDA CRAFTSMEN INC  
501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

Name Changed: 12/06/2016

Address Changed: 04/28/2009

**Officer/Director Detail**

**Title** Director

**Name & Address**

Butz, Sarah  
1901 10th St. N  
ST PETERSBURG, FL 33704
<table>
<thead>
<tr>
<th>Title Director, President</th>
</tr>
</thead>
<tbody>
<tr>
<td>Howd, Kathryn</td>
</tr>
<tr>
<td>842 36th Ave. N.</td>
</tr>
<tr>
<td>ST. PETERSBURG, FL 33704</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title Director, Treasurer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miller, Alvina</td>
</tr>
<tr>
<td>2116 4th St. N.</td>
</tr>
<tr>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Title Director, Secretary</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUOFF, KELLY</td>
</tr>
<tr>
<td>4121 52ND AVE SO</td>
</tr>
<tr>
<td>ST PETERSBURG, FL 33711</td>
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<table>
<thead>
<tr>
<th>Title CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEITS, KATIE</td>
</tr>
<tr>
<td>430 3 AVE S</td>
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<tr>
<td>ST PETERSBURG, FL 33701</td>
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### Annual Reports

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<td>2016</td>
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### Document Images

- [View Image in PDF format](http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=FeINumb...)