City of St. Petersburg
City Council
Co-Sponsored Events Committee
Thursday, July 27, 2017, 2:30PM
City Hall Room 100
Committee Members
Lisa Wheeler-Bowman
Charlie Gerdes
Jim Kennedy
Ed Montanari
Steve Kornell (Alternate)

Agenda

I. Call to Order & Approval of Agenda

II. Approval of one (1) event for FY 17
   a. Waiving the non-profit requirement
   b. Waiving the $1200 late application fee

III. Approval of eighteen (18) events for FY 18
    a. waiving the non-profit requirement for three (3) events
    b. approval of liquor request for one (1) event

IV. Adjournment
Event Title: Good With Me Day Festival 2017

Organization Name: Good With Me Inc

Event Date(s): September 16, 2017

Location: Williams Park

Beginning Time: 10 AM Ending Time: 4 PM Day of Week(s): Saturday

Rain Date: September 17, 2017

Describe your events setup and teardown time frame. Please provide first day/date of setup and last day/date of teardown.

2 hours prior to event to set up and 1 hour after event to tear down on day of event.

Application Prepared by: Patricia Noll

Title: Founder and President of Good With Me Inc

Address: 2628 5th Avenue North

City: St. Petersburg State: Florida Zip: 33713

Where will the proceeds of this event be used? To forward the Good With Me Community Group Movement

St. Petersburg Pet Rescue

What charities benefit from this event?

Good With Me and Focus One

Has organization received/applied for any financial assistance from the city currently or in the past? No

Which city agency/fund?

N/A

What other sources of income will be used for this event? Sponsorship income

THE FOLLOWING INFORMATION IS REQUIRED PER CITY RESOLUTION 2000-562

State purpose/need of event for our community:

The purpose of this festival is to broaden awareness of the root of unhappiness, substance abuse, disrupted school & work experiences, difficulty in relationships, trouble with the law, etc. by introducing them to the GWM community & what it means to be Good With Me.

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

It will introduce the Good With Me Community Group Leader program. It’s purpose is to provide help to citizens who are falling through the cracks & “dropping out” by teaching them to know they have value, to recognize it In themselves, & become contributing citizens.

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

Reduced substance abuse, disrupted school & work experiences, & trouble with the law. Increased community health & cohesion.

Each co-sponsored group must possess Liability Insurance naming the city as an additional insured, and secure insurance in the amount determined by the city.

Does your group presently have Liability Insurance? YES NO

Are there plans to sell or allow participants to bring beer/wine? YES NO

Will there be an Admission / Registration fee? YES NO

Does your event have a website? If yes, please provide. www.goodwithme.com

Do you have an email address you would like to provide? patricia@goodwithme.com

Please provide a phone number that can be advertised to the public.
As there are no funds available, you will be charged directly for costs:

A) Will your organization still host the event? [YES]

B) If yes, what modification will be made? [Sponsorship funds]

What is the estimated attendance for this event? [Spectators: 400-500, Participants: 50, Last Year Total Attendance: 50]

How much money was donated to charity last year? [N/A]

Who benefitted? [N/A]

The following is a brief listing of city services, for which you will be charged, based upon the scope of your event. Services, park/facility use, equipment rental are subject to availability and advance request. The City has the final authority in determining level of services required for each event.

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

RECREATION SERVICES: On-site presence, logistics help, liaison with other departments

Below, please check equipment and facility 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>Bleachers (seating: 180 people) # needed</td>
<td>Coliseum</td>
<td>Williams Park</td>
</tr>
<tr>
<td>Tables (6') # needed</td>
<td>Chairs # needed</td>
<td>Sunken Gardens</td>
</tr>
<tr>
<td>Public Address System</td>
<td>Boyd Hill Area</td>
<td></td>
</tr>
<tr>
<td>Portable risers (4x8x16&quot; sections) # needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 further certify that this is a non-profit event and that no individual(s) will gain as a result of this event. I understand that a financial report of the event is due in the Leisure Services office within 30 days of the completion of the event. I also understand that the city is to be shown as a major 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 request are accurate.

Signed: [Signature] Title: Founder/President Date: 7-11-17

Co-Sign: [Signature] Title: [Signature] Date: [Signature]

NOTE: a. If person/organization preparing application is not representing a non-profit organization, the application must be co-signed by someone from the non-profit organization. A copy of the organization's 501c3 designation must accompany this application.
b. If your organization has any outstanding financial obligations with any departments within the City of St. Petersburg, your application may not be processed.
c. If application is incomplete (lacking information or required attachments listed below), you may not be eligible for consideration for co-sponsorship.

1. Route map for parade or run
2. Letter of endorsement from last year's designated charity
3. Detailed financial report of last year's event

PLEASE ATTACH: 4. Check for $30.00 processing fee (non-refundable) for co-sponsored application not using a City Park.
5. NEW - Appendix "A" for NEW FEE STRUCTURE for co-sponsored events using Waterfront Parks.
6. Copy of 501c3 designation (if applicable)

For further information, please call Thomas Jackson, Recreation Manager, 893-7494.
**Name of Event:** Good With Me Day Festival 2017  
**Date(s) of Event:** September 16, 2017  
**Time:** 10AM-4PM  
**Location of Event:** Williams Park  
**Sponsoring Group:**  
**Applicant Name:** Patricia Noll  
**Day Phone:** 727-424-1270  
**Fax #:** 727-592-1355  
**Night Phone:** 727-424-1270  
**Cell #:** 727-424-1270  
**Address (incl. zip):** 2628 5th Avenue North, St. Petersburg, FL 33713

**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>Sponsored by Organization</td>
<td>Proof of Organization's Existence</td>
</tr>
<tr>
<td>Sponsoring Group</td>
<td>501c3 - Local</td>
</tr>
<tr>
<td>Contracted Organizer</td>
<td>Who?</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 Rider</td>
</tr>
<tr>
<td>How many?</td>
<td>21 - 30 Vendors</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>How many?</td>
<td></td>
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<tr>
<td>Fence Installation</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>What type?</td>
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<tr>
<td>Other structures</td>
<td>Fireworks Permit</td>
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<tr>
<td>What Structure?</td>
<td></td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Parade or Street Closure Permit(s)</td>
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<tr>
<td>Pyrotechnics</td>
<td></td>
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<tr>
<td>Require Street Closure</td>
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<tr>
<td>Vip Area</td>
<td>Alcohol Permit additional insurance Rider</td>
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<tr>
<td>(Restricted Area) / Beer &amp; Wine</td>
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<tr>
<td>Vending Beer / Wine</td>
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<tr>
<td>Staging</td>
<td>Professional</td>
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<td></td>
<td>Showmobile</td>
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<td></td>
<td>Other</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Performers</td>
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<td></td>
<td>Announcement Only</td>
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<tr>
<td>Security</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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<td>Sanitary Facilities - Portalets</td>
<td>Regular Units:</td>
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<td></td>
<td>Disabled Units</td>
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<td></td>
<td>Handwashing</td>
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<tr>
<td>Offsite Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semi Truck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that applies:</td>
<td></td>
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<tr>
<td>Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
</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 [X] Coffee Vendors [X] Ice Bins [ ] Freezers [X] Ice Cream Vendors [X] Catering Trucks
[ ] Other: Please Explain:

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

Vendors offering healthy snacks, juices, waters, etc.

In addition will you supplement the above with generators, if needed? [ ] YES [X] 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.

No

If City Permits, Licenses or Services are required for event, who will pay for them?
Name: [ ] Good With Me Inc
Address (Including zip): 2628 5th Avenue North, St. Petersburg, FL 33713
Phone: 727-424-1270

Please write a complete, descriptive narrative of your event.
(1) Purpose:
This is the 4th Annual Good With Me Day Event & is growing in popularity each year. Good With Me Day 2017 is extra special due to Mayor Rick Kriseman’s 2016 Proclamation that September 21 of each year is Good With Me Day in the city of St. Petersburg, FL. It’s purpose is to introduce more of our citizens to the Good With Me message that encourages all citizens to celebrate themselves in recognition of their worthiness. It is a celebration of all people. This day of festivities provides examples of healthy and fun activities that might be forgotten about or are otherwise overlooked. Attendees will have an opportunity to actually experience several of these healthy activities such as dance, meditation, yoga for adults and kids, jump rope, hop scotch, hula hoops, singing, in addition to healthy foods and drinks, essential oils, personal fitness, and an endless list of healthy life choices. Emphasis is on the idea that healthy choices can be MORE fun than unhealthy choices. The Good With Me Day Festival offers something for everyone, young and old alike. It is a kick-off to Good With Me Day on September 21st and will introduce the Good With Me Community Leader/Group Program. It is a celebration of the importance of each and every person in our community.

(2) Length of Event 6 hours
(3) Anticipated Attendance 400-500
(4) Describe in detail each activity, stating time events will start/end and locations desired for each activity - SITE MAP REQUIRED

Welcome to Good With Me Day
What it means to be Good With Me
Introductory Speeches by city officials 10:30 AM On Stage
Local Business Professionals and Leaders 11:00 AM On Stage
Music and Song Entertainment for sing-alongs and dance throughout the day. On Stage
(5) Type of Music / Sound System / # of Hours of Music

Up Beat, Fun, and Light for 4-5 hours

(6) Product Vending / Merchandise

Healthy foods, juices, waters, smoothies, ice creams
Essential Oils, books
Fitness clothing & shoes, swimwear, workout wear

(7) For Use of Beer/Wine - Please provide Name, Address and Phone Number of your 501c3.

(8) Explain subject/purpose of all speeches/demonstrations which will occur

Celebration of our city's citizens and their value

(9) Registration / Admission Fee:  Advanced: N/A  Day of: N/A  Entry by Donation  N/A

(10) Other Comments: Please describe your fee structure.

Vendor Fee when applicable of $75.

(11) Other Comments:

My vision is that Good With Me Day will be celebrated worldwide. That there will be Good With Me Community Groups throughout this country & the world & that Good With Me Day which is a day of self-celebration will become an official day/Holiday in the Chase Calendar of Events. I have received endorsements for my work from Deepak Chopra, Jacquelyn Small, Dr. Larry Dossey, & Jack Kornfield. The Good With Me approach is to create an awareness of the root of unhappiness & addiction and to provide a solution to a broad audience. It will take a global commitment to show everyone they can be "good with me" just because they are.

I represent and warrant that the purpose of the proposed activity/event and conduct of the permittee and the participants shall conform to all requirements of law and all ordinances of 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 revocation of the permit.

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 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 request are accurate.

Signed: [Signature]  Title: Founder/President  Date: July 11, 2017
TO: Honorable Council Chair Councilman Charlie Gerdes  
St. Petersburg City Council  

FROM: Patricia Noll, Founder & President of Good With Me  

DATE: July 11, 2017  

REFERENCE: Request for Waiver of Late Fee for Parks and Recreation Application  

Thank you, Honorable Chairman Gerdes, for your review of my request to waive the late fee of $1200 for my failure to make application by the established deadline for the Good With Me Day Festival 2017 event that I would like to hold in Williams Park on Saturday, September 16, 2017.

This year's event will be the fourth annual and very special due to the official proclamation made by our esteemed and Honorable Mayor Rick Kriseman at the 2016 Good With Me Day event declaring that September 21st of each year will be Good With Me Day in the city of St. Petersburg. I have included a copy of the Proclamation.

The Good With Me Day Festival is a first of its kind. It is a day of self-celebration.

The Good With Me Day Festival provides great benefits for our citizens and our city. It presents a platform for dialogue and action by providing opportunities for commitment-makers to implement change where change is greatly needed. The Good With Me Community Group Leader Program will be introduced at this event.

There couldn't be a better time for this to take place. According to current research, lack of self-esteem is at an all-time high. Addiction to drugs and alcohol is epidemic. We live in a society that has been taught to be other-dependent in order to feel good.

The Good With Me Day Festival will benefit our community in an untold number of ways by showing individuals that self-worth/value is not something they have to earn; rather it is something to be recognized and celebrated. And that real FUN is MORE FUN than you could have ever dreamed.

Imagine what the world would be like if everyone on the planet including the lost ones, the uneducated, those who don’t fit in and belong anywhere, those who have given up on life, and those who are bitter, angry and violent as a result realized they are someone special.

That is the purpose and goal of this event.

The city of St. Petersburg will be shown/listed as a sponsor of this event on all marketing materials and in all media marketing. In fact, it is a privilege to give back to a community that provides so many benefits for its citizens, including myself.

I am late submitting this application because I just plain didn't know the process. I didn't know what I didn't know and respectfully request that you waive the fee for this first time use of a city of St. Petersburg park.

Respectfully submitted,

Patricia Noll  
Founder and President  

www.goodwithme.com  
patricia@goodwithme.com  
Cell 727-424-1270
WHEREAS, each and every citizen is our most important resource; and

WHEREAS, exposure to negative messages during childhood can cause unhappiness and the absence of true self-dependent esteem; and

WHEREAS, to reduce the incidence of unhappiness, addiction, anger, rage, violence, crime and suicide which results from Other-Dependent Esteem, it is essential that all citizens of all ages are provided awareness and life skills; and

WHEREAS, there are often secondary symptoms of substance abuse, disrupted school and work experiences, difficulty with relationships, trouble with the law, dependent and/or homeless living; and

WHEREAS, citizens who are living with Other-Dependency and other persons around the world will observe/recognize GOOD WITH ME DAY on September 21st each year with a celebration of the importance and value of all people; and

WHEREAS, on the 21st day of the 9th month the City of St. Petersburg will remember the importance and value of its citizens.

NOW, THEREFORE, I, Rick Kriseman, Mayor of the City of St. Petersburg, Florida, do hereby proclaim September 21st, 2016 as

GOOG WITH ME DAY

in the City of St. Petersburg to promote awareness of the effects of Other-Dependent Esteem, to increase compassion for those individuals so effected, to minimize further effects, and to ensure a healthier community in the future.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the official Seal of the City of St. Petersburg, County of Pinellas, and State of Florida to be affixed this 1st day of September, 2016.

Rick Kriseman
Mayor
Detail by Entity Name

Florida Profit Corporation
GOOD WITH ME, INC.

Filing Information
Document Number        P12000068330
FEI/EIN Number         46-0699089
Date Filed             08/08/2012
State                  FL
Status                 ACTIVE

Principal Address
2628 5th Avenue North
St. Petersburg, FL 33713

Changed: 04/26/2016

Mailing Address
235 3rd Avenue North
#319
St. Petersburg, FL 33701

Changed: 04/26/2016

Registered Agent Name & Address
NOLL, PATRICIA
235 3rd Avenue North
#319
St. Petersburg, FL 33701

Address Changed: 04/26/2016

Officer/Director Detail
Name & Address

Title P

NOLL, PATRICIA
235 3rd Avenue North
#319
St. Petersburg, FL 33701

Annual Reports
Report Year  Filed Date
<table>
<thead>
<tr>
<th>Year</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td>04/28/2015</td>
</tr>
<tr>
<td>2016</td>
<td>04/26/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/27/2017</td>
</tr>
</tbody>
</table>

**Document Images**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>04/27/2017</td>
<td>ANNUAL REPORT View image in PDF format</td>
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<tr>
<td>04/26/2016</td>
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<tr>
<td>08/06/2012</td>
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</tbody>
</table>

Florida Department of State, Division of Corporations
GOOD WITH ME, INC.
PATRICIA NOLL
2628 5TH AVE N
ST PETERSBURG FL 33713 USA

Purpose of Use: GOOD WITH ME DAY FESTIVAL 2017
Expected: 1,000
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: Sat 16 Sep 17 06:00 am
Ending: Sat 16 Sep 17 09:00 pm

Facility/Equipment: Williams Park, Bandshell, Williams Park, Park
Day: Sat, 16 Sep 2017
Time: 06:00 AM, 09:00 PM, 10:00 AM, 04:00 PM
Fee: $0.00, $0.00, $0.00, $0.00
Extra Fee: $0.00, $0.00, $0.00, $0.00
Tax: $0.00, $0.00, $0.00, $0.00
Total: $0.00, $0.00, $0.00, $0.00

Additional Fees:
- Co-Sponsored Application Fee
- PKS Application Processing Fee

Extra Fee
Quantity: 1
Charge: $30.00
Tax: $0.00
Total: $30.00

Charges:
Fees: $0.00
Extra Fees: $60.00
Tax: $0.00
Total: $60.00
Deposit: $0.00
Total Applied: $60.00

Balance of rental due and payable immediately.

Payments:
Date: 13 Jul 2017
Amount: $60.00
Payment Type: Check
Reference: Rental
Receipt Number: 2857623

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) PATRICIA NOLL
(Print Name) GOOD WITH ME, INC.

Name of User Organization, If Applicable:

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

Printed: 13 Jul 2017, 11:59 AM
User: jsbennin
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.
GOOD WITH ME, INC.
PATRICIA NOLL
2628 5TH AVE N
ST PETERSBURG, FL 33713 USA

City of St. Petersburg

GOOD WITH ME DAY FESTIVAL 2017
Williams Park - Bandshell
September 16, 2017 6:00 am to September 16, 2017 9:00 pm

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$60.00</td>
</tr>
<tr>
<td>Applied To: GOOD WITH ME DAY FESTIVAL 2017</td>
<td>$60.00</td>
</tr>
</tbody>
</table>

Payment: Check ($230.00)
Balance ($170.00)

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: Girls on the Run 5k
Entity Name: Girls on the Run International - GOTR Tampa Bay Council
Event Date(s): 12/9/2017
Address: 360 Second Ave North, Suite C
City: Safety Harbor
State: FL
Zip: 34695
Phone: (813) 832-2826
Fax No.: (813) 974-5172
CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

Title: GOTR Council Director
Address: 1360 Second Ave North, Suite C
City: Safety Harbor
State: FL
Zip: 34695

Name of the for-profit entity?

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

The 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+ Councils that have served over 1 million girls since 1996 (including over 3,200 locally). In 2015, GOTR Councils hosted more than 350 5k events across the US, making it the largest 5k series 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, Bay News 9 and local papers. Our 5k will contribute to the quality of life in St. Pete by introduce more families to our program, inspiring more girls to be joyful, healthy and confident.

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 Fall Season, we anticipate serving nearly 600 girls, roughly half of which live in Pinellas County. In addition, hosting our 5k in St. Pete will bring GOTR participants and their families from Hillsborough, Pasco, Pinellas and Sarasota Counties into the city, where they can visit restaurants (post-race brunch!), shopping (stores only available in St. Pete, and the St. Pete Market) and activities (such as the beach). Our families really embraced St. Pete and several stayed in St. Pete hotels the night before the event.

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 per occurrence

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

Will there be an admission / registration fee? □ YES □ NO
Advanced Fee: $25
Day of: $25

Please provide the website address for your event: www.gotrtampa.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: □ 50 □ 100 □ 250 □ 500 □ 1000
Participants: □ 100 □ 250 □ 500 □ 1000 □ 1500
Last Year's Total Attendance: □ 100 □ 250 □ 500 □ 1000 □ 1500

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 0

Tables (6 ft) # needed 30

Chairs # needed 0

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 0

Special Events Facilities

☐ Mahaffey Theater

☐ Coliseum

☐ Sunken Gardens

☐ Boyd Hill

☐ Non-City Locations

Which Location?

Poynter 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: Laura Moore

Title: GOTR Council Director

Date: 3/15/17

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 if paid.

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

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.

2. Site map of event and detail schedule of each day’s events including open and close times.

3. Complete Appendix B and Appendix C.

4. Check for $30.00 for co-sponsored application processing (non-refundable).

5. Check for park permit fee. See Appendix A for fee structure.

6. A copy of 501(c)3 designation (if applicable)

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td></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></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>How many? 10</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 [x] 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? [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.

No

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

Name: Girls on the Run International - GOTR Tampa Bay Council
Phone: (813) 832-2826

Address (including zip): 360 Second Avenue North, Suite C, Safety Harbor, FL 34695

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

We will have a DJ with speakers playing radio-friends Top 40 hits

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.

N/A

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

GOTR will make an opening speech to welcome participants to event, address them again at the 5k Start Line just before race begins, and again at the close of the event to thank everyone for attending. We may also have 1-2 sponsors give a 30 second welcome to crowd.

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

GOTR will set up our Race Village (including Registration, Packet Pick Up, etc.) beginning at 4:30 AM. We will have everything unloaded and ready for guests by 7 AM, and will be cleaned/packed up by 12 pm.
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 the seemingly impossible IS possible.

Our Council has hosted 8 5k's since 2013 (one in spring and one in fall), including our most recent on 12/10/16 at Poynter Park and are planning our spring 5k for 5/6/17 also at Poynter Park. We had initially planned to host 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/sponsors/volunteers/etc. LOVE the venue! Because of our incredible experience, we have decided to host both our 5ks in St. Pete! We cannot say enough positive things about working with you and are literally beyond grateful and excited to continue working together.

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 WHOMBEHAIL THIS APPLICATION IS BEING MADE.

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

Name: Laura Moore
Title: GOTR Council Director
Date: 3/16/2017
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>Girls on the Run International (GOTR Tampa Bay Council)</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>360 Second Avenue North, Suite C, Safety Harbor, FL 34695</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>56-2201835</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>N/A</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>N/A</td>
</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 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 Fees</td>
<td>$13,000</td>
</tr>
<tr>
<td>Individual Donations</td>
<td>$500</td>
</tr>
<tr>
<td>Spirit Signs + T Shirts</td>
<td>$1,700</td>
</tr>
<tr>
<td>In Kind Donations</td>
<td>$3,000</td>
</tr>
<tr>
<td>Sponsors (Cash)</td>
<td>$7,000</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</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>Race Village Supplies</td>
<td>$1,700</td>
</tr>
<tr>
<td>Shirts</td>
<td>$3,000</td>
</tr>
<tr>
<td>EMTs</td>
<td>$500</td>
</tr>
<tr>
<td>Medals</td>
<td>$1,000</td>
</tr>
<tr>
<td>Bibs</td>
<td>$110</td>
</tr>
<tr>
<td>DJ</td>
<td>$300</td>
</tr>
<tr>
<td>Rentals (UHaul, Generator, Port-O-Lets, Cones, etc.)</td>
<td>$3,000</td>
</tr>
<tr>
<td>Marketing</td>
<td>$1,600</td>
</tr>
<tr>
<td>Police/Permits</td>
<td>$6,500</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td></td>
</tr>
<tr>
<td>TOTAL NET INCOME</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>Girls on the Run Scholarships</td>
<td>$7,490</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: Laura Moore                      Date: 3/16/2017
<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</td>
</tr>
<tr>
<td></td>
<td>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></td>
<td>Volunteer Captains remain at station for clean up</td>
</tr>
<tr>
<td></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></td>
<td>Group Warm Up</td>
</tr>
<tr>
<td></td>
<td>Final Course Marshalls stationed</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Final Council Director Remarks</td>
</tr>
<tr>
<td></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></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>
Race Village Items

• Barricades – 45
• Cones – 10
• Tents
  – 5 from Fit2 Run (Reg, Packet x 2, UHC and Vol)
  – 1 Coach Tent
  – Needed: Fox, MedExpress
  – Providing Own: TJs, Fl Aq, Go Go, Just Be, Lightning
• Tables
  – Vol 2, Pack 4, Reg 1, Coach 1, H2O 1, Fox 1, UHC 1, MedEx 1, Hair 2, Tattoos 2, Nails 1, DJ 1, Post 5k Snacks 3, Water Stations Course 2, Rays 1
  – Total: 25
• Signage
• Stage
• Speakers – from DJ Patsy
GIRLS ON THE RUN INTERNATIONAL
120 COTTAGE PL
CHARLOTTE NC 28207

Employer Identification Number: 56-2201835
Person to Contact: Jeff Seibert
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 14, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 2000.

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

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
Out and Back Route
Starting North on 3rd Street South
# GIRLS ON THE RUN INTERNATIONAL - GOTR TA

**Laura Moore**  
360 Second Ave N Suite C  
Safety Harbor FL 34695 USA

---

**Purpose of Use:** GIRLS ON THE RUN 5K  
**Expected:** 1,700

**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 09 Dec 17 06:00 AM  
- **Ending:** Sat 09 Dec 17 12:00 PM

**Facility/Equipment**  
- **Poynter Park**  
  - **Day:** Sat  
  - **Date:** 09 Dec 2017  
  - **Time:** 06:00 AM to 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:  
  - **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:**
- **Deposit:** $0.00  
- **Total Applied:** $0.00  
- **Contract Balance:** $230.00  
- **Account Balance:** $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):**  
Parks and Recreation Superintendent

**By (Print Name):**  
LAURA MOORE  
GIRLS ON THE RUN INTERNATIONAL - GOTR TA

---

**CITY OF ST. PETERSBURG, FLORIDA**

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

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

---

**Approved or Rejected**
- **Manager:**  
- **Supervisor II/Foreman:**

---

**Printed:** 04 Apr 2017, 01:02 PM  
**User: jsbennin**
<table>
<thead>
<tr>
<th>Contract #:</th>
<th>20155</th>
<th>User:</th>
<th>JSBENNIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>04 Apr 2017</td>
<td>Status:</td>
<td>Firm</td>
</tr>
</tbody>
</table>

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**

GIRLS ON THE RUN INTERNATIONAL - GOTR TA  
LAURA MOORE  
360 SECOND AVE N SUITE C  
SAFETY HARBOR, FL 34695 USA

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Previous Balance</td>
<td>$460.00</td>
</tr>
<tr>
<td>Applied To: 20155 - GIRLS ON THE RUN 5K</td>
<td>$230.00</td>
</tr>
<tr>
<td>Poynter Park - Park</td>
<td></td>
</tr>
<tr>
<td>December 9, 2017  6:00 am to December 9, 2017  12:00 pm</td>
<td></td>
</tr>
<tr>
<td>Applied To: 20156 - GIRLS ON THE RUN 5K</td>
<td>$230.00</td>
</tr>
<tr>
<td>Poynter Park - Park</td>
<td></td>
</tr>
<tr>
<td>May 5, 2018  6:00 am to May 5, 2018  12:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Receipt #: 2791381**  
**User:** JSBENNIN  
**Issued:** Mon 08 May 17 08:52 am

Approved refunds are by check only.
Florida Department of State

DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Not For Profit Corporation
GIRLS ON THE RUN GREATER TAMPA BAY, INC.

Filing Information

Document Number N17000006989
FEI/EIN Number NONE
Date Filed 07/06/2017
Effective Date 08/01/2017
State FL
Status ACTIVE

Principal Address
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Mailing Address
801 EAST MOREHEAD STREET
SUITE 201
CHARLOTTE, NC 28202

Registered Agent Name & Address
MOORE, LAURA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Officer/Director Detail

Name & Address

Title DIR.

CRATE, JESSICA
1550 NORTH MCMULLEN BOOTH ROAD SUITE F3 #1
CLEARWATER, FL 33759

Title DIR.

KREBS, STEPHANIE
1550 NORTH MCMULLEN BOOTH ROAD SUITE F3 #1
CLEARWATER, FL 33759

Title DIR.

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity... 7/13/2017
SHORTT, ANGLEA
1550 NORTH MCMULLEN BOOTH ROAD SUITE F3 #1
CLEARWATER, FL 33759

Annual Reports
No Annual Reports Filed

Document Images
07/06/2017 -- Domestic Non-Profit
View Image in PDF format
Event Title: Girls on the Run 5k

Entity Name: Girls on the Run International - GOTR Tampa Bay Council

Location: Popey Park

Date: 5/5/18

Time Gates Open: 7:00 AM

Ending Time: 11:00 AM

Application Prepared by: Laura Moore

Title: GOTR Council Director

Address: 360 Second Ave North, Suite C

City: Safety Harbor

State: FL

Zip: 34695

Email Address: laura.moore@girisontherun.org

Additional Contact Person: Lisa Pickard

Phone: (314) 359-9392

Day Phone: (704) 705-3957

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

List all 501(c)3 entities that will benefit from this event. Girls on the Run International - GOTR Greater Tampa Bay Council

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+ Councils that have served over 1 million girls since 1996 (including over 3,200 locally). In 2015, GOTR Councils hosted more than 350 5k events across the US, making the 5k the largest 5k series 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, Bay News 9 and local papers. Our 5k will contribute to the quality of life in St. Pete by introduce more families to our program, inspiring more girls to be joyful, healthy and confident.

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 Fall Season, we anticipate serving nearly 600 girls, roughly half of which live in Pinellas County. In addition, hosting our 5k in St. Pete will bring GOTR participants and their families from Hillsborough, Pasco, Pinellas and Sarasota Counties into the city, where they can visit restaurants (post-race brunch!), shopping (stores only available in St. Pete, and the St. Pete Market) and activities (such as the beach). Our families really embraced St. Pete and several stayed in St. Pete hotels the night before the event.

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 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.gotrtampa.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 350 Participants 1300 Last Year's Total Attendance 1500
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>Poynter Park</td>
</tr>
<tr>
<td>Tables (6 ft) if 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: Laura Moore                              Title: GOTR Council Director   Date: 3/15/17
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>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></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>How many? 10</td>
<td></td>
</tr>
<tr>
<td>What type? Temporary Structure</td>
<td></td>
</tr>
<tr>
<td>What structure? Temporary Structure</td>
<td></td>
</tr>
<tr>
<td>Professional Performers</td>
<td></td>
</tr>
<tr>
<td>Announcement 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 18</td>
<td></td>
</tr>
<tr>
<td>Disabled Units 1</td>
<td></td>
</tr>
<tr>
<td>Hand Washing 1</td>
<td></td>
</tr>
<tr>
<td>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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.

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: Girls on the Run International - GOTR Tampa Bay Council
Address (including zip): 360 Second Avenue North, Suite C, Safety Harbor, FL 34695
Phone: (813) 832-2826

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

We will have a DJ with speakers playing radio-friends Top 40 hits

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.

N/A

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

GOTR will make an opening speech to welcome participants to event, address them again at the 5k Start Line just before race begins, and again at the close of the event to thank everyone for attending. We may also have 1-2 sponsors give a 30 second welcome to crowd.

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

GOTR will set up our Race Village (including Registration, Packet Pick Up, etc.) beginning at 4:30 AM. We will have everything unloaded and ready for guests by 7 AM, and will be cleaned/packed up by 12 pm.
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 the seemingly impossible IS possible.

Our Council has hosted 8 5k's since 2013 (one in spring and one in fall), including our most recent on 12/10/16 at Poynter Park and are planning our spring 5k for 5/6/17 also at Poynter Park. We had initially planned to host 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/sponsors/volunteers/etc. LOVE the venue! Because of our incredible experience, we have decided to host both our 5ks in St. Pete! We cannot say enough positive things about working with you and are literally beyond grateful and excited to continue working together!

---

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: 3/16/2017
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 Corporation:</strong></th>
<th>Girls on the Run International (GOTR Tampa Bay Council)</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>360 Second Avenue North, Suite C, Safety Harbor, FL 34695</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>1(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>56-2201835</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit Corporation:</strong></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>N/A</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>N/A</td>
</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
### 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>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Registration Fees</td>
<td>$13,000</td>
</tr>
<tr>
<td>2. Individual Donations</td>
<td>$500</td>
</tr>
<tr>
<td>3. Spirit Signs + T Shirts</td>
<td>$1,700</td>
</tr>
<tr>
<td>4. In Kind Donations</td>
<td>$3,000</td>
</tr>
<tr>
<td>5. Sponsors (Cash)</td>
<td>$7,000</td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>TOTAL GROSS REVENUE</td>
</tr>
</tbody>
</table>

#### II. EXPENSES (attach sheet if more space is needed)  
<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Race Village Supplies</td>
<td>$1,700.00</td>
</tr>
<tr>
<td>2. Shirts</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>3. EMTs</td>
<td>$500.00</td>
</tr>
<tr>
<td>4. Medals</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>5. Bibs</td>
<td>$110.00</td>
</tr>
<tr>
<td>6. DJ</td>
<td>$300.00</td>
</tr>
<tr>
<td>7. Rentals (UHaul, Generator, Port-O-Lets, Cones, etc.)</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>8. Marketing</td>
<td>$1,600.00</td>
</tr>
<tr>
<td>9. Police/Permits</td>
<td>$6,500.00</td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>TOTAL OPERATING EXPENSES</td>
</tr>
<tr>
<td></td>
<td>TOTAL NET INCOME</td>
</tr>
</tbody>
</table>

#### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)  
<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Girls on the Run Scholarships</td>
<td>$7,490.00</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>TOTAL ALLOCATION OF NET INCOME</td>
</tr>
</tbody>
</table>

Prepared by: Laura Moore  
Date: 3/16/2017
Dear Taxpayer:

This is in response to your Aug. 14, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 2000.

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

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

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

• Barricades – 45
• Cones – 10
• Tents
  – 5 from Fit2 Run (Reg, Packet x 2, UHC and Vol)
  – 1 Coach Tent
  – Needed: Fox, MedExpress
  – Providing Own: TJs, Fl Aq, Go Go, Just Be, Lightning
• Tables
  – Vol 2, Pack 4, Reg 1, Coach 1, H2O 1, Fox 1, UHC 1, MedEx 1, Hair 2, Tattoos 2, Nails 1, DJ 1, Post 5k Snacks 3, Water Stations Course 2, Rays 1
  – Total: 25
• Signage
• Stage
• Speakers – from DJ Patsy
# GOTR 5k Event Timeline

<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</td>
</tr>
<tr>
<td></td>
<td>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></td>
<td>Volunteer Captains remain at station for clean up</td>
</tr>
<tr>
<td></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></td>
<td>Final Course Marshalls stationed</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Final Council Director Remarks</td>
</tr>
<tr>
<td></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></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>
Contract/Permit

Contract #: 20156
Date: 04 Apr 2017

User: JSBENNIN
Status: Firm

Primary #: (813) 832-2826
Secondary #: (727)
Other #: ()

GIRLS ON THE RUN INTERNATIONAL - GOTR TA
LAURA MOORE
360 SECOND AVE N SUITE C
SAFETY HARBOR FL 34695 USA

Purpose of Use: GIRLS ON THE RUN 5K
Expected: 1,700

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 05 May 18 06:00 am
Ending: Sat 05 May 18 12:00 pm

Facility/Equipment
Poynter Park
Park

Day Date Time Fee Extra Fee Tax Total
Sat 05 May 2018 06:00 AM $0.00 $0.00 $0.00 $0.00
12:00 PM

Additional Fees:
Co-Sponsored Application Fee
Co-Sponsored Park Permit Fee

Quantity Charge Tax Total
1 $30.00 $0.00 $30.00
1 $200.00 $0.00 $200.00

Total $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 $460.00

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): LAURA MOORE
(Print Name)
GIRLS ON THE RUN INTERNATIONAL - GOTR TA
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:

Printed: 04 Apr 2017, 01:07 PM
User: jsbennin
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>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
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<tr>
<td>Applied To: 20155 - GIRLS ON THE RUN 5K</td>
<td>$230.00</td>
</tr>
<tr>
<td>Poynter Park - Park</td>
<td>December 9, 2017 6:00 am to December 9, 2017 12:00 pm</td>
</tr>
<tr>
<td>Applied To: 20156 - GIRLS ON THE RUN 5K</td>
<td>$230.00</td>
</tr>
<tr>
<td>Poynter Park - Park</td>
<td>May 5, 2018 6:00 am to May 5, 2018 12:00 pm</td>
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<td>Payment: Check</td>
<td>($460.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Corporate Names

Legal: Girls on the Run International

Non-Profit Corporation Information

Sosld: 0549655
Status: Current-Active
Annual Report Status: Not Applicable
Citizenship: Domestic
Date Formed: 5/17/2000
Registered Agent: Blake, Heather

Corporate Addresses

Mailing: 120 Cottage Place
         Charlotte, NC 28207
Principal Office: 120 Cottage Place
                 Charlotte, NC 28207
Reg Office: 120 Cottage Place
             Charlotte, NC 28207
Reg Mailing: 120 Cottage Place
             Charlotte, NC 28207
Detail by Entity Name

Florida Not For Profit Corporation
GIRLS ON THE RUN GREATER TAMPA BAY, INC.

Filing Information
Document Number N1700006989
FEI/EIN Number NONE
Date Filed 07/06/2017
Effective Date 08/01/2017
State FL
Status ACTIVE

Principal Address
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Mailing Address
801 EAST MOREHEAD STREET
SUITE 201
CHARLOTTE, NC 28202

Registered Agent Name & Address
MOORE, LAURA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Officer/Director Detail
Title DIR.
CRATE, JESSICA
1550 NORTH MCMULLEN BOOTH ROAD SUITE F3 #1
CLEARWATER, FL 33759

Title DIR.
KREBS, STEPHANIE
1550 NORTH MCMULLEN BOOTH ROAD SUITE F3 #1
CLEARWATER, FL 33759

Title DIR.
SHORTT, ANGELA
1550 NORTH MCMULLEN BOOTH ROAD SUITE F3 #1
CLEARWATER, FL 33759

Annual Reports
No Annual Reports Filed

Document Images
07/06/2017 - Domestic Non-Profit

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity... 7/13/2017
Event Title: Life without Lupus Walk--Tampa Bay 2017

Entity Name: Lupus Foundation of Florida, Inc.

Event Date(s): Saturday, November 4, 2017

Location: Crescent Lake Park

Day 1 of Event: 11/4/2017
Time Gates Open: 4:00pm
Ending Time: 6:00pm

Application Prepared by: Maggi McQueen

Address: 535 Central Avenue, Suite 304
City: St. Petersburg
State: FL
Zip: 33701

Email Address: mmcqueen@lupusflorida.org

Additional Contact Person: Linda Ruescher

What month/year were you incorporated as nonprofit? October 1979

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

We have attendees come from throughout the Tampa Bay area as well as the state of Florida to participate in our walk to support family members affected by lupus. This gives them an excellent opportunity to see our wonderful city.

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

People who attend the walk usually eat at our local restaurants and check out the unique shops we have as well as some stay for the weekend at 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 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://lupusflorida.kintera.org/lupuswalk2017stpete

Please provide a phone number that can be advertised to the public. 727-447-7075

What is the estimated attendance for this event? Spectators 25 Participants 125 Last Year's Total Attendance 100
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) No
# Bleachers needed, Each bleacher approx. 180 people None
Tables (6 ft) # needed 6-8 Chairs # needed 12-16
Public Address System None

Special Events Facilities
Mahaffey Theater
Coliseum
Sunken Gardens
Boyd Hill

Which Location?

Non-City Locations

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: Maggi McQueen
Co-Sign: 
Title: Chairman of the Board
Date: May 23, 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

<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>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>☑ 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>

### 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: Lupus Foundation of Florida  Phone: 727-447-7075
Address (including zip): 535 Central Avenue, Suite 304, St. Petersburg, FL 33701

Type of music, # of stages, and # of bands.
No stages or bands, just a portable battery operated Block Rocker sound system

List Vending Products. Name & Provider.
N/A at present

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.
How to live well with a chronic illness like lupus

Discuss your load in/load out parking needs, include times and dates.
Parking needed for truck with 10 x 10 tents, water and other walk supplies. Saturday, Nov. 4th at 3pm.
Other Comments:  Please describe your fee structure.

There is no walk registration fee. Participants raise donations on-line from their families and friends, participants with $50 credited to their individual name on walk day receive the official walk day t-shirt at check-in. The Foundation also solicits corporate sponsorship dollars and those companies logos appear on the back of the walk t-shirts.

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: Maggi McQueen  
Title: Chairman of the Board  
Date: May 23, 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: Lupus Foundation of Florida, Inc.

Name of Responsible Party (President or CEO ONLY): Maggi McQueen

Title of Responsible Party: Chairman of the Board

Physical Address of Responsible Party: 535 Central Avenue, Suite 304, St. Petersburg, FL 33701

Phone Number of Responsible Party: 727-447-7075

Email Address of Responsible Party: mmcqueen@lupusflorida.org

Nonprofit (Employee Identification Number): 59-1950191

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:
**Life without Lupus Walk-Tampa Bay 2017**

## Date(s) of Event:
- 11/04/2017
- 11/04/2017

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Corporate Sponsors</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>2.</td>
<td>Walkers raised through on-line donations</td>
<td>$15,635.00</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
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**TOTAL GROSS REVENUE**  
$17,635.00

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>On-line fundraising software</td>
<td>$1,580.00</td>
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<tr>
<td>2.</td>
<td>Park Fee and permit fee</td>
<td>$230.00</td>
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<tr>
<td>3.</td>
<td>Walk Flyers</td>
<td>$200.00</td>
</tr>
<tr>
<td>4.</td>
<td>Walk supplies for butterflies, pens, colored marker and photo booth</td>
<td>$600.00</td>
</tr>
<tr>
<td>5.</td>
<td>Facepainter</td>
<td>$200.00</td>
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<td>6.</td>
<td>Walk T-shirts</td>
<td>$683.25</td>
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<tr>
<td>7.</td>
<td>Tampa Bay Times Advertisement</td>
<td>$800.00</td>
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<tr>
<td>8.</td>
<td>City of St. Pete, Parks &amp; Recreation Dept Services day of walk</td>
<td>$230.45</td>
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<tr>
<td>9.</td>
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</tr>
<tr>
<td>10.</td>
<td></td>
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<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
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</table>

**TOTAL OPERATING EXPENSES**  
$4,523.70

**TOTAL NET INCOME**  
$13,111.30

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

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<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Lupus Educational Materials for physicians and allied health professionals</td>
<td>$3,500.00</td>
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<tr>
<td>2.</td>
<td>Lupus Educational Materials for patients and families</td>
<td>$3,000.00</td>
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<td>3.</td>
<td>Local Lupus Educational Seminars</td>
<td>$6,500.00</td>
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<td>4.</td>
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</tr>
<tr>
<td>6.</td>
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<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**  
$13,000.00

Prepared by: Maggi McQueen  
Date: May 23, 2017
Receipt of the application is not a guarantee of facility use. Application will not be finalized until approved and executed by the Parks and Recreation Superintendent or designee.

Name of Applicant  
First: MAGI  
Middle:  
Last: McQueen

Organization (if applicable)  
_Lupus Foundation of Florida_

Is your Organization tax exempt?  
☐ Yes  ☐ No  
If yes, please attach a copy.

City: St. Petersburg  
State: FL  
Zip Code: 33701

Phone numbers  
Main: 727-447-7075  
Cell: 727-422-6770

Email Address: MMcQueen@lupusflorida.org

Secondary Contact  
Name: Editor@lupusflorida.org  
Phone: 727-447-7075

Event Details

Type of City Facility  
☐ Park ☐ Center  ☐ Field  ☐ Pool

Name of Complex: Crescent Lake Park

Name of Facility

Event Name: Life without Lupus Walk 2017  
Estimated Attendance: 200

Event Description: 
WALK TO RAISE LUPUS AWARENESS AS WELL AS FUNDS TO SUPPORT ORGANIZATION'S PROGRAMS. FUNDRAISING IS DONE ONLINE.

Special requests or additional information

We would like some of the city's tables and chairs.

Event Dates and Times

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Date (mm/dd/yy)</th>
<th>Start Time</th>
<th>End Time</th>
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<tbody>
<tr>
<td>Sunday</td>
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<td>am/pm</td>
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</tr>
<tr>
<td>Monday</td>
<td></td>
<td>am/pm</td>
<td>am/pm</td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td>am/pm</td>
<td>am/pm</td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td>am/pm</td>
<td>am/pm</td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td>am/pm</td>
<td>am/pm</td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td>am/pm</td>
<td>am/pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>Nov. 4, 2017</td>
<td>3:00 am</td>
<td>6:00 am</td>
</tr>
</tbody>
</table>

Dates to be excluded or further details regarding times
Additional Information

☐ Alcohol Use - No
☐ Teen Use
☐ Participant Ages 8-75+ Parents + Foundation Staff + Volunteers
☐ Chaperones/Supervising Adults Registration is free; we accept donations
☐ Admission/Donations Charged Newspaper and Foundation’s Social Media
☐ Public/Advertised Event
☐ Liability Insurance Yes, will provide Col Phone
☐ Concessions/Merchandise Sold Bottled Water + Granola Bars
☐ Refreshments Consumed (not sold) 4pm Registration/Check-In; Walk-ins
☐ Event Time (not including setup and takedown) N/A

Additional Information for Park/Shelter Use

☐ Restrooms Will provide Port-a-potties
☐ Electricity N/A
☐ Generator N/A
☐ Inflatable N/A
☐ Loud Speaker N/A
☐ Amplified Music Block Rocker Battery powered
☐ DJ Service N/A
☐ Tents 10 x 10 tents
☐ Fencing N/A
☐ Banners/Signs Banner with logo + Signs w/ Lupus Facts
☐ Public Speech N/A

Event Setup Description
Set up check-in/registration tables; table for t-shirts distribution; table for Lupus information.

Additional Information for Field Use

☐ Licensed Security Company _______________________________ Phone _______________________________
☐ Bases Only _______________________________
☐ Full Game Prep _______________________________
☐ Field Lining _______________________________
☐ City Staff _______________________________
☐ Press Box/Scoreboard _______________________________
☐ Lights _______________________________

3/2017
Contract/Permit

Contract #: 20973  Date: 06 Jul 2017  User: JSBENNIN

LUPUS FOUNDATION OF FLORIDA INC
MAGGI MCQUEEN
535 CENTRAL AVE STE 304
ST PETERSBURG FL 33701 USA

Primary #: ()  Secondary #: (727)  Other #: ()

Purpose of Use: LIFE WITHOUT LUPUS WALK  Expected: 200  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:

<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>Crescent Lake Park</td>
<td>Sat</td>
<td>04 Nov 2017</td>
<td>01:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
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Additional Fees:

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<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
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<td>Co-Sponsored Application Fee</td>
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<td>$0.00</td>
<td>$30.00</td>
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<tr>
<td>PKS Application Processing Fee</td>
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<td>$30.00</td>
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Total: $60.00

Charges:

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<th>Fees (Fees)</th>
<th>Extra Fees</th>
<th>Tax</th>
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<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
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<tr>
<td>$ 0.00</td>
<td>$60.00</td>
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<td>$0.00</td>
<td>$30.00</td>
<td>$30.00</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 Jul 2017</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2849864</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)  MAGGI MCQUEEN
(LPrint Name)  LUPUS FOUNDATION OF FLORIDA 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: 06 Jul 2017, 11:04 AM  User: jsbennin
Contract/Permit

Contract #: 20973
Date: 06 Jul 2017
User: JSBENNIN
Status: Firm

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.
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Approved Refunds are by Check Only
# Detail by Entity Name

LUPUS FOUNDATION OF FLORIDA, INC.

## Filing Information

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**Last Event:** NAME CHANGE AMENDMENT  
**Event Date Filed:** 03/30/2010  
**Event Effective Date:** NONE

## Principal Address

535 CENTRAL AVENUE  
STE 304  
ST. PETERSBURG, FL 33701  

Changed: 03/29/2012

## Mailing Address

535 CENTRAL AVENUE  
STE 304  
ST. PETERSBURG, FL 33701  

Changed: 03/29/2012

## Registered Agent Name & Address

McQueen, Margaret A  
535 CENTRAL AVENUE  
STE 304  
ST. PETERSBURG, FL 33701  

Name Changed: 02/23/2015  
Address Changed: 02/23/2015

## Officer/Director Detail

**Name & Address**

Title Chairman

MCQUEEN, MARGARET
950 39TH AVE. N.
SAINT PETERSBURG, FL 33703

Title VC

REEVES, FRANCES
910 S W 112TH STREET
GAINESVILLE, FL 32607

Title D

GARNETT, W. BLANTON
930 BAYVIEW PLACE N.E.
SAINT PETERSBURG, FL 33704

Title DT

LARUELARSON, JOYCE
1926 BRIGHTWATERS BLVD N.E.
ST PETERSBURG, FL 33704

Title D

SCHILLING, BRENDA
8191 HOLLYRIDGE ROAD
JACKSONVILLE, FL 32256

Title Director

Suitt, Laurie
5272 38th Street South
St. Petersburg, FL 33711

Title Secretary, Director

Jackson, Sharon K
8001 Macoma Drive N.E.
St. Petersburg, FL 33702

Title Director

Schell, Gina, Dr.
2229 Hannah Way South
Dunedin, FL 34698

Title Director

Weinstein, Patricia
500 Manor Road
Maitland, FL 32751

Title Director
Harvey, Ronald J  
1944 Blossom Way South  
St. Petersburg, FL 33712

**Annual Reports**

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Event Title: Veterans Day Parade  
Phone No.:  727-822-8387  
Fax No.:  

Entity Name: Veterans Village USA, Inc.  
Federal I.D. Number: 81-1449659

Event Date(s): November 11, 2017  
Location: 1st Ave South, Tropicana Field to Pioneer Park

Day 1 of Event: Time Gates Open: 10:00 am  
Ending Time: 12:30 pm

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

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

Application Prepared by: Phillip Meskin  
Title: Company Clerk  
Cell Phone: 727-822-8387

Address: 747 38th Street South  
City: St. Petersburg  
State: Florida  
Zip: 33711

Email Address: Clerk@VeteransVillageUSA.org

Additional Contact Person: Paul Branesky  
Day Phone: 727-515-6073

What month/year were you incorporated as nonprofit? March 2016

List all 501(c)3 entities that will benefit from this event. Except for recognition, no one benefits financially from this event.

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.

To give Honor and Gratitude to all Veterans / Military families and Veteran Organization that call Saint Petersburg and Pinellas County home. The following is a list of the potential participants:

American Legion, American Veterans (AmVets), Disabled American Veterans (DAV), Florida National Guard (FNG), Honor Guard Riders, Jewish War Veterans (JWV), Korean War Veterans of America (KWVA), MacDill Air Force Base, Paralyzed Veterans of America (PVA), Project Hero Pinellas, United States Army Reserve (USAR), United States Coast Guard (USCG), Veterans of Foreign Wars (VFW), Vietnam Veterans of America (VVA).

Civilian Organization; Eagles, Elks, Fire Department, St. Pete High School's ROTC Units, Mason's, Police Department, Raytheon Foundation, Sheriff's Department, Saint Pete Bike Club, Saint Pete College, University of South Florida, Veteran's Administration.

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

Veterans Village USA also sponsored the February 18th, 2017 Honor Ride at Tropicana Field. It brought in 659 Bicycle Riders from 28 States. An additional 400 family and friends were here to cheer them on and we had 230 Volunteers to operate the rest stops around Pinellas County. They stayed at hotels, ate at restaurants, visited Saint Petersburg, purchased gas, took photos that they sent home to 26 'Colder' states saying how great it is in Saint Petersburg, Florida.

Since there has been no Veterans Day Parade RUN by Veterans FOR Veterans in over 20 years... We have no idea what the economic impact would be for Saint Petersburg... But we can tell you how Proud it would make our Local Veterans feel.

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? ONE MILLION

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

Will there be an admission / registration fee?  🔑 YES  
Advanced Fee:  
Day of: 

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

Please provide a phone number that can be advertised to the public. 727-822-8387

What is the estimated attendance for this event?  
Spectators 3,000  
Participants 500  
Last Year's Total Attendance N/A
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

Which Location?

□ 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: Phillip Meskin

Co-Sign: Title: Company Clerk

Date: 17/05/18

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

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

### Obligation

- General Liability Insurance
- Park Permit
- Occupational License
- Health Inspection
- Alcohol Permit
- Additional insurance Required
- Temporary Structure Permit
- Fire Inspection Permit
- 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.  

☐ 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.

None

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

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

Name: Veterans Village USA  

Phone: 727-822-8387

Address (including zip): 747 38th Street South, Saint Petersburg, Florida 33711

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

Music; Patriotic

Bands; Marching

Stage; Mobile, self contained with

List Vending Products. Name & Provider.

None

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.

Patriotic, Military.

NO Politics will be tolerated.

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

Mobile units line up at 10am along 16 St. S. and 1st Ave S. Buses drop off Marching Units on 1st S. then park along 2nd Ave S. between MLK & 10th St. same as Rays Games. At 10:45 Guests are introduced. Parade route is East bound on 1st Ave S. Total distance is 1.4 mile. Parade begins at 11am. At 11:40am after parade passes Dr. MLK St, Buses leave their parking area and go South to 5th Ave and repark along Bayshore Drive South of 1st Ave. When the Parade reaches Bayshore Drive, Mobile units will go North and Marching units South.
Other Comments: Please describe your fee structure.

None

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: Phillip Meskin
Title: Company Clerk
Date: 17/05/18
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: Veterans Village USA

Name of Responsible Party (President or CEO ONLY): Phillip Meskin

Title of Responsible Party: Company Clerk

Physical Address of Responsible Party: 1441 Dr MLK Jr St South, St Pete, FL 33705

Phone Number of Responsible Party: 727-822-8387

Email Address of Responsible Party: Clerk@VeteransVillageUSA.org

Nonprofit (Employee Identification Number): 81-1449659

Name of the For-profit Corporation: None

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

For-profit (Employee Identification Number) 

Please include a copy of the 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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**TOTAL GROSS REVENUE**

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**TOTAL OPERATING EXPENSES**

$0.00

**TOTAL NET INCOME**

$0.00

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**TOTAL ALLOCATION OF NET INCOME**

$0.00

Prepared by: Phillip Meskin

Date: 17/05/18
VETERANS VILLAGE USA INC
1441 DR MARTIN LUTHER KING JR ST S
SAINT PETERSBURG FL 33705-2424

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.
Dear Applicant:,

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

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

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

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

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

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

Letter 5436
Insured: Veteran's Village USA Inc
1441 Dr Martin Luther King Jr S
Saint Petersburg, FL 33705

Producer: 3800001
Northeast Agencies, Inc.

Mesa Underwriters Specialty Insurance Company
Binder: NIWZP-M

Effective/Expiration Date: 5/26/2017 to 5/26/2018
Term: Twelve Months
State: FL
Percent Earned: 25%

In accordance with your instructions, we have bound the following General Liability coverage; provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above.

Comments: In regards to Products and Completed Operations: Products and Completed Operations are included in the General Aggregate limit.

***** For The Vacant Property The Application MUST confirm NO DEVELOPMENT will be taking place during the policy term. Application must also confirm that the land is FENCED or POSTED "No Trespass" *** **

General Liability:
$ 2,000,000 General Aggregate
$ See Below Products/Completed Operations Aggregate
$ 1,000,000 Personal Injury/Advertising Injury
$ 1,000,000 Each Occurrence Limit
$ 100,000 Damage to Premises Rented to You
$ 5,000 Medical Payments
$ **500 BI/PD/P&AI Deductible Per Claimant

49452 - Vacant Land Not- For- Profit only
Units 2

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, Known Injury or Damage, Exclusion -- Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Cancer, Employment Related Practices, Leased Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations, Drywall Exclusion and Minimum and Deposit Premium Endorsement Apply. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

MUS010120112 Exclusion – Occupational Disease. CG2144 Limitation Designated Premises or Project;
MUS010120023 Special Conditions – Sub-Contractors; MUS010120068 Exclusion – Real Estate Development Property.

Location 1: 747 38th St S, Saint Petersburg, FL 33711
We have bound General Liability coverage provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above. Please return a copy of this binder with your net premium check to TAPCO. Failure to remit the net premium within 12 days of the effective date shown above will nullify and void this binder.

Please note that this binder is for temporary insurance for a twelve-day period. This binder exists on its own terms and expires on its own terms. When a binder expires on its own terms, no coverage exists thereafter. Requirements for notice of cancellation to insureds do not apply to expired binder.

Upon binding of the coverages listed herein, you the producing agent hereby confirm, any and all diligent searches as may be required in accordance with state statute have been performed. You agree to submit a copy of the affidavit to Tapco Underwriters, Inc. / Tapco Insurance Services in accordance with state requirements and/or the request of Tapco Underwriters, Inc. / Tapco Insurance Services.

All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of issuance.

Any policy issued subsequent to this binder will be per the terms, coverages, limits and forms outlined in this binder. Differences in terms, coverages, limits and forms received on any application will NOT revise, change or update the policy at time of issuance. Any changes to this binder and any subsequent policy must be requested in writing by a separate request and any changes must be made by endorsement.

Surplus lines licensee: Keith Allred - #8284017
THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

ATTENTION: The above shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge along with the FSLSO Service fee of .10% effective 04/01/2017.

Surplus Lines Licensee: Virginia Clancy, License # A206695

Mesa Underwriters Specialty Insurance Company, 40 Wantage Avenue, Branchville, NJ 07890

GL Premium: $500.00

Premium: $500.00
Total Premium: $500.00
Policy Fee: $125.00
Tax: $31.88
Total: $656.88

Binder ID: NIWZP-M
**Contract/Permit**

**Purpose of Use:** VETERANS DAY PARADE  
**Expected:** 4,000  
**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: Sat 11 Nov 17 06:00 am
- Ending: Sat 11 Nov 17 05:00 pm

<table>
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<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
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<td>Pioneer Park Park</td>
<td>Sat</td>
<td>11 Nov</td>
<td>06:00</td>
<td>$0.00</td>
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<td>$0.00</td>
<td>$0.00</td>
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**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: $60.00
- Tax: $0.00
- Total: $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): PHILLIP MESKIN  
(Print Name): VETERANS VILLAGE USA, INC.

---

CITY OF ST. PETERSBURG, FLORIDA

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

---

Approved or Rejected: Date:

Manager:

---

Printed: 06 Jul 2017, 11:32 AM  
User: jsbennin
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**

**VETERANS VILLAGE USA, INC.**

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### Principal Address

1441 DR MARTIN LUTHER KING JR ST SOUTH
ST PETERSBURG, FL 33705

### Mailing Address

1441 DR MARTIN LUTHER KING JR ST SOUTH
ST PETERSBURG, FL 33705

### Registered Agent Name & Address

MORALES, NICHOLE
5149 CENTRAL AVENUE
ST. PETERSBURG, FL 33710

### Officer/Director Detail

#### Name & Address

**Title** D

MCGINLEY, SANDY
1441 DR MARTIN LUTHER KING JR ST SOUTH
ST PETERSBURG, FL 33705

**Title** D

BRANESKY, PAUL
1441 DR MARTIN LUTHER KING JR ST SOUTH
ST PETERSBURG, FL 33705

**Title** D

MESKIN, PHILLIP
1441 DR MARTIN LUTHER KING JR ST SOUTH
ST PETERSBURG, FL 33705

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity... 7/6/2017
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Document Images

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<tr>
<td>02/04/2016</td>
<td>Domestic Non-Profit</td>
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Event Title: 25th Annual Corvettes at the Pier Corvette Show

Entity Name: Suncoast Corvette Association

Event Date(s): May 26, 2018

Location: North Straub Park

Day 1 of Event: May 26, 2018
Time Gates Open: 10:00 AM
Ending Time: 4:00 PM

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

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

Application Prepared by: Robert Bryce

Title: Suncoast Corvette Association, Show Director

Address: 4201 69th Avenue North
City: Pinellas Park
State: FL
Zip: 33781

Email Address: rbryce2@tampabay.rr.com

Additional Contact Person: Georgia Greene

What month/year were you incorporated as nonprofit? 12/19/1986

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

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.

Provide a destination for the residents of the City of St. Petersburg to view over 200 of America's only true sports car in full show fashion, the Chevrolet Corvette, from Corvette Clubs and Corvette owners all over the State of Florida. Attract business for the downtown district during the holiday weekend.

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

Provide an influx of business to the shops, stores and restaurants along Beach Drive and the St. Petersburg waterfront from not only the several hundred participants of the show, but the hundreds of spectators coming to view the show.

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: $30.00 Day of: $35.00

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

Please provide a phone number that can be advertised to the public. 727-686-2131

What is the estimated attendance for this event? Spectators 1000 Participants 400 Last Year's Total Attendance apx 1000
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:
  - Special Events Facilities
  - Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

**Name:** Robert Bryce
**Co-Sign:** Georgia Greene
**Title:** Show Director
**Date:** 7/6/2017

**Title:** President, SCA
**Date:** 7/6/2017

**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
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
- [ ] 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
- [ ] Staging
- [x] Amplified Sound
- [ ] 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.

- [x] 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 [x] 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 [x] 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.

No

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

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

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

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

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

List Vending Products. Name & Provider.

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

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

None

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

None

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

Load-in: 6:00 AM - 10:00 AM day of show
Load-out: 4:00 PM - 5:00 PM day of show
Fees are collected from show participants only. There is no admission charges to any spectators for the show.

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

Other comments:

The Suncoast Corvette Association, a Florida non-profit Corporation (N06738, State of Florida), has held this event for the past 19 years ON the Pier, ans since the Pier's closure for demolition, 3 years in South Straub Park and this will be the 3rd year in North Straub park. We strongly desire to continue this annual event with the St. Petersburg waterfront and the Tampa Bay skyline as it's beautiful venue. Although we are a small car club without any formal sponsorship, we have successfully held this show every year for the past 24 years, attracting Corvettes from cities all across the State of Florida, and as many as 4 states including Georgia, South Carolina, Kentucky and New Jersey, as well as participation by the National Corvette Museum, Bowling Green, KY, and Sebring Raceway, Sebring, FL.

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

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

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

Name: Robert Bryce  Title: SCA, Show Director  Date: 07/6/2017
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>None</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>
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<tr>
<td>Physical Address of Responsible Party:</td>
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</tr>
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<td>Phone Number of Responsible Party:</td>
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<td>Email Address of Responsible Party:</td>
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<td>Nonprofit (Employee Identification Number):</td>
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<td>For-profit (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)

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<td>2. Vendor Fees</td>
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<td>3. Sponsor Donations</td>
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<td>1. Park Use / City Co-Sponsored Event Application Fee</td>
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<td>2. Vendor Permit Fee</td>
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<td>3. Park Cleaning Fees ($365) / City Workers ($350) (Est)</td>
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<td>4. Police Officer / Street Closing Fees (Est)</td>
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<td>5. Stage Platform Rental (5 sections), Cone Rental (30 cones)</td>
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<td>6. Show Operating Expenses (Show expendables, printing services, etc)</td>
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<td>7. Event Shirts/Coffee Mugs (choice of 1 free to each pre-registered participant)</td>
<td>$1,278.00</td>
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<td>8. Tent Permit</td>
<td>$85.00</td>
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<td>9. Trophies</td>
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<td>10. Port O - Let Rental</td>
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<td>11. Charity Donation to Selected St. Petersburg Non-Profit Charity</td>
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<td>12. Street Traffic Barracades</td>
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<td><strong>TOTAL OPERATING EXPENSES</strong></td>
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<td>1. Charity Donations to Hospice</td>
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<td>2. Charity Donation to VA Hospital</td>
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<td>3. Other emergent donations during the year</td>
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Prepared by: Robert Bryce

Date: 7/6/2017
### Detail by Entity Name

**Florida Not For Profit Corporation**

SUNCOAST CORVETTE ASSOCIATION, INC.

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<td>Event Effective Date</td>
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**Principal Address**

Largo Community Center
400 Alt. Keene Road
Largo, FL 33771

Changed: 02/15/2014

**Mailing Address**

P.O. BOX 836
LARGO, FL 33779

Changed: 03/06/2009

**Registered Agent Name & Address**

KARR, MICHAEL
8300 BARDMOOR BLVD
#109
SEMINOLE, FL 33777

Name Changed: 07/14/2007

Address Changed: 01/21/2016

**Officer/Director Detail**

**Name & Address**

Title PD

GREENE, GEORGIA
10603 95TH ST. N.
LARGO, FL 33777

Title TR

Kemper, Bruce A
535 25th Ave N.
St Petersburg, FL 33704

Title VP

Stillwagon, Mike
7399 122nd Way
Seminole, FL 33772

Annual Reports
Report Year   Filed Date
2015   02/06/2015
2016   01/21/2016
2017   02/23/2017

Document Images
02/23/2017 -- ANNUAL REPORT View image in PDF format
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02/06/2015 -- ANNUAL REPORT View image in PDF format
02/15/2014 -- ANNUAL REPORT View image in PDF format
02/13/2013 -- ANNUAL REPORT View image in PDF format
04/08/2012 -- ANNUAL REPORT View image in PDF format
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06/12/2002 -- ANNUAL REPORT View image in PDF format
03/05/2001 -- ANNUAL REPORT View image in PDF format
01/29/2000 -- ANNUAL REPORT View image in PDF format
03/01/1999 -- ANNUAL REPORT View image in PDF format
02/28/1998 -- ANNUAL REPORT View image in PDF format
04/25/1997 -- ANNUAL REPORT View image in PDF format
02/23/1996 -- ANNUAL REPORT View image in PDF format
05/01/1995 -- ANNUAL REPORT View image in PDF format

Florida Department of State, Division of Corporations
SUNCOAST CORVETTE ASSOCIATION INC
ROBERT BRYCE
4201 69TH AVE N
ST PETERSBURG FL 33781 USA

Purpose of Use: 25th ANNUAL CORVETTES AT THE PIER CORVETTE SHOW
Expected: 1,500

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 26 May 18 08:00 am
Ending: Sat 26 May 18 06:00 pm

Facility/Equipment: North Straub Park

<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>Sat</td>
<td>26 May 2018</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>06:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
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</table>

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

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Sign Name): ROBERT BRYCE
(Sign Name): ROBERT BRYCE
(Please Print): SUNCOAST CORVETTE ASSOCIATION INC

Printed: 06 Jul 2017, 02:47 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
### SUNCOAST CORVETTE ASSOCIATION INC

**ROBERT BRYCE**

4201 69TH AVE N  
PINELLAS PARK, FL 33781 USA

---

**Description** | **Amount**
--- | ---
Previous Balance | $230.00

**Applied To:** 20980 - 25th ANNUAL CORVETTES AT THE PIER CORVETTE SHOW

North Straub Park - Park
May 26, 2018  8:00 am to May 26, 2018  6:00 pm

**Payment:** Check  
($230.00)

**Balance** | **$0.00**

---

**Receipt #: 2851794**

**User:** JSBENNIN

**Issued:** Fri 07 Jul 17 12:58 pm

---

**APPROVED REFUNDS ARE BY CHECK ONLY**
**Event Title:** American Stage in the Park  
**Phone No.:** 727-823-1600  
**Fax No.:** 727-821-2444  

**Entity Name:** The American Stage Company, Inc  
**Federal ID. Number:** 59-1777189  

**Event Date(s):** 4-18 through 5/13 2018  
**Location:** Demens Landing  

**Day 1 of Event:** Wed-Sunday  
**Time Gates Open:** 6:00 pm  
**Ending Time:** 10:30 pm  

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

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

**Application Prepared by:** Tom Block  
**Phone:** 823-1600 208  

**Title:** General Manager  
**Cell Phone:** 727-403-9100  
**Address:** P. O. Box 1560  
**City:** St. Pete  
**State:** FL  
**Zip:** 33731  
**Email Address:** tomblock@americanstage.org  
**Additional Contact Person:** Stephanie Gularte  
**Day Phone:** 823-1600  

**What month/year were you incorporated as nonprofit?** October 1977  
**List all 501(c)3 entities that will benefit from this event.** American Stage  
**Name of the for-profit entity?**  

**Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.**  
It will contribute to the quality of life in the region. Bringing professional theatre to the downtown waterfront. 12,000 plus will enjoy a live professional play under the stars. One of the oldest cultural events in the region.  

**Describe what economic benefit and impact this event will bring to St. Petersburg.**  
Provides employment for actors, designer and techniciansBrings business to local eating and drinking establishments. Out of town patrons stay at 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**  
**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:** 18.00  
**Day of:** 22.00  

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

**Please provide a phone number that can be advertised to the public.** 727-823-7529  

**What is the estimated attendance for this event?**  
**Spectators:** 13,000  
**Participants:** 50  
**Last Year's Total Attendance:** 15,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ]

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

Tables (6 ft) # needed [ ] 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: Tom Block
Co-Sign: [ ] Title: General Manager
[ ] Date: 6/22/17

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>🚧 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>
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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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<td>🚧 Sanitary Facilities - Port-O-Lets</td>
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<tr>
<td>❌ Off-site Parking / Shuttle</td>
<td></td>
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<tr>
<td>❌ Semitruck / Tractor Trailer</td>
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<tr>
<td>❌ Marketing: Please check all that apply.</td>
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<tr>
<td>🚧 Invitations</td>
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<td>🚧 Posters / Flyers</td>
<td></td>
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<tr>
<td>🚧 Newspaper / Internet</td>
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<tr>
<td>🚧 Radio</td>
<td></td>
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<tr>
<td>🚧 Television</td>
<td></td>
</tr>
<tr>
<td>❌ Remote Broadcast</td>
<td></td>
</tr>
<tr>
<td>❌ City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
<td></td>
</tr>
</tbody>
</table>
Electrical Requirements:
Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☐ 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.

<table>
<thead>
<tr>
<th>The park has the needed power.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will you supply your own generators? ☐ YES ☒ NO</td>
</tr>
<tr>
<td>Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>If City permits, licenses, or services are required for event, who will pay for them?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: American Stage</td>
</tr>
<tr>
<td>Address (Including zip): P.O. Box 1560 St. Petersburg, FL 33731</td>
</tr>
</tbody>
</table>

Type of music, # of stages, and # of bands.
Music from the musical with live band.

List Vending Products. Name & Provider.
Food, beer and wine, soda, water, ice cream and tee shirts. American Stage

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

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

Discuss your load in/load out parking needs, include times and dates.
From middle of March till opening and until May 18 after closing. Monday-Friday 8-6.
Other Comments: Please describe your fee structure.

| We have general admission lawn $18.00 Wed, Thur, Sunday $25 Friday and Saturday. |
| Premium Blanket are $32 Wed, Thurs, Sunday $35.00 $35.00 Friday and Saturday. |
| Reserved Chairs $38.00 Wed, Thurs and Sunday $40.00 Sat and Friday |

| Other comments: |
| |

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

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

_I certify that the facts contained in this application are accurate._

| Name: Tom Block | Title: General Manager | Date: 6/22/2017 |
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 <strong>Nonprofit</strong> Corporation:</th>
<th>The American Stage Company, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Michael Alford</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Chair</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>880 Carillon Parkway St. Petersburg, FL 33716</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-567-5198</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Mike.alford@raymondjames.com">Mike.alford@raymondjames.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1777189</td>
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</tbody>
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<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>Physical Address of Responsible Party:</td>
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<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>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</th>
<th>Event:</th>
<th>Date(s):</th>
<th>Amount</th>
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**TOTAL GROSS REVENUE**

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

<table>
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<tr>
<th>Description</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>Description</th>
<th>Amount</th>
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</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: ____________________________  Date: ____________________________
Event Title: American Stage in the Park

Entity Name: The American Stage Company, Inc

Event Date(s): 4-18 through 5/13 2018

Location: Demens Landing

Day 1 of Event: Wed-Sunday
Time Gates Open: 6:00 pm
Ending Time: 10:30 pm

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

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

Application Prepared by: Tom Block

Title: General Manager

Address: P. O. Box 1560

Email Address: tomblock@americanstage.org

Additional Contact Person: Stephanie Gularte

What month/year were you incorporated as nonprofit? October 1977

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

Name of the for-profit entity?

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
It will contribute to the quality of life in the region. Bringing professional theatre to the downtown waterfront. 12,000 plus will enjoy a live professional play under the stars. One of the oldest cultural events in the region.

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Please provide the website address for your event. americanstage.org

Please provide a phone number that can be advertised to the public. 727-823-7529

What is the estimated attendance for this event? Spectators 13,000 Participants 50 Last Year's Total Attendance 15,000
Please check the equipment and/or facilities you are requesting.

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

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☐ Coliseum
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Name: Tom Block  Title: General Manager  Date: 6/22/17
Co-Sign:  
Title:  Date: 

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PLEASE ATTACH THE FOLLOWING

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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**

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

- [ ] Invitations
- [x] Posters / Flyers
- [x] Newspaper / Internet
- [x] Invitations
- [x] Posters / Flyers
- [x] Newspaper / Internet
- [x] Invitations
- [x] Posters / Flyers
- [x] Newspaper / Internet

Marketing: Please check all that apply.

- [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.
Electrical Requirements:

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

If YES, check all that apply. ☐ RV'S ☑ Coffee Vendors ☑ Ice Bins ☑ Freezers ☑ Ice Cream Vendors ☐ Catering Trucks

☐ Other:

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

The park has the needed power.

Will you supply your own generators? ☐ YES ☑ NO

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

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

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

Name: American Stage

Address (including zip): P.O. Box 1560 St. Petersburg, FL 33731

Phone: 727-823-1600

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

Music from the musical with live band.

List Vending Products, Name & Provider.

Food, beer and wine, soda, water, ice cream and tee shirts. American Stage

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

American Stage

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

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

From middle of March till opening and until May 18 after closing. Monday-Friday 8-6.
Other Comments: Please describe your fee structure.

We have general admission lawn $18.00 Wed, Thur, Sunday $25 Friday and Saturday.
Premium Blanket are $32 Wed, Thurs, Sunday $35.00 $35.00 Friday and Saturday.
Reserved Chairs $38.00 Wed, Thurs and Sunday $40.00 Sat and Friday

Other comments:

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

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

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

Name: Tom Block   Title: General Manager   Date: 6/22/2017
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: The American Stage Company, Inc
Name of Responsible Party (President or CEO ONLY): Michael Alford
Title of Responsible Party: Chair
Physical Address of Responsible Party: 880 Carillon Parkway St. Petersburg, FL 33716
Phone Number of Responsible Party: 727-567-5198
Email Address of Responsible Party: Mike.alford@raymondjames.com
Nonprofit (Employee Identification Number): 59-1777189

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

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

Name of Event: American Stage in the Park
Date(s) of Event: 4/19/2017 - 5/14/2017

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tickets</td>
</tr>
<tr>
<td>2.</td>
<td>Subscriptions</td>
</tr>
<tr>
<td>3.</td>
<td>Concessions and Merchandise</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></td>
<td><strong>TOTAL GROSS REVENUE</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fees (Directors, Designers, Choreographer etc)</td>
<td>$56,900.00</td>
</tr>
<tr>
<td>2. Production Costs (set, equipment rentals etc)</td>
<td>$183,500.00</td>
</tr>
<tr>
<td>3. Salaries &amp; Benefits</td>
<td>$80,500.00</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>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$320,900.00</strong></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td><strong>$27,500.00</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. American Stage</td>
<td>$27,500.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
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<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td><strong>$27,500.00</strong></td>
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</tbody>
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Prepared by: Tom Block
Date: 6/26/2017
# Detail by Entity Name

Florida Not For Profit Corporation
THE AMERICAN STAGE COMPANY, INC.

## Filing Information

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<tr>
<td>FEI/EIN Number</td>
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<tr>
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<td>10/05/1977</td>
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<tr>
<td>State</td>
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<td>Status</td>
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<td>Last Event</td>
<td>NAME CHANGE AMENDMENT</td>
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<tr>
<td>Event Date Filed</td>
<td>03/31/1982</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
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</table>

## Principal Address

163 3RD STREET NORTH
SUITE 320
ST PETERSBURG, FL 33701

Changed: 02/02/2017

## Mailing Address

P O BOX 1560
ST PETERSBURG, FL 33731

Changed: 01/21/2016

## Registered Agent Name & Address

GULARTE, STEPHANIE
244 2ND AVENUE NORTH
ST PETERSBURG, FL 33701

Name Changed: 04/06/2015

Address Changed: 03/20/2009

## Officer/Director Detail

Name & Address

Title CHAIR

ALFORD, MICHAEL
163 3RD STREET NORTH
SAINT PETERSBURG, FL 33701
### Title CO-CHAIR

KEMKE, ELLYN  
163 3RD STREET NORTH  
ST PETERSBURG, FL 33701

### Title TREASURER

MAINELLI, KARI  
163 3RD STREET NORTH  
SUITE 320  
ST PETERSBURG, FL 33701

### Title SECRETARY

FORNUTO, CLAUDETTE  
163 3RD STREET NORTH  
SAINT PETERSBURG, FL 33701

### Title PRODUCING ARTISTIC DIRECTOR

GULARTE, STEPHANIE  
163 3RD STREET NORTH  
ST PETERSBURG, FL 33701

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2015</td>
<td>04/06/2015</td>
</tr>
<tr>
<td>2016</td>
<td>01/21/2016</td>
</tr>
<tr>
<td>2017</td>
<td>02/02/2017</td>
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### Document Images

- 02/02/2017 -- ANNUAL REPORT  
  View image in PDF format
- 01/21/2016 -- ANNUAL REPORT  
  View image in PDF format
- 04/06/2015 -- ANNUAL REPORT  
  View image in PDF format
- 04/15/2014 -- ANNUAL REPORT  
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- 03/14/2013 -- ANNUAL REPORT  
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- 01/24/2012 -- ANNUAL REPORT  
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- 01/04/2011 -- ANNUAL REPORT  
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- 01/14/2010 -- ANNUAL REPORT  
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- 03/20/2009 -- ANNUAL REPORT  
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- 04/18/2009 -- ANNUAL REPORT  
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- 01/08/2007 -- ANNUAL REPORT  
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- 02/15/2006 -- ANNUAL REPORT  
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- 02/02/2005 -- ANNUAL REPORT  
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- 01/18/2004 -- ANNUAL REPORT  
  View image in PDF format
- 01/02/2003 -- ANNUAL REPORT  
  View image in PDF format
- 04/07/2002 -- ANNUAL REPORT  
  View image in PDF format
- 02/27/2001 -- ANNUAL REPORT  
  View image in PDF format
THE AMERICAN STAGE COMPANY INC
TOM BLOCK
PO BOX 1560
ST PETERSBURG FL 33731 USA

Purpose of Use: AMERICAN STAGE IN THE PARK
Expected: 15,000
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: Wed 18 Apr 2018 04:00 pm
Ending: Sun 13 May 2018 11:30 pm

Facility/Equipment
Demens Landing Park
Park

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

Quantity
1
3

Charge
$30.00
$600.00

Tax
$0.00
$0.00

Total
$30.00
$600.00

$630.00

Charges:
Fees
Extra Fees
Tax
Total
Deposit
Total Applied
$0.00
$30.00
$0.00
$630.00
$0.00
$630.00

Balance of rental due and payable immediately.

Payments:
Date
Amount
Payment Type
Reference
Receipt Number
06 Jul 2017
$630.00
Check
Rental
2850542

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

By: (Sign Name) TOM BLOCK
(Print Name) THE AMERICAN STAGE COMPANY INC
Name of User Organization, If Applicable

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

Manager

Supervisor II / Foreman

Approved or Rejected Date:

Printed: 06 Jul 2017, 03:26 PM
User: jsbennin
Contract/Permit

Contract #: 20981
Date: 06 Jul 2017

User: JSBENNIN
Status: Firm

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$630.00</td>
</tr>
<tr>
<td>Applied To: AMERICAN STAGE IN THE PARK</td>
<td>$630.00</td>
</tr>
<tr>
<td>Demens Landing Park - Park</td>
<td></td>
</tr>
<tr>
<td>April 18, 2018 4:00 pm to May 13, 2018 11:30 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($630.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Event Title: Walk For Life 2018
Entity Name: New Life Solutions
Event Date(s): May 12, 2018
Location: North Shore Park/Vinoy Park
Day 1 of Event: Saturday Time Gates Open: 6:00am Ending Time: 12:00pm Noon
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:
Application Prepared by: Christina Maurice
Title: Special Events Coordinator
Address: 11910 East Bay Drive City: Largo State: FL Zip: 33771
Email Address: christina@newlifesolutions.org
Additional Contact Person: Gail Friedman-Barrett
Phone: 727-216-1410 x403
Cell Phone: 423-957-2340
Day Phone: 727-216-1410 x400
What month/year were you incorporated as nonprofit? 1985
List all 501(c)3 entities that will benefit from this event. New Life Solutions, A Woman's Place Medical Clinic, More2Life
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.
Funds raised through this event will enable the Medical Clinics to provide essential services known to be effective in decreasing material and infant health disparities in both pregnancy and birth for residents of Pinellas County.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Participants who come from all over Pinellas County will walk in the morning and then stay downtown St. Petersburg to shop, dine, etc.

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

Does your group presently have liability insurance? ☒ YES ☐ NO 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. www.iwalkforlife.com
Please provide a phone number that can be advertised to the public. 727-216-1410 x402
What is the estimated attendance for this event? Spectators: n/a Participants: 450 Last Year's Total Attendance: 450
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [ ]

[ ] Non-City Locations

# 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)

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.

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>❑ 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>Performers</td>
</tr>
<tr>
<td>❑ Semitruck / Tractor Trailer</td>
<td>Announcement Only</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.

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: New Life Solutions, Inc.  

Phone: 727-216-1410 x403

Address (including zip): 1910 East Bay Drive Largo, FL 33771

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

One (1) up-beat contemporary live band

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.

No speeches or demonstrations. Only potential greeting by City Officials, a few walk instructions, some announcements and a walker send-off count down.

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

6:00am Set-up event begins  

10:00-11:00am Refreshments served

8:00am Walk check-in begins  

11:30am Clean up of event site

9:00am Walk starts

9:40-10:00am Walkers Return
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: Christina Maurice  Title: Special Events Coordinator  Date: 6/1/17
Appendix A

Co-Sponsored Event Park Fee Structure

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* 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: | New Life Solutions, Inc. |
| Name of Responsible Party (President or CEO ONLY): | Sol Pitchon |
| Title of Responsible Party: | President, CEO |
| Physical Address of Responsible Party: | 1910 East Bay Drive, Largo, FL 33771 |
| Phone Number of Responsible Party: | 727-216-1410 x502 |
| Email Address of Responsible Party: | Sol@newlifesolutions.org |
| Nonprofit (Employee Identification Number): | 59-2588366 |

| 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 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>No.</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Refer to attached P&amp;L statement</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<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>
<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>No.</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Refer to attached P&amp;L statement</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>10</td>
<td></td>
<td></td>
</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>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All net income proceeds are allocated to FREE client services</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>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

---

Prepared by: Mary Molina

Date: Jun 1, 2017
New Life Solutions, Inc.
Profit & Loss
January through December 2016

Ordinary Income/Expense

<table>
<thead>
<tr>
<th>Income</th>
<th>Jan - Dec 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Event Income</td>
<td>630,633.77</td>
</tr>
<tr>
<td>Total Income</td>
<td>630,633.77</td>
</tr>
</tbody>
</table>

Gross Profit

<table>
<thead>
<tr>
<th>Expense</th>
<th>Jan - Dec 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Events-Direct Expenses</td>
<td>105,948.76</td>
</tr>
<tr>
<td>Advertising</td>
<td>280.00</td>
</tr>
<tr>
<td>Awards and Prizes</td>
<td>26,999.26</td>
</tr>
<tr>
<td>Bank Service Chgs/Merchant Fees</td>
<td>5,291.00</td>
</tr>
<tr>
<td>Contract Services</td>
<td>5,804.44</td>
</tr>
<tr>
<td>Dinner Club</td>
<td>6,384.07</td>
</tr>
<tr>
<td>Dues and Subscriptions</td>
<td>79.92</td>
</tr>
<tr>
<td>Equipment Rental</td>
<td>6,022.06</td>
</tr>
<tr>
<td>Event Fees</td>
<td>2,319.35</td>
</tr>
<tr>
<td>Food and Beverages</td>
<td>4,517.12</td>
</tr>
<tr>
<td>Honorariums</td>
<td>1,700.87</td>
</tr>
<tr>
<td>Insurance - Event Liability</td>
<td>815.00</td>
</tr>
<tr>
<td>Kick Off Breakfast</td>
<td>5,544.91</td>
</tr>
<tr>
<td>Materials and Supplies</td>
<td>3,713.86</td>
</tr>
<tr>
<td>Mileage</td>
<td>704.28</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>71.53</td>
</tr>
<tr>
<td>Postage &amp; Mailhouse Fees</td>
<td>11,994.68</td>
</tr>
<tr>
<td>Printing</td>
<td>16,252.46</td>
</tr>
<tr>
<td>Printing-Copier Allocation</td>
<td>1,855.30</td>
</tr>
<tr>
<td>Rent - Facilities</td>
<td>840.00</td>
</tr>
<tr>
<td>Video Production</td>
<td>5,222.16</td>
</tr>
<tr>
<td>Website Maintenance</td>
<td>186.49</td>
</tr>
<tr>
<td>Total 5000</td>
<td>105,948.76</td>
</tr>
</tbody>
</table>

Total Expense

<table>
<thead>
<tr>
<th>Net Ordinary Income</th>
<th>Jan - Dec 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>524,685.01</td>
<td></td>
</tr>
</tbody>
</table>

Net Income

<table>
<thead>
<tr>
<th>Net Income</th>
<th>Jan - Dec 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>524,685.01</td>
<td></td>
</tr>
</tbody>
</table>
NEW LIFE SOLUTIONS INC  
1910 E BAY DR  
LARGO FL 33771

Employer Identification Number: 59-2588366  
Person to Contact: Ms. Sene  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 08, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 1985.

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

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Susan M. O'Neill
Susan M. O'Neill, Department Mgr.
Accounts Management Operations
II 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>85-6012666233C-6</td>
<td>11/30/2016</td>
<td>11/30/2021</td>
<td>501(C)(3) ORGANIZATION</td>
</tr>
</tbody>
</table>

This certifies that

NEW LIFE SOLUTIONS INC
1910 E BAY DR
LARGO FL 33771-2218

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 800-362-3671. 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.
WALK FOR LIFE 2018 - MAY 12, 2018
NORTH SHORE PARK - 901 NORTH SHORE DR NE
CONTACT: CHRISTINA MAURICE (423) 957-2340

SETUP DAY OF:
REGISTRATION—10 TABLES & 20 CHAIRS (8 AROUND TENT PERIMETER, 2 IN MIDDLE)
PRIZES—3 TABLES & 3 CHAIRS
DISPLAY—3 TABLE & 2 CHAIRS
FOOD/WATER—3 TABLES & 3 CHAIRS & 2 COOLERS
FACE PAINT—2 TABLES & 4 CHAIRS
2018 WALK FOR LIFE  iwalkforlife.com

MAY 12, 2018

8:00 AM REGISTRATION
9:00 AM WALK STARTS
10:40AM-11:00AM END TIME

⭐ = Officer placement to assist Walkers crossing the street

- 5 Avenue Northeast and Bayshore Drive (SW Corner) eastbound
- 2 Avenue Northeast and Bayshore Drive (NW Corner) westbound
Contract/Permit

Contract #: 20987
Date: 07 Jul 2017

NEW LIFE SOLUTIONS INC
GAIL FRIEDMAN-BARRETT
1910 EAST BAY DR
LARGO FL 33771 USA

User: JSBENNIN
Status: Firm

Primary #: (727) 216-1410
Secondary #: ()
Other #: ()

Purpose of Use: Walk For Life 2018

Expected: 450

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 12 May 18 06:00 am
Ending: Sat 12 May 18 01:00 pm

Facility/Equipment | Day | Date | Time | Fee | Extra Fee | Tax | Total
--- | --- | --- | --- | --- | --- | --- | ---
Vinoy Park | Sat | 12 May 2018 | 06:00 AM | $0.00 | $0.00 | $0.00 | $0.00

Additional Fees:

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

Total $230.00

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>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

Date: 07 Jul 2017

Amount $230.00
Payment Type Check
Reference Rental
Receipt Number 2851769

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) GAIL FRIEDMAN-BARRETT
NEW LIFE SOLUTIONS 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/Foreman

Manager

Approved or Rejected Date: ________________________________

Approved or Rejected Date: ________________________________

Printed: 07 Jul 2017, 12:44 PM
User: jsbennin
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.
NEW LIFE SOLUTIONS INC  
GAIL FRIEDMAN-BARRETT  
1910 EAST BAY DR  
LARGO, FL 33771 USA

---

**City of St. Petersburg**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
</tr>
<tr>
<td>Applied To: 20987 - Walk For Life 2018</td>
<td>$230.00</td>
</tr>
<tr>
<td>Vinoy Park - Vinoy Park</td>
<td></td>
</tr>
<tr>
<td>May 12, 2018 6:00 am to May 12, 2018 1:00 pm</td>
<td></td>
</tr>
</tbody>
</table>

Payment: Check  
($230.00)  

Balance $0.00

---

**APPROVED REFUNDS ARE BY CHECK ONLY**

Detail by Entity Name

Florida Not For Profit Corporation
NEW LIFE SOLUTIONS, INC.

Filing Information

Document Number: N07972
FEI/EIN Number: 59-2588366
Date Filed: 03/05/1985
State: FL
Status: ACTIVE
Last Event: NAME CHANGE AMENDMENT
Event Date Filed: 06/05/2014
Event Effective Date: NONE

Principal Address

1910 EAST BAY DRIVE
LARGO, FL 33771

Changed: 04/20/2007

Mailing Address

1910 EAST BAY DRIVE
LARGO, FL 33771

Changed: 04/20/2007

Registered Agent Name & Address

PITCHON, SOL
467 BRIDLE PATH WAY
TARPON SPRINGS, FL 34688

Name Changed: 04/18/2000

Address Changed: 04/20/2007

Officer/Director Detail

Name & Address

Title: P

PITCHON, SOL
467 BRIDLE PATH WAY
TARPON SPRINGS, FL 34688
Title DT

STUART, RODERICK
1539 RIDGWOOD STREET
CLEARWATER, FL 33755

Title DC

PILKINGTON, DAVID
7295 SAVOY COURT
SEMINOLE, FL 33776

Title D

CHAPMAN, TOM
9109 Silverthorn Rd
Seminole, FL 33777

Title Director

Konrad, William
3617 Town Ave
New Port Richey, FL 34655

Title Director, Second Vice Chair

Arrington, Kathy
2239 NW 82nd Terrace
Bell, FL 32619

Title Director

Shields, Stephen, Dr.
1211 Reynolds Avenue, Suite B
Clearwater, FL 33756

Title Director, Secretary

Higgins, Hugh, Esq.
3201 2nd Street N
St. Petersburg, FL 33704

Title Director, VC

Gaylord, Blake, Esq.
3935 Venetian Way
Tampa, FL 33634

Title Director

Behling, Jeremiah
14640 Bellamy Brothers Blvd  
Dade City, FL 33525  
Title Director  
Shirley, Jody  
207 Harrison Ave  
Belleair Beach, FL 33786  
Title Director  
Gills, James P, Dr.  
PO Box 1608  
Tarpon Springs, FL 34688  
Title Director  
Gills, Heather  
512 Driftwood Circle  
Palm Harbor, FL 34683  
Title Director  
Ulrich, John  
7641 16th Ave N  
St Petersburg, FL 33710  

Annual Reports  
Report Year | Filed Date  
---|---  
2015 | 04/23/2015  
2016 | 04/26/2016  
2017 | 03/21/2017  

Document Images  
04/26/2016 -- ANNUAL REPORT | View image in PDF format  
04/23/2015 -- ANNUAL REPORT | View image in PDF format  
09/03/2014 -- AMENDED ANNUAL REPORT | View image in PDF format  
06/05/2014 -- Name Change | View image in PDF format  
04/12/2014 -- ANNUAL REPORT | View image in PDF format  
04/24/2013 -- ANNUAL REPORT | View image in PDF format  
04/19/2012 -- ANNUAL REPORT | View image in PDF format  
04/20/2011 -- ANNUAL REPORT | View image in PDF format  
04/22/2010 -- ANNUAL REPORT | View image in PDF format  
04/17/2009 -- ANNUAL REPORT | View image in PDF format  
04/18/2008 -- ANNUAL REPORT | View image in PDF format  
04/20/2007 -- ANNUAL REPORT | View image in PDF format  
04/24/2006 -- ANNUAL REPORT | View image in PDF format  
04/13/2005 -- ANNUAL REPORT | View image in PDF format  
04/23/2004 -- ANNUAL REPORT | View image in PDF format
### Event Application

**Event Title:** FESTIVALS OF SPEED  
**Phone No.:** 352-385-9450  
**Fax No.:** NA

**Entity Name:** FESTIVALS OF SPEED  
**Federal I.D. Number:** 90-0316882

**Event Date(s):**  
**March 25, 2018**  
**Location:** VINOY PARK

**Day 1 of Event:**  
**Time Gates Open:** 10AM  
**Ending Time:** 4PM

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

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

**Application Prepared by:** JOE SABATINI  
**Cell Phone:** 352 406 9325

**Title:** PRESIDENT  
**Address:** PO BOX 1130  
**City:** EUSTIS  
**State:** FL  
**Zip:** 32727  
**Email Address:** JOE@FESTIVALSOFSPEED.COM

**Additional Contact Person:** MIKE FLYNN  
**Day Phone:** 727-424-1942

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

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

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

For 14 years FESTIVALS OF SPEED has displayed high end luxury cars and brands in a quality presentation in Vinoy park. The event has introduced the city to thousands of people who have never visited before. They spend money at local businesses thus helping the local economy and adding to the quality of life.

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

By spending the day or days in St. Petersburg event attendees visit local businesses and spend money with them. Restaurants, hotels, retail shops all do well when the event is in town.

---

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?** ☑ we meet city requirements

**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:** 20.00  
**Day of:** 20.00

**Please provide the website address for your event.** www.festivalsofspeed.com

**Please provide a phone number that can be advertised to the public.** 352-385-9450

**What is the estimated attendance for this event?**  
**Spectators:** 3000  
**Participants:** 30  
**Last Year’s Total Attendance:** 3000
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># of portable risers needed (4 in. x 8 in. x 16 in. sections)</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.

<table>
<thead>
<tr>
<th>Name: JOE SABATINI</th>
<th>Title: PRESIDENT</th>
<th>Date: 7/3/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sign:</td>
<td>Title:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**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>
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<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
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<td>Located in Park</td>
<td>Park Permit</td>
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<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
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<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
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<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
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<tr>
<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
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<td>Require Street Closure</td>
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<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>
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<td>Off-site Parking / Shuttle</td>
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<td>Semitruck / Tractor Trailer</td>
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<td>How many?</td>
<td>30</td>
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<td>What type?</td>
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<td>Disabled Units</td>
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<td>Hand Washing</td>
<td>4</td>
</tr>
<tr>
<td>Event Time Frame - SPPD</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  X 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  X 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.

NO

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

Name: FESTIVALS OF SPEED  Phone: 352 385 9450
Address (including zip): PO BOX 1130 EUSTIS FL 32727

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

NONE

List Vending Products. Name & Provider.

T SHIRT SALES, POSTER SALES FESTIVALS OF SPEED

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

CATERING BY LUNDYS, ST PETERSBURG

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

NONE

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

LOAD IN NORMALLY THE DAY BEFORE SATURDAY, MARCH 24. LOAD OUT SUNDAY MARCH 25 AFTER 4PM
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 ONWhose BEHALF THIS APPLICATION IS BEING MADE.

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

Name: JOE SABATINI
Title: PRESIDENT
Date: 7/3/2017
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: FESTIVALS OF SEED

Name of Responsible Party (President or CEO ONLY): JOE SABATINI

Title of Responsible Party: PRESIDENT

Physical Address of Responsible Party: 2750 DILLARD ROAD, UNIT 8 EUSTIS, FL 32726

Phone Number of Responsible Party: 352 385 9450

Email Address of Responsible Party: JOE@FESTIVALSOFSEED.COM

For-profit (Employee Identification Number) 90-0316882

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

What method of invoicing would your organization prefer?

☑️ BY Mail

Contact Name JOE SABATINI

Address PO BOX 1130

City, State, Zip EUSTIS, FL 32727

☑️ BY EMAIL

Email Address: 

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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 Name: **FESTIVALS OF SPEED**  
Event Date(s): **3/25/18**

Event Location: **STP PARK**

Event Representative: **JOE SABATINI**

Address: **PO BOX 1130 EUSTIS FL 32736**

Phone: **352-406-9375**  
Fax: **NA**  
E-Mail: **JOE@FESTIVALSOFSPED.COM**

Event Website: **WWW.FESTIVALSOFSPED.COM**

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:**

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

      **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: 24  
b. Total Number of Accessible Portable Units: 6  
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 ☐

(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: JOE SABATINI Phone: 858-406-9325
Email Address: JOE@FESTIVALSOFSPADE.COM Fax: N/A

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: JOE SABATINI Date: 7/3/17

Print Name, Event Representative: JOE SABATINI

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
Contract #: 20988
Date: 07 Jul 2017

FESTIVALS OF SPEED LLC
JOE SABATINI
PO BOX 1130
EUSTIS FL 33727 USA

Purpose of Use: FESTIVAL OF SPEED
Expected: 3,000
Co-Sponsored Event

Contract Balance $300.00

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: Sun 25 Mar 18 06:00 am
Ending: Sun 25 Mar 18 09:00 pm

Facility/Equipment Day Date Time Fee Extra Fee Tax Total
Vinoy Park Sun 25 Mar 18 06:00 AM $0.00 $0.00 $0.00 $0.00
Vinoy Park 09:00 PM $0.00 $0.00 $0.00 $0.00

Additional Fees:
- Extra Fee Quantity Charge Tax Total
  - Co-Sponsored Application Fee 1 $30.00 $0.00 $30.00
  - Co-Sponsored Park Permit Fee (Vinoy) 1 $300.00 $0.00 $330.00

Charges:
- Fees $0.00 $330.00 $0.00 $330.00
- Extra Fees $30.00 $0.00 $30.00
- Tax $0.00 $0.00 $0.00
- Total $30.00 $300.00 $330.00

Balance of rental due and payable immediately.

Payments:
- Date 07 Jul 2017
- Amount $30.00
- Payment Type Check
- Reference Rental
- Receipt Number 2851881

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) JOE SABATINI
(Print Name) FESTIVALS OF SPEED 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

Approved or Rejected Date:
Approved or Rejected Date:

Supervisor II / Foreman
Manager

Printed: 07 Jul 2017, 02:02 PM
User: jsbennin
Page: 1
Contract/Permit

Contract #: 20988
Date: 07 Jul 2017

Manager

[ ] Approved or [ ] Rejected
Date:

User: JSBENNIN
Status: Firm

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

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**Applied To:** 20988 - FESTIVAL OF SPEED  
Vinoy Park - Vinoy Park  
March 25, 2018  6:00 am to March 25, 2018  9:00 pm

**Payment:** Check  
($30.00)

**Balance**  
$300.00
Detail by Entity Name

Florida Limited Liability Company
FESTIVALS OF SPEED, L.L.C.

Filing Information

Document Number: L05000106261
FEI/EIN Number: 90-0318882
Date Filed: 11/07/2005
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 10/22/2016

Principal Address
2750 DILLARD ROAD, UNIT 8
EUSTIS, FL 32726

Changed: 07/01/2017

Mailing Address
PO BOX 1130
EUSTIS, FL 32727

Changed: 04/30/2008

Registered Agent Name & Address
SABATINI, JOE RP
1217 OVERLOOK ROAD
EUSTIS, FL 32726

Name Changed: 10/22/2016

Address Changed: 01/03/2011

Authorized Person(s) Detail
Name & Address

Title: MGR
SABATINI, JOE
1217 OVERLOOK ROAD
EUSTIS, FL 32726

Title: MGR
FLYNN, MICHAEL J JR.
1300 80TH ST. SOUTH
ST. PETERSBURG, FL 33707

Title S

COHEN, PETER
895 NORTH RONALD REAGAN BLVD
LONGWOOD, FL 32750

Title T

SABATINI, JOE
1217 OVERLOOK ROAD
EUSTIS, FL 32726

Annual Reports

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<td>2016</td>
<td>10/22/2016</td>
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<td>2017</td>
<td>07/01/2017</td>
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Document Images

- 07/01/2017 -- ANNUAL REPORT
- 10/22/2016 -- REINSTATEMENT
- 03/04/2015 -- ANNUAL REPORT
- 01/09/2014 -- ANNUAL REPORT
- 11/07/2013 -- ANNUAL REPORT
- 11/04/2012 -- ANNUAL REPORT
- 04/18/2011 -- LC Amendment
- 01/03/2011 -- ANNUAL REPORT
- 01/15/2010 -- ANNUAL REPORT
- 10/28/2009 -- REINSTATEMENT
- 04/20/2009 -- ANNUAL REPORT
- 02/10/2007 -- ANNUAL REPORT
- 09/12/2006 -- LC Name Change
- 03/16/2006 -- ANNUAL REPORT
- 11/27/2005 -- Florida Limited Liability

Florida Department of State, Division of Corporations
**Event Title:** Holiday under the stars

**Entity Name:** Live Nation

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

**Location:** Vinoy Park

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

**Time Gates Open:**
- **Day 1 of Event:**
- **Day 2 of Event:** 4:00pm
- **Day 3 of Event:**

**Ending Time:**
- **Day 1 of Event:**
- **Day 2 of Event:** 10:00pm
- **Day 3 of Event:**

**Application Prepared by:** David Harb

**Title:** General Manager - Tampa

**Address:** 4802 US Hwy 301 N

**City:** Tampa

**State:** FL

**Zip:** 33610

**Email Address:** DavidHarb@livenation.com

**Additional Contact Person:** Dan Murphy

**Phone:** 813-600-1003

**Cell Phone:** 727-743-2395

**Day Phone:** 813-600-1007

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

**List all 501(c)3 entities that will benefit from this event:** My Hope Chest

**Name of the for-profit entity?** Live Nation

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

Live Musical Holiday Event to entertain folks of all ages

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

Use of parking garages, hotels, 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

**How much?** 5,000,000

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

**Advanced Fee:** TBD

**Day of:** TBD

Please provide the website address for your event, www.livenation.com

Please provide a phone number that can be advertised to the public. 813-740-2446

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

- Spectators 10,000
- Participants 50
- 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: none
- Tables (6 ft) # needed: TBD
- Chairs # needed: TBD
- Public Address System: we will provide
- # of portable risers needed (4 in. x 8 in. x 16 in. sections): TBD

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

**Special Events Facilities**
- Winoy Park

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

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

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

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

**Name:** David J Harb
**Co-Sign:** Daniel P Murphy
**Title:** General Manager
**Title:** Director of Operations
**Date:** 6/5/2017
**Date:** 6/5/2017

**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.

**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
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- [ ] 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:** 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.

---

Power needs TBD & are pending. Will require similar as other LN events.

---

Will you supply your own generators? ☒ YES ☐ NO

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

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

N/A

---

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

Name: Live Nation

Address (including zip): 4802 US Hwy 301 N Tampa, FL 33610

Phone: 813-600-1003

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

Holiday Music

---

List Vending Products, Name & Provider.

various vendor’s selling food & holiday items

---

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

My Hope Chest - Address and contact info to be provided prior to event

---

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

non political musical event

---

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

Load in Dec. 2. Load out Dec. 3 after event and will clear park Dec. 4.
Other Comments: Please describe your fee structure.

per ticket fees will apply.

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 ONWhose behalf this application is being made.

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

Name: David J Harb
Title: General Manager - Tampa
Date: 6/5/2017
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>My Hope Chest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>to be provided</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>to be provided</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>to be provided</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>to be provided</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td>to be provided</td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>To be provided</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>Live Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>David J Harb</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>General Manager - Tampa</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4802 US Hwy 301 N Tampa, FL 33610</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-600-1003</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:davidharb@livenation.com">davidharb@livenation.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>to be provided</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: Holiday under the stars
Date(s) of Event: Dec 3, 2017

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

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticket sales</td>
<td>$0.00</td>
</tr>
<tr>
<td>Food sales</td>
<td>$0.00</td>
</tr>
<tr>
<td>Beverage sales</td>
<td>$0.00</td>
</tr>
<tr>
<td>Merch sales</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production exp - TBD</td>
<td></td>
</tr>
<tr>
<td>Operational exp - TBD</td>
<td></td>
</tr>
<tr>
<td>Artist fees - TBD</td>
<td></td>
</tr>
<tr>
<td>City expenses - TBD</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>TBD</td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: David J Harb
Date: Jun 5, 2017
Detail by Entity Name
Foreign Profit Corporation
LIVE NATION WORLDWIDE, INC.

Filing Information
Document Number: F08000007422
FEI/EIN Number: 13-3977880
Date Filed: 11/29/2006
State: DE
Status: ACTIVE
Last Event: CORPORATE MERGER
Event Date Filed: 12/21/2007
Event Effective Date: 12/31/2007

Principal Address
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Mailing Address
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Registered Agent Name & Address
Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

Name Changed: 04/04/2013
Address Changed: 04/04/2013

Officer/Director Detail
Name & Address

Title President, CFO, Asst Secretary, Director

WILLARD, KATHY
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Treasurer and Asst Secretary

LOWE, BILL
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title EVP, General Counsel, Secretary, Director

ROWLES, MICHAEL
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title COO, Asst Secretary

Berchtold, Joe
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, CAO, Asst Secretary

Capo, Brian
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Deputy General Counsel, Asst Secretary

Lassen, Eric
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title Controller, Accounting Reporting, Asst Secretary

Lecoq, Brandy
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Corporate Tax, Asst Secretary

McKenzie, Gary
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2015</td>
<td>03/19/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/15/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/24/2017</td>
</tr>
</tbody>
</table>

Document Images

View image in PDF format

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity... 7/10/2017
LIVE NATION WORLD WIDE INC
DAVID HARB
4802 US HWY 301 N
TAMPA FL 33610 USA

Purpose of Use: HOLIDAY UNDER THE STARS

Expected: 10,000

Co-Sponsored Event

Contract Balance $330.00

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

Starting: Sat 02 Dec 2017 06:00 am
Ending: Mon 04 Dec 2017 11:00 pm

Facility/Equipment

Vinoy Park

02 Dec 2017 06:00 AM
04 Dec 2017 11:00 PM

Vinoy Park

Other Information:

Use of beer and wine: Yes
Use of fencing: Yes
Use of liquor: No

Conditional of Use: Insurance Required

Conditions of Use:

Insurance Required

Other Information:

Use of beer and wine: Yes
Use of fencing: Yes
Use of liquor: No

Additional Fees:

Extra Fee

Co-Sponsored Application Fee

1

$30.00

$0.00

Co-Sponsored Park Permit Fee (Vinoy)

1

$300.00

$0.00

$300.00

$330.00

Charges:

Fees

$0.00

$330.00

$0.00

$330.00

Extra Fees

$0.00

$330.00

$0.00

$330.00

Tax

$0.00

$0.00

$0.00

$0.00

Total

$0.00

$330.00

$0.00

$330.00

Deposit

$0.00

$0.00

$0.00

$0.00

Total Applied

$0.00

$330.00

$0.00

$330.00

Contract Balance

$330.00

Account Balance

$690.00

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): DAVID HARB

(Please Name): LIVE NATION WORLD WIDE INC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): Parks and Recreation Superintendent

(Please Name): Parks and Recreation Department

Manager: jsbennin

Approval or Rejected Date:

Manager: jsbennin

Approval or Rejected Date:
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Event Title:</th>
<th>97X BBQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entity Name:</td>
<td>Cox Media Group</td>
</tr>
<tr>
<td>Event Date(s):</td>
<td>5/19/18, 5/22/18</td>
</tr>
<tr>
<td>Application Prepared by:</td>
<td>Jenna Kesneck</td>
</tr>
<tr>
<td>Phone:</td>
<td>727-579-2053</td>
</tr>
<tr>
<td>Address:</td>
<td>1300 4th Street N. Suite 300</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:Jenna.Kesneck@coxinc.com">Jenna.Kesneck@coxinc.com</a></td>
</tr>
<tr>
<td>Federal I.D. Number:</td>
<td>88-16200-22</td>
</tr>
<tr>
<td>Location:</td>
<td>Vinoy Park, St. Petersburg</td>
</tr>
<tr>
<td>Day 1 of Event:</td>
<td>DATES ABOVE</td>
</tr>
<tr>
<td>Time Gates Open:</td>
<td>12N</td>
</tr>
<tr>
<td>Ending Time:</td>
<td>10P</td>
</tr>
<tr>
<td>Day 2 of Event:</td>
<td></td>
</tr>
<tr>
<td>Time Gates Open:</td>
<td></td>
</tr>
<tr>
<td>Ending Time:</td>
<td></td>
</tr>
<tr>
<td>Day 3 of Event:</td>
<td></td>
</tr>
<tr>
<td>Time Gates Open:</td>
<td></td>
</tr>
<tr>
<td>Ending Time:</td>
<td></td>
</tr>
<tr>
<td>Name of the for-profit entity?</td>
<td>Cox Media Group</td>
</tr>
<tr>
<td>What month/year were you incorporated as nonprofit?</td>
<td>NA</td>
</tr>
<tr>
<td>List all 501(c)3 entities that will benefit from this event.</td>
<td>TBD</td>
</tr>
<tr>
<td>Describe how this event will contribute to the quality of life in and enhance the Image of St. Petersburg.</td>
<td>People will be able to enjoy the beautiful waterfront of Vinoy Park + live music!</td>
</tr>
<tr>
<td>Describe what economic benefit and impact this event will bring to St. Petersburg.</td>
<td>Guests from surrounding areas, both locally and regionally will come to this show - they will likely eat at restaurants, stay at hotels, use parking garages, etc.</td>
</tr>
</tbody>
</table>

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

Does your group presently have liability insurance? [X] YES  [ ] NO

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

Will there be an admission / registration fee? [X] YES  [ ] NO

Advanced Fee: $20  Day of: $40

Please provide the website address for your event: www.97xonline.com

Please provide a phone number that can be advertised to the public: 727-579-2000

What is the estimated attendance for this event? 15K+  Spectators 15K+  Participants 300  Last Year's Total Attendance 15K+
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>Mahaffey Theater</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>Which Location?</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:** Jenna Kesneck  
**Co-Sign:** Dan Connelly

**Date:** 6/27/17  
**Title:** Div. of MKTG, Prom.  
**Title:** Div. of Branding, Programming

**Note:**

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

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

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

**Please attach the following**

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</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></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>
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</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
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</tr>
<tr>
<td>Marketing</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
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</tr>
<tr>
<td>Posters / Flyers</td>
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<tr>
<td>Newspaper / Internet</td>
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</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.

TBD - We will rent generators if needed. City power has been sufficient in the past and pedastals around the park; we will provide a generator for power for stage 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.

We will be requesting a liquor permit as well as an alcohol (Beer/Wine) permit.

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

Name: [100px]
Phone: [100px]
Address (including zip): [100px]
Type of music, # of stages, and # of bands.

alt pop/alt rock music. 1 stage - approximate 8 bands.

List Vending Products. Name & Provider.

Various vendors will be selling food, beverage, t-shirts, merch, etc.

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.

Stage announcements between bands will announce Sponsors, promotions, & discuss station copy points

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

We will be setting up approx 5-6 days prior to show date. Head into park 1 hour after additional parking accommodations. Same for loadout following showdate.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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

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

Name: Jenna Rasneck  Title: By: Promotions  Date: 10/27/17
## Foreign Profit Corporation

COX RADIO, INC.

### Filing Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>FEI/EIN Number</th>
<th>Date Filed</th>
<th>State</th>
<th>Status</th>
<th>Last Event</th>
<th>Event Date Filed</th>
<th>Event Effective Date</th>
</tr>
</thead>
</table>

### Principal Address

6205-A PEACHTREE DUNWOODY RD  
ATLANTA, GA 30328  

Changed: 04/19/2016

### Mailing Address

6205-A PEACHTREE DUNWOODY RD  
ATLANTA, GA 30328  

Changed: 04/19/2016

### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301  

Name Changed: 02/12/1999  
Address Changed: 02/12/1999

### Officer/Director Detail

**Title**: President, Director  
Guthrie, Kimberly A  
6205-A PEACHTREE DUNWOODY RD  
ATLANTA, GA 30328
Title VP

VICKERS, MARY
6205-A PEACHTREE DUNWOODY RD
ATLANTA, GA 30328

Title Secretary, Director

Pryor, Juliette W
6205-A PEACHTREE DUNWOODY RD
ATLANTA, GA 30328

Title VP, Treasurer

Friedman, Maria
6205-A PEACHTREE DUNWOODY RD
ATLANTA, GA 30328

Title Vice President & Market Manager, Miami

Babin, Rob
2741 North 29 Avenue
Hollywood, FL 33020

Annual Reports

<table>
<thead>
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<th>Report Year</th>
<th>Filed Date</th>
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<tr>
<td>2015</td>
<td>04/28/2015</td>
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<tr>
<td>2016</td>
<td>04/19/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/13/2017</td>
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Document Images

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**Contract/Permit**

**Contract #:** 21007  
**Date:** 10 Jul 2017  
**User:** JSBENNIN  
**Status:** Firm

COX MEDIA LLC  
JENNA KESNECK  
11300 4TH ST N STE 300  
ST PETERSBURG FL 33716 USA

<table>
<thead>
<tr>
<th>Facility/Facility</th>
<th>Location</th>
<th>Use of beer and wine</th>
<th>Use of liquor</th>
<th>Use of Fencing</th>
<th>Use of liquor</th>
<th>Use of liquor</th>
<th>Use of liquor</th>
</tr>
</thead>
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<tr>
<td>Vinoy Park</td>
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<td>Yes</td>
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</tr>
</tbody>
</table>

**Purpose of Use:** 97X BBQ  
**Expected:** 15,000  
**Co-Sponsored Event:**  
**Contract Balance:** $330.00

**Conditions of Use:** Insurance Required

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

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

<table>
<thead>
<tr>
<th>Facility/Facility</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>Vinoy Park</td>
<td>Sat</td>
<td>19 May 2018</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>Vinoy Park</td>
<td></td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinoy Park</td>
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<td>28 May 2018</td>
<td>10:00 AM</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Vinoy Park</td>
<td></td>
<td></td>
<td>11:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>Sun</td>
<td>27 May 2018</td>
<td>08:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Vinoy Park</td>
<td></td>
<td></td>
<td>09:00 PM</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>Sat</td>
<td>02 Jun 2018</td>
<td>08:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
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<td></td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**
- Co-Sponsored Application Fee: $30.00
- Co-Sponsored Park Permit Fee (Vinoy): $300.00

**Charges:**

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$330.00</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)  
JENNA KESNECK  
COX MEDIA 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

Printed: 10 Jul 2017, 04:03 PM  
User: jsbennin
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 TDD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Mainsail Art Festival
Entity Name: Mainsail Art Festival, Inc.
Event Date(s): April 21-22, 2018
Location: Vinoy Park
Application Prepared by: Mary Bridget Nickens
Title: Steering Committee Member
Address: 2701 70th Avenue South
City: St. Petersburg
State: FL
Zip: 33712
Email Address: nickens@gmail.com
Additional Contact Person: Lisa Wells
Day Phone: 727-526-1911
What month/year were you incorporated as nonprofit? October 1993
List all 501(c)3 entities that will benefit from this event: Mainsail Art Festival, Inc. / Pinellas County Schools
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.
For more than 42 years, Mainsail has promoted and enhanced the quality of life in the City of St. Petersburg through our visual, performing and culinary arts festival. Featuring more than 250 renowned professional visual artists from around the country, we also sponsor the Young at ART program allowing Pinellas County student artists (Grades K-12 in both public and private schools) to compete for a chance to exhibit their artwork. Mainsail grants the "Young Masters Award" to 5 high school seniors. Each receives a $1,000 cash prize and a special exhibit area devoted to their creations. Mainsail is one of the most anticipated events of the spring in St. Petersburg, as visitors enjoy seeing award-winning work in Ceramics, Fiber, Glass, Jewelry, Metals, Mixed Media, Oil & Acrylic, Photography, Sculpture and Watercolors. Sunshine Artist Magazine's annual artists' survey consistently ranks Mainsail as one of the best top 50 art festivals in the United States, citing our location in Vinoy Park as one of the most beautiful settings in the country for an art festival.
Describe what economic benefit and impact this event will bring to St. Petersburg.
Mainsail draws approximately 100,000 residents from the Tampa Bay area, as well as visitors from around the country and the world. Its proximity to the bustling downtown St. Pete waterfront benefits local hotels, restaurants, shopping and entertainment venues. Mainsail awards more than $60,000 in prize money and is one of the most sought after invitations among artists. Many have found long-time collectors among our residents. Each year, nearly a dozen local businesses and arts patrons give "Purchase Awards," allowing them to support the artists while advertising their companies to festivalgoers.

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: www.mainsailart.org
Please provide a phone number that can be advertised to the public: 727-892-5885
What is the estimated attendance for this event? Spectators: 10,000 Participants: 270 Last Year's Total Attendance: 100,000
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:** We rent. Chairs # needed: We rent.

### 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:** Lisa Wells

**Co-Sign:** Mary Bridget Nickens

**Title:** Chair, 2018 Mainsail

**Date:** 7-11-17

**Title:** Mainsail Steering Committee

**Date:** 7-11-17

**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></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       ☐ 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</td>
</tr>
<tr>
<td>☑ Off-site Parking / Shuttle</td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>☐ Semitruck / Tractor Trailer</td>
<td>Regular Units 38 Disabled Units 6 Hand Washing 5</td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
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</tbody>
</table>

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.
We use an RV for our Treasurer's staging area (to collect and account for water, poster and t-shirt sales). We also use one for the performing artists. It is located near the stage. Both RVs require 30 amp service. Although we don't have food trucks in the venue, our restaurant vendors do use the power in the park for the operation of their 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?

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: Mainsail Art Festival, Inc. Phone: 727-892-5885
Address (including zip): PO Box 2842, St. Petersburg, FL 33731

Type of music, # of stages, and # of bands.
One stage - Performers vary from year to year. Usually soft-rock, blue, folk and country. Usually eight different bands perform - four each day.

List Vending Products. Name & Provider.
In addition to the food vendors Mainsail sells posters, t-shirts and water. In 2017, water was provided in part by Zephyrhills. Various food vendors include long-time local restaurant and festival vendors (Pipo's Cuban, Island Noodles and Southern Yankee Barbecue). We are always trying to include more local restaurants, who see this is a chance for residents to try their food and then visit their local businesses.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.
Great Bay Distributors (2750 Valpak Ave. N., St. Petersburg, FL 33716 / 727-584-8626

Explain subject/purpose of all speeches/demonstrations which will occur.
No speeches. Performers are announced from the performing arts stage. Some artists may work on pieces in their booths, and last year we welcomed the glass blowing demonstration presented by Duncan McClellan and participating artists from the DMG School Project.

Discuss your load in/load out parking needs, include times and dates.
Beginning mid-week, the city helps us to prepare the park as tents are delivered for food vendors and the entertainment stage is set up. The Jr. League's "Kids Create" tent is erected, as well as the tent that will house the artwork of students featured in the "Young at ART" exhibit. Artists' check-in will begin at approximately 1 pm on Friday, April 20. On Sunday, April 22, no artists or food vendors will be allowed to bring in vehicles to load up and clear out until the "all clear" is given by the Fire Department Services.
Other Comments: Please describe your fee structure.

Artists pay a $35 fee when they apply for consideration to be included in the show. Once accepted, they pay a fee for their booth space which currently is $325 (single booth) or $700 (double booth). We limit the number of double booths to approximately 30.

Other comments:

When the City of St. Petersburg began the Mainsail Art Festival in 1976 (then known as the St. Petersburg Sidewalk Arts & Colonial Crafts Festival), only about 100 artists were featured at its original South Straub Park location. Volunteers still serve on this committee who were part of that first festival, and they have worked hand-in-hand with the City as the event has grown ever larger, moving to North Straub Park and then to Vinoy Park. Mainsail boasts one of the best reputations of any fine art festival in the U.S., fitting for a city that also is recognized as one of the best cultural and arts scenes in the southeast. Mainsail is the original arts-related economic presence in downtown St. Pete, offering a much-anticipated annual cultural event that brings thousands to the waterfront and nearby destinations. It is a love of community and a recognition of the importance of historic traditions that keep this non-profit organization - run by an all-volunteer committee - dedicated to ensuring that this long-running, well-regarded festival continue for a 43rd year, and we appreciate the City of St. Petersburg's support in that endeavor.

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: Mary Bridget Nickens              Title: Steering Committee Member              Date: July 11, 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>Mainsail Art Festival, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Lisa Wells</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>2018 Mainsail Chair</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1311 Monticello Blvd. N., St. Petersburg, FL 33703</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-892-5885</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:artist@mainsailart.org">artist@mainsailart.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-2650459</td>
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</tbody>
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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td></td>
</tr>
</tbody>
</table>

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Contact Name: Mary Bridget Nickens
Address: 2701 70th Avenue South
City, State, Zip: St. Petersburg, FL 33712

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

<table>
<thead>
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<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. Artist Fees</td>
<td>$122,103.70</td>
</tr>
<tr>
<td>2. Concessions</td>
<td>$53,000.93</td>
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<tr>
<td>3. Sponsorships</td>
<td>$5,800.00</td>
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<tr>
<td>4. Culinary Arts Vendors</td>
<td>$15,715.00</td>
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<tr>
<td>5. Interest</td>
<td>$4.74</td>
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<tr>
<td>6. Misc. Income (from ATM machines on site)</td>
<td>$165.47</td>
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<tr>
<td>7.</td>
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<td>8.</td>
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</table>

**TOTAL GROSS REVENUE** $196,789.84

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. Administrative Costs</td>
<td>$20,786.43</td>
</tr>
<tr>
<td>2. Performing Arts</td>
<td>$12,671.48</td>
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<tr>
<td>3. Judging &amp; Awards</td>
<td>$64,565.38</td>
</tr>
<tr>
<td>4. Concessions &amp; Promotions</td>
<td>$18,790.71</td>
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<tr>
<td>5. Publicity/Advertising/Web/Printing/Event Support Costs (Rentals &amp; Security)</td>
<td>$19,923.23</td>
</tr>
<tr>
<td>6. City, Permits, Sales Tax, Insurance</td>
<td>$52,029.96</td>
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<tr>
<td>7. Refunds</td>
<td>$1,500.00</td>
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<td>8. Young at ARt</td>
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</tbody>
</table>

**TOTAL OPERATING EXPENSES** $197,246.61

**TOTAL NET INCOME** $(456.77)

## 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>1. N/A</td>
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</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Cathy Hakes, Mainsail Treasurer

Date: July 11, 2017
Date: OCT 7 1993

MAINSAIL ART FESTIVAL INCORPORATED
PO BOX 2842
ST PETERSBURG, FL 33731

Dear Applicants:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Paul Williams
District Director
If notice that you will no longer be treated as a publicly supported organization is published in the Internal Revenue Bulletin, grantors and contributors may not rely on this determination after the date of such publication. In addition, if you lose your status as a publicly supported organization and a grantor or contributor was responsible for, or was aware of, the act or failure to act that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act.

Also, if a grantor or contributor learned that the Service had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date such knowledge was acquired.

If your sources of support, or 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 and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are 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, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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.

You are required to file Form 990, Return of Organization Exempt From Income Tax, only 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. A penalty of $10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

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, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unre-
Florida Not For Profit Corporation
MAINSAIL ART FESTIVAL, INCORPORATED

Filing Information
Document Number: N11835
FEI/EIN Number: 59-2650459
Date Filed: 10/31/1985
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 02/17/1989
Event Effective Date: NONE

Principal Address
1311 Monticello Blvd. No.
ST PETERSBURG, FL 33703

Changed: 01/11/2017

Mailing Address
717 LUTHER PALMER ROAD
CLEVELAND, GA 30528

Changed: 07/17/2007

Registered Agent Name & Address
Wells, Lisa, CHAIR
2701 70 Ave. So
ST. PETERSBURG, FL 33712

Name Changed: 01/11/2017

Address Changed: 01/08/2015

Officer/Director Detail
Name & Address
Title TR
HAKES, CATHY
717 LUTHER PALMER ROAD
CLEVELAND, GA 30528
Title DIR

FISHER, GREGORY H
5520 FIRST AVE N.
ST PETERSBURG, FL 33710

Title DIR

FERGUSON, JANE
4838 PARADISE WAY SO
ST. PETERSBURG, FL 33705

Title DIRECTOR

NICKENS, BRIDGET
2701 70TH AVE SO
ST. PETERSBURG, FL 33712

Title DIR

Osterland, Stevie S
5219 19th Ave No.
St. Petersburg, FL 33710

Annual Reports

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Document Images

- 01/11/2017 - ANNUAL REPORT
- 01/26/2016 - ANNUAL REPORT
- 01/08/2015 - ANNUAL REPORT
- 01/24/2012 - ANNUAL REPORT
- 02/03/2011 - ANNUAL REPORT
- 01/26/2010 - ANNUAL REPORT
- 01/12/2009 - ANNUAL REPORT
- 01/13/2008 - ANNUAL REPORT
- 07/17/2007 - ANNUAL REPORT
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- 01/11/2005 - ANNUAL REPORT
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- 01/27/2001 - ANNUAL REPORT
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<td>03/13/1995</td>
<td>ANNUAL REPORT</td>
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</table>
Contract/Permit

Contract #: 21039
Date: 13 Jul 2017

MAINSAIL ART FESTIVAL INC
BRIDGET NICKENS
2701 70TH AVE S
ST PETERSBURG FL 33712 USA

Purpose of Use: MAILSAIL ART FESTIVAL
Expected: 100,000
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 Times(s) of Use:
Starting: Sat 21 Apr 18 06:00 am
Ending: Sun 22 Apr 18 09:00 pm

Facility/Equipment Day Date Time Fee Extra Fee Tax Total
Vinoy Park Sat 21 Apr 18 06:00 AM $0.00 $0.00 $0.00 $0.00
Vinoy Park 22 Apr 18 09:00 PM $0.00 $0.00 $0.00 $0.00

Additional Fees:
Extra Fee Quantity Charge Tax Total
Co-sponsored Application Fee 1 $30.00 $0.00 $30.00
Co-sponsored Park Permit Fee (Vinoy) 2 $600.00 $0.00 $600.00
Total $630.00

Charges:
Fees Extra Fees Tax Total Deposit Total Applied Contract Balance Account Balance
$ 0.00 $630.00 $0.00 $630.00 $0.00 $630.00 $0.00

Balance of rental due and payable immediately.

Payments:
Date Amount Payment Type Reference Receipt Number
13 Jul 2017 $630.00 Check Rental 2857450

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): BRIDGET NICKENS
(Print Name) MAINSAIL ART FESTIVAL 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:

Approved or Rejected Date:

Printed: 13 Jul 2017, 10:21 AM
User: jsbennin
Contract/Permit

Contract #: 21039
Date: 13 Jul 2017

User: JSBENNIN
Status: Firm

Manager

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<tr>
<th>Approved</th>
<th>Rejected</th>
<th>Date:</th>
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</table>

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**

# Description | Amount
---|---
Previous Balance | $630.00

**Applied To:** 21039 - MAILSAIL ART FESTIVAL  
Vinoy Park - Vinoy Park  
April 21, 2018  6:00 am to April 22, 2018  9:00 pm  

Payment: Check  

$(630.00)$  

Balance | $0.00
Event Title: Awakening into the Sun Health & Arts Spring Festival
Entity Name: Awakening into the Sun, Inc
Event Date(s): March 3 and 4th, 2018
Location: South Straub Park
Day 1 of Event: March 3/4
Time Gates Open: 9:00 AM
Ending Time: 6:00 PM
Day 2 of Event: March 4/5
Time Gates Open: 10:00 AM
Ending Time: 6:00 PM
Day 3 of Event: March 4/5
Application Prepared by: Maria T. Caramaniza
Phone: 727-688-1921
Title: President
Address: 2915 75th North
City: St. Petersburg
State: FL
Zip: 33704
Email Address: CaramanizaMite@Hotmail.com
Additional Contact Person: John A. DeLugers
Day Phone: 508-801-6394
What month/year were you incorporated? October 2013
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.

"There is increasing recognition of the benefits for everyone of having the chance to take part more actively in the arts and the impact of participation in our physical and mental health and well being. The community arts and health education stresses the importance of approaches that increase participants confidence and allow everyone to take part whatever their level of competence and experience.

Events aim to help innovators and small businesses.
Community events help to market small business.
Small vendors will get to interact and meet members of the community and visa versa! Spring Break!
Bring people from other areas increasing more income to the 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?
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.awakeningintothesun.org
Please provide a phone number that can be advertised to the public. 727-565-2214
What is the estimated attendance for this event? Spectators: 2,000 Participants: 75 Last Year's Total Attendance: 2,500
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></td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td># Bleachers 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>Chairs # needed</td>
<td></td>
<td></td>
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<tr>
<td>Public Address System</td>
<td></td>
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<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
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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: Maria T. Carranza
Co-Sign: John A. de Regeris
Title: President
Title: Ass. President
Date: July 12, 2017
Date: July 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>
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<tbody>
<tr>
<td>[x] Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>[x] Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>[x] Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
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<tr>
<td>[x] Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>[x] 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>
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<td>[x] Erection of 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>Fire Inspection Permit</td>
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<tr>
<td>[x] Open Flame Food Preparation</td>
<td>Parade or Street Closure Permit(s)</td>
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<tr>
<td>[x] Pyrotechnics</td>
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<tr>
<td>[x] Require Street Closure</td>
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<td>[x] VIP Area</td>
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<td>[x] Staging</td>
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<td>[x] Amplified Sound</td>
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<td>[x] Security</td>
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<td>[x] 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>[x] Portable Radios</td>
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Marketing: Please check all that apply.

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<tr>
<th>Invitations</th>
<th>Radio</th>
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<tbody>
<tr>
<td>Posters / Flyers</td>
<td>Television maybe</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:  

[Additional options]

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  

If YES, if needed. 

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

- YES  
- NO  

If YES, who?  

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

________________________________________________________________________

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

Name:  

[Name]

Address (including zip):  

[Address]

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

- Mostly soft music with natural instruments - flutes
- Singers fitness performers (exercise)
- A stage for music maybe a second one for speakers (facing the water)

List Vending Products. Name & Provider.

- Vendors and products will be health and arts and craft products made, holistic services and workshops like yoga, medical Qi Gung...

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.

________________________________________________________________________

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: MARIJ T. CARRANZA
Title: President
Date: July 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: 
Awakening into the Sun, Inc

Name of Responsible Party (President or CEO ONLY):
MARI A J. CARRANZA

Title of Responsible Party: President

Physical Address of Responsible Party: 2915 75th North St. Petersburg, Fl. 33704

Phone Number of Responsible Party: 727-688-1921 Personal 727-565-2214 Organization

Email Address of Responsible Party: CARRANZAMITE @ hotmail. com

Nonprofit (Employee Identification Number): 45-4064670

Name of the For-profit Corporation: N/A

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number):

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

What method of invoicing would your organization prefer?

☑️ BY Mail

Contact Name

Address

City, State, Zip

☑️ BY EMAIL

Email Address: CARRANZAMITE @ hotmail. com
# APPENDIX C

## STATEMENT OF REVENUE AND EXPENSES FORM

**PRIOR YEAR'S EVENT**<br>
(Must be completed)

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

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**TOTAL GROSS REVENUE**

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

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<td>Park &amp; Staff</td>
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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: [Signature]

Date: 7-12-2017
**CITY OF ST. PETERSBURG/COMMUNITY AFFAIRS DIVISION**

**ACCESSIBILITY CHECKLIST AND EVENT APPLICATION**

Event Name: ____________________________

Event Location: ____________________________

Event Representative: ____________________________

Address: ____________________________

Phone: _______ Fax: _______ E-Mail: _______

Event Website: ____________________________

---

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:**

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

      **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: ________________________
   
   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) 892-6259 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: ___________________________ Phone: ___________________________

   Email Address: ___________________________ 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:

   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
AWAKENING INTO THE SUN, INC.

Filing Information

Document Number: N13000009904
FEI/EIN Number: 46-4064670
Date Filed: 10/31/2013
State: FL
Status: ACTIVE

Principal Address
2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704

Mailing Address
2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704

Registered Agent Name & Address
Carranza, Maria
2915 7th St N
St Petersburg, FL 33704

Name Changed: 01/24/2017
Address Changed: 01/24/2017

Officer/Director Detail
Name & Address

Title PSD
CARRANZA, MARIA T
2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704

Title D
DERUGERIS, JOHN
2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity...  7/13/2017
Carranza, Norma
2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704

**Annual Reports**

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<tr>
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<td>04/14/2016</td>
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**Document Images**

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Contract/Permit

Contract #: 21040
Date: 13 Jul 2017
User: JSBENNIN
Status: Firm

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

Purpose of Use: AWAKENING INTO THE SUN HEALTH AND ART
Expected: SPRING FEST.

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 03 Mar 18 06:00 am
Ending: Sun 04 Mar 18 09:00 pm

Facility/Equipment

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<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>03 Mar 2018</td>
<td>06:00 AM</td>
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<td>$0.00</td>
<td>$0.00</td>
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<tr>
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<td>09:00 PM</td>
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Additional Fees:
- Co-Sponsored Application Fee
- Co-Sponsored Park Permit Fee


Charges:

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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) MARIA CARRANZA
AWAKENING INTO THE SUN INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

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

Manager

Supervisor II / Foreman

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

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<td>Payment: Check</td>
<td>($30.00)</td>
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<tr>
<td>Balance</td>
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**Event Title:** St Pete Earth Day  
**Entity Name:** Chart 411, Inc.  
**Phone No.:** 813-505-3061  
**Federal I.D. Number:** 45-5338192

**Event Date(s):**  
Day 1 of Event: April 21, 2018  
Day 2 of Event:  
Day 3 of Event:  
**Location:** Historic Williams Park

**Application Prepared by:** Lucinda Johnston  
**Title:** Executive Director  
**Address:** 1017 9th Ave North  
**City:** St Petersburg  
**State:** FL  
**Zip:** 33705

**What month/year were you incorporated as nonprofit?**  
05/2012

**List all 501(c)3 entities that will benefit from this event.** Multiple Nonprofits that are able to participate for a small fee or free of charge.

**Name of the for-profit entity?**  
To many to list

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

Earth Day is the largest civic celebration in the world, involving more than a billion people in 200 countries. As Florida's first “green city,” it is fitting that St. Petersburg celebrate its commitment to sustainability, showcase its own accomplishments in environmental stewardship, and continue to educate the public about sustainable living. This event also fosters healthy, outdoor activity, including a “Go Outside and Play” area that is linked to the city's Parks and Recreation Department and Healthy St. Pete initiatives. St. Petersburg’s Earth Day combines recreation, education, and earth-friendly businesses in order to model an integrated approach to green living in a beautiful outdoor setting.

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

The 2017 Earth Day celebration in Williams Park involved more than 160 exhibitors, businesses, nonprofits, food vendors, and advocacy groups. Fees are kept low to encourage small businesses and eco-friendly start-ups to promote their goods and services to a large audience of committed consumers; nonprofits pay little or nothing to participate. Local artists, musicians and makers also demonstrated their arts or crafts on the stage or in exhibit booths, thereby introducing St. Petersburg’s rich talent pool to attendees.

The attendees filled parking garages, used ride share and the public transit system (some for the first time), and patronized the businesses surrounding Williams Park. The 2018 celebration is expected to be somewhat larger and likely to produce similar, productive economic activity.

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.Earthdaysp.com

**Please provide a phone number that can be advertised to the public.** 813-505-3061

**What is the estimated attendance for this event?**  
Spectators:  
Participants: 3000  
Last Year's Total Attendance: 3500

---

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

**Recreation Equipment**
- Showmobile (Yes/No): No
- # Bleachers needed: Each bleacher approx. 180 people
- Tables (6 ft) # needed: 100
- Chairs # needed: 200
- Public Address System: Yes
- # of portable risers needed: 3

**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:** [Signature]  
**Title:** Executive Director  
**Date:** 07/12/2017

**Co-Sign:** [Signature]  
**Title:** Chair of Board  
**Date:** 07/12/2017

**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.

**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)

- How many?
- How many?
- What type?
- What structure?
- Professional
- Showmobile
- Other
- Performers
- Announcement Only
- Daytime - Private
- Overnight - Private
- Event Time Frame - SPPD
- Regular Units
- Disabled Units
- Hand Washing
- 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 pretty familiar with the electrical system in Historic Williams Park and didn’t have any problems last year.

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

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.

Folk or Bluegrass

List Vending Products. Name & Provider.

Artists
Food Products
Plants
Green Living Products

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.

Some presentations will be made on the topic of green living and sustainability.

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

A very limited number of vendors may need to drive into the park. I super careful with Bob’s grass and the Kettle Korn guy who dumped grease on the grass is not invited back.
Other Comments: Please describe your fee structure.

- Vendors will be charged a fee of $125-150
- Food Vendors will be charged a fee of $200-250
- Nonprofits will pay no more than $50 and most will be granted a waiver.

Other comments:

Thanks for all of your help.

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: Lucrenda Johnson  Title: Executive Director  Date: 07/12/2017
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: Chart 411, Inc.
Name of Responsible Party (President or CEO ONLY): Howard Johnston
Title of Responsible Party: Chair of Board
Physical Address of Responsible Party: 348 11th Ave NE, St Petersburg, FL 33701
Phone Number of Responsible Party: 813-240-2620
Email Address of Responsible Party: Howard@Chart411.com (please copy Ljohnston@chart411.com)
Nonprofit (Employee Identification Number): 45-5338192

Name of the For-profit Corporation: None
Name of Responsible Party (President or CEO ONLY): 
Title of Responsible Party: 
Physical Address of Responsible Party: 
Phone Number of Responsible Party: 
Email Address of Responsible Party: 
For-profit (Employee Identification Number) 

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

What method of invoicing would your organization prefer?

□ BY Mail
Contact Name
Address
City, State, Zip

☑ BY EMAIL
Email Address: Ljohnston@chart411.com
Detail by Entity Name
Florida Not For Profit Corporation
CHART 411, INC.

Filing Information
Document Number: N12000004982
FE/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/O
JOHNSTON, HOWARD
348 11th Ave NE
St. Petersburg, FL 33701
Title ED
JOHNSTON, LUCINDA L  
111 Second Ave NE  
Suite 325  
St. Petersburg, FL 33701

Title D

Hansford, Geneva  
73 W Main Street  
Lakeland, GA 31635

Title Director

Dixon, Christopher R  
644 4th Ave S.  
#6  
St Petersburg, FL 33701

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>04/30/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/31/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/26/2017</td>
</tr>
</tbody>
</table>

Document Images

- 04/26/2017 -- ANNUAL REPORT  
- 03/31/2016 -- ANNUAL REPORT  
- 04/30/2015 -- ANNUAL REPORT  
- 03/31/2014 -- ANNUAL REPORT  
- 04/30/2013 -- ANNUAL REPORT  
- 07/17/2012 -- Amendment  
- 05/17/2012 -- Domestic Non-Profit
Contract/Permit

Contract #: 21041  
Date: 13 Jul 2017  
User: JSBENNIN  
Status: Firm  
Primary #: (813) 505-3061  
Secondary #: (727)  
Other #: ()

CHART 411  
LUCINDA JOHNSTON  
1017 9TH AVE N  
ST PETERSBURG FL 33701 USA

Purpose of Use: ST PETE EARTH DAY  
Expected: 4,000  
Co-Sponsored Event:  
Contract Balance: $5.00

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 21 Apr 18 06:00 am  
Ending: Sat 21 Apr 18 09:00 pm

Facility/Equipment  
Day  
Date  
Time  
Fee  
Extra Fee  
Tax  
Total

Williams Park  
Sat 21 Apr 2018  
06:00 AM  
$0.00  
$0.00  
$0.00  
$0.00

Bandshell  
09:00 PM  
$0.00  
$0.00  
$0.00  
$0.00

Williams Park  
Sat 21 Apr 2018  
06:00 AM  
$0.00  
$0.00  
$0.00  
$0.00

Park  
09:00 PM  
$0.00  
$0.00  
$0.00  
$0.00

Additional Fees:  
Extra Fee  
Quantity  
Charge  
Tax  
Total

Co-Sponsored Application Fee  
1  
$30.00  
$0.00  
$30.00

PKS Application Processing Fee  
1  
$30.00  
$0.00  
$30.00

$60.00

Charges:  
Fees  
$0.00  
Extra Fees  
$60.00  
Tax  
$0.00  
Total  
$60.00  
Deposit  
$0.00  
Total Applied  
$55.00  
Contract Balance  
$5.00  
Account Balance  
$5.00

Balance of rental due and payable immediately.

Payments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 Feb 2017</td>
<td>$25.00</td>
<td>Check</td>
<td>Rental</td>
<td>2737102</td>
</tr>
<tr>
<td>13 Jul 2017</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2857500</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): LUCINDA JOHNSTON

(Print Name): CHART 411

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.
# Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$35.00</td>
</tr>
<tr>
<td>Applied To: 21041 - ST PETE EARTH DAY</td>
<td>$30.00</td>
</tr>
<tr>
<td>Williams Park - Park</td>
<td></td>
</tr>
<tr>
<td>April 21, 2018 6:00 am to April 21, 2018 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$5.00</td>
</tr>
</tbody>
</table>
**Event Title:** WUSF Public Media The Longest Table  
**Phone No.:** 800-288-0854  
**Federal I.D. Number:** 59-0879015

**Entity Name:** University of South Florida Foundation, Inc.  
**Fax No.:** 941-556-0990

**Event Date(s):** April 12, 2018  
**Location:** Bay Shore Dr NE

**Day 1 of Event:** 9:00 AM  
**Time Gates Open:** 5:00 PM  
**Ending Time:** 11:00 PM

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

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

**Application Prepared by:** Brian James Wiggins  
**Phone:** 800-288-0854 ext 312

**Title:** Chief Event Officer  
**Cell Phone:** 941-713-4621

**Address:** PO Box 20251  
**City:** Bradenton  
**State:** FL  
**Zip:** 34204

**Email Address:** brian@brianwiggins.com

**Additional Contact Person:** JoAnn Urofsky  
**Day Phone:** 813-974-8622

**What month/year were you incorporated as nonprofit?** September 16, 1960

**List all 501(c)3 entities that will benefit from this event.** USF Foundation, Inc. for the benefit of WUSF Public Media

**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.**

See attached event detail statement.

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

See attached event detail statement.

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:** TBD  
**Day of:** TBD

**Please provide the website address for your event.** wusf.org/longesttable

**Please provide a phone number that can be advertised to the public.** 800-661-0823

**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>1000</td>
<td>1200</td>
<td>1200</td>
</tr>
</tbody>
</table>
Please check the equipment and/or facilities you are requesting.

**Recreation Equipment**
- Showmobile (Yes/No): NO
- # Bleacher(s) needed: 0
- Tables (6 ft) #: 0
- Public Address System: NO

**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: Chief Event Officer Date: 7/12/2017

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

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</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></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.

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

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.

NO

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

Name: Mixon and Wiggins, LLC Brian James Wiggins  Phone: 800-288-0854

Address (including zip): PO Box 20251

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.

TBD

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

Welcome guest and provide instructions

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

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

This is a ticketed event.... reservations are highly recommended for this event but not required.

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: Chief Event Officer Date: 7/12/2017
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 Nonprofit Corporation:</th>
<th>University of South Florida Foundation, Inc. for the benefit of WUSF Public Media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>JoAnn Urofsky</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4202 East Fowler Avenue Tampa, FL 33620-6870</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-974-8622</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:jurofsky@wusf.org">jurofsky@wusf.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-0879015</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 the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

- [ ] BY Mail

  Contact Name
  Address
  City, State, Zip

- [ ] BY EMAIL

  Email Address: brian@brianwiggins.com
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: WUSF Longest Table
Date(s) of Event: 4/12/2018 - 4/12/2018

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

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

TOTAL GROSS REVENUE

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

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

TOTAL OPERATING EXPENSES
TOTAL NET INCOME

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

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

TOTAL ALLOCATION OF NET INCOME

Prepared by: Brian James Wiggins and Tim Smith
Date: 7/12/2017
Event Details
WUSF Public Media Presents
The Longest Table

The Longest Table, benefiting WUSF Public Media, is a dining event that showcases prix fixe menus paired with custom adult beverages from the area’s finest restaurants. Diners enjoy an epicurean experience at grandly set tables right down the middle of Bayshore Drive in St. Petersburg. This is the fourth annual Longest Table and is a fundraising event for WUSF Public Media.

Where & When
Location: Downtown St. Petersburg on Bayshore Drive NE from the Museum of Fine Arts to the Vinoy
Date: Thursday, April 12, 2018 (Rain Date: Friday, April 13, 2018)
Time: 5:30 Check in - 6:15 pm Grand Toast - 6:30 pm Dinner Begins
Ticket Price: Depends on the restaurant you choose
Attire: Evening casual
Event Beneficiary: WUSF Public Media

Reservations Required
Menus for each of the participating restaurants are available online at www.wusf.org/longesttable (available 2/12/18). Please select your dining experience and reserve your seat at www.wusf.org/longesttable or by calling (800) 661-0823. Seating is limited. Guests must be 21 or older. Last day to reserve seating is April 6, 2018.

Check in and Seating
On the evening of April 12, 2018, make your way to the designated check in area starting at 5:30 pm midway between the Museum of Fine Arts and the Vinoy with your reservation confirmation and pick up your tickets. From there a host or hostess will direct you to your restaurant’s area.

Parking
Public parking lots and garage parking are available. Bay Shore Drive NE from the Museum of Fine Arts to the Vinoy will be closed during the event. Side streets will remain open for vehicle access. Visit downtown St. Petersburg at www.stpete.org for more information.

Shopping
Downtown St. Petersburg, our host city, invites you to arrive early and explore the vibrant, charming downtown area filled with unique boutiques and galleries that make this a one-of-kind destination.
<table>
<thead>
<tr>
<th>Income</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue from 996 tickets sold $120,485; Estimated revenue per EBA $69,300 (525 tickets at $132) (over budget $51,185); Revenue from Corporate sponsorships $11,500; EBA estimated $12,500 (under budget $1,000); Revenue from individual sponsorships $15,430; EBA estimated $10,000 (over budget $5,430); QTEGO Net Auction Revenue $18,214; EBA estimated net proceeds $12,000 (over budget $6,214)</td>
<td></td>
</tr>
<tr>
<td>5027 - Events</td>
<td>$185,628.70</td>
</tr>
</tbody>
</table>

**Total Income**: 165,628.70

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designer at Large Ads $5,578; Stephen Glass Photography $350; Consulting Services (Mixon and Wiggins $4,000)</td>
<td></td>
</tr>
<tr>
<td>6003 - Professional Services</td>
<td>$9,928.35</td>
</tr>
<tr>
<td>6005 - Materials, Supplies, &amp; Equipment-Other</td>
<td>$4,599.00</td>
</tr>
<tr>
<td>Skyline Suncoast Display (banner) $4,599</td>
<td></td>
</tr>
<tr>
<td>8014 - Printing &amp; Duplication</td>
<td>$1,602.00</td>
</tr>
<tr>
<td>Printing $1,602</td>
<td></td>
</tr>
<tr>
<td>6015 - Travel</td>
<td>$291.45</td>
</tr>
<tr>
<td>Travel reimbursements $291</td>
<td></td>
</tr>
<tr>
<td>Food expenses $104,659; EBA estimated $62,000 (over budget $42,659); Photography (Mixon and Wiggins) $750; Portable Restrooms $3,000; Bar Services $1,550; Valet Parking $400; Rental of tents, tables, and chairs $5,738; Award plates $259; Miscellaneous (permits, promotional flyers, paper for tickets, etc...) $445; City of St. Pete services $1,300 (estimated - invoice not received yet)</td>
<td></td>
</tr>
<tr>
<td>6050 - Special Events</td>
<td>$118,100.95</td>
</tr>
</tbody>
</table>

**Total Expenses**: 134,221.76

**Total Net Income**: $31,106.94
Additionally it should be noted the internal payroll costs associated with the 32 staffers that attended the event are not included in the figures above. The estimated cost of these staffers amounts to $17,354 (including benefits) calculated as follows:

<table>
<thead>
<tr>
<th># Employees</th>
<th>Hrs.</th>
<th>Avg Hrly Rate</th>
<th>Rate</th>
<th>Fringe 34%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>40</td>
<td>$45.63</td>
<td>$7,300.80</td>
<td>$2,482.27</td>
<td>$9,783.07</td>
</tr>
<tr>
<td>2</td>
<td>30</td>
<td>$26.48</td>
<td>$1,588.80</td>
<td>$540.19</td>
<td>$2,129.99</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>$21.57</td>
<td>$431.40</td>
<td>$129.49</td>
<td>$1,156.35</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>$21.98</td>
<td>$419.60</td>
<td>$125.84</td>
<td>$1,175.13</td>
</tr>
<tr>
<td>20</td>
<td>4</td>
<td>$28.89</td>
<td>$1,155.60</td>
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PHOTO’S FROM
2017 WUSF LONGEST TABLE EVENT
DOWNTOWN ST PETERSBURG, FL
Detail by Entity Name

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

Filing Information

Document Number  701392
FEI/EIN 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
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Contract/Permit

Contract #: 21042
Date: 13 Jul 2017
User: JSBENNIN
Status: Firm

MIXON & WIGGINS LLC
BRIAN WIGGINS
PO BOX 20251
ST PETERSBURG FL 34204 USA

Primary #: (941) 556-0999
Secondary #: ()
Other #: ()

Purpose of Use: WUSF PUBLIC MEDIA THE LONGEST TABLE
Expected: 1,500
Co-Sponsored Event
Contract Balance $200.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Thu 12 Apr 18 03:00 pm
Ending: Thu 12 Apr 18 11:00 pm

Facility/Equipment
North Straub Park
Park

Day Date Time Fee Extra Fee Tax Total
Thu 12 Apr 2018 03:00 PM $0.00 $0.00 $0.00 $0.00
11:00 PM

Additional Fees:
- Co-Sponsored Application Fee: 1 $30.00 $0.00 $30.00
- Co-Sponsored Park Permit Fee: 1 $200.00 $0.00 $200.00

Total $230.00

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

Deposit $0.00
Total Applied $30.00
Contract Balance $200.00
Account Balance $200.00

Balance of rental due and payable immediately.

Payments:
Date Amount Payment Type Reference Receipt Number
13 Jul 2017 $30.00 Check Rental 2857534

Additional Notes:

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

By: (Sign Name) BRIAN WIGGINS
(Mixon & Wiggins 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

Approved or Rejected Date:

Supervisor II / Foreman
Approved or Rejected Date:

Manager

Printed: 13 Jul 2017, 11:05 AM
User: jsbennin
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

MIXON & WIGGINS LLC
BRIAN WIGGINS
PO BOX 20251
ST PETERSBURG, FL 34204 USA

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

Applied To: 21042 - WUSF PUBLIC MEDIA THE LONGEST TABLE
North Straub Park - Park
April 12, 2018 3:00 pm to April 12, 2018 11:00 pm

Payment: Check                                   ($30.00)

Balance                                          $200.00

Receipt #:2857534
User: JSBENNIN
Issued: Thu 13 Jul 17 11:04 am

APPROVED REFUNDS ARE BY CHECK ONLY
**Heroes Memorial 5k/10k Run**

**Entity Name:** Heroes of the St. Pete Police, Inc.

**Event Date(s):** March 23, 2018

**Location:** Demens Landing Park

**Time Gates Open:** 3:00pm

**Ending Time:** 10:00pm

**Application Prepared by:** Dawn M Peters

**Title:** Race Coordinator & Board Member

**Address:** 1100 2nd Ave S Suite #600

**City:** St. Petersburg

**State:** FL

**Zip:** 33701

**Email Address:** dawnmp01@hotmail.com

** WHAT IS THE ESTIMATED ATTENDANCE FOR THIS EVENT? **

<table>
<thead>
<tr>
<th>Spectators</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>500</td>
</tr>
</tbody>
</table>

**Last Year's Total Attendance:** 460

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

- **Spectators:**
- **Participants:** 500

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

- Heroes of the St. Pete Police

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

This is a 5K & 10K race as well as a 1 mile walk to encourage citizens to support the families of our fallen officers, and a way for our officers to honor our fallen officers.

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

This event will bring individual to downtown St. Petersburg to enjoy our downtown area.

**Does your group presently have liability insurance?**

- **YES**
- **NO**

**How much?**

- Obtaining $2 million in coverage

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

- **YES**
- **NO**

**Advanced Fee:**

- $30
- $35

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

- **YES**
- **NO**

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

- heroesofthestpetepolice.org

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

- 727-410-0646

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

- **Spectators:**
- **Participants:** 500

**Last Year's Total Attendance:** 460
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 [ ] 20

Chairs # needed [ ] 100

Public Address System

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

Special Events Facilities

[ ] Non-City Locations

- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

Which Location?

[ ] Demens Landing 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: [ ] Co-Sign: [ ]

Title: Race Coordinator

Date: 7/11/2017

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
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
- [ ] 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
- [x] VIP Area
- [ ] Staging
- [ ] 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
- 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 TBA
- Disabled Units TBA
- Hand Washing TBA

### Marketing:

- Please check all that apply.
- [ ] 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.
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.

Speakers for sound and lighting

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: Heroes of the St. Pete Police Inc. Phone: 727-410-0646
Address (including zip): 100 2nd Ave Sout, Suite 600, St. Petersburg, FL 33701

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

The four risers supplied by the city, top 40’s family friendly type music, through speakers. No bands.

List Vending Products. Name & Provider.

TBA

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

Heroes of the St. Pete Police Inc.
100 2nd Ave South, Suite 600
St. Petersburg, FL 33701

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

Only speeches are a thank you to attendees and sponsors,

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

Parking along city streets and lots and use of AI Lang parking (if approved by Edwards group). We expect participants to begin arriving at 1600 hours and departing 19:00-21:00 hours
Other Comments: Please describe your fee structure.

Participant Registration:
10K Runners - $35 Pre event increasing gradually to $50 day of event
5k Runners - $30 pre event increasing gradually to $45 day of event
1 mile walkers - $25 pre event gradually increasing to $30 day of event

Other comments:
All about listed fees are subject to a slight increase. These fees are based on last years fees and structure.

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: Race Coordinator Date: 7/11/2017
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>
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<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Heroes of the St. Pete Police, Inc.</th>
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<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>James Newman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>100 2nd Ave South, Suite 600, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-321-6161 ext 230</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:jnewman@gsspa.com">jnewman@gsspa.com</a></td>
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<tr>
<td>Nonprofit (Employee Identification Number):</td>
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<td>Name of Responsible Party (President or CEO ONLY):</td>
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<td>Title of Responsible Party:</td>
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<td>Physical Address of Responsible Party:</td>
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<td>Email Address of Responsible Party:</td>
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<tr>
<td>For-profit (Employee Identification Number):</td>
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**Please include a copy of the the current IRS Nonprofit Affidavit / For Profit**

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [x] BY EMAIL

Contact Name: ____________________________
Address: ____________________________
City, State, Zip: ____________________________

Email Address: jnewman@gsspa.com; dawnmp01@hotmail.com
**Detail by Entity Name**

Florida Not For Profit Corporation

HEROES OF THE ST. PETE POLICE, INC.

**Filing Information**

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**Principal Address**

C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701

**Mailing Address**

C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701

**Registered Agent Name & Address**

NEWMAN, JAMES G
100 2ND AVENUE SOUTH
SUITE 600
ST. PETERSBURG, FL 33701

Name Changed: 10/20/2004

Address Changed: 10/20/2004

**Officer/Director Detail**

**Name & Address**

**Title Treasurer**

NEWMAN, JAMES G
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701
NEWMAN, JAMES G
100 -2ND AVENUE SOUTH STE 600
ST. PETERSBURG, FL 33701

Title Secretary

PUNZAK, DAVID
100 - 2ND AVENUE SOUTH STE 600
ST. PETERSBURG, FL 33701

Annual Reports

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Document Images

- 01/10/2017 – ANNUAL REPORT
- 02/04/2016 – ANNUAL REPORT
- 01/09/2015 – ANNUAL REPORT
- 01/10/2014 – ANNUAL REPORT
- 01/24/2013 – ANNUAL REPORT
- 01/08/2012 – ANNUAL REPORT
- 02/21/2011 – ANNUAL REPORT
- 01/13/2010 – ANNUAL REPORT
- 04/27/2009 – ANNUAL REPORT
- 04/25/2008 – ANNUAL REPORT
- 02/22/2007 – ANNUAL REPORT
- 05/05/2006 – ANNUAL REPORT
- 01/06/2006 – ANNUAL REPORT
- 10/20/2004 – REINSTATEMENT
- 08/27/2004 – Name Change
- 05/12/2004 – Name Change
- 10/22/2004 – Domestic Non-Profit

View Image in PDF format
Entity Name: HEROES OF THE ST. PETE POLICE, INC.

Current Principal Place of Business:
C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOURTH STE 600
ST PETERSBURG, FL 33701

Current Mailing Address:
C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOURTH STE 600
ST PETERSBURG, FL 33701

FEI Number: 20-0342484

Certificate of Status Desired: No

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>
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<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
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<td>TREASURER</td>
<td>NEWMAN, JAMES G</td>
<td>100 2ND AVE SOUTH STE 600</td>
<td>ST PETERSBURG FL 33701</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>PUNZAK, DAVID</td>
<td>100 2ND AVENUE SOUTH STE 600</td>
<td>ST PETERSBURG FL 33701</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: JAMES G. NEWMAN

PRESIDENT

01/10/2017
Heroes 5K/10K Memorial Run
3/23/2018

10K Turn Around at Aranda

5K Turn Around at 12th Ave NE

Start/Finish Right By Circle in Denny's Landing
Detail by Entity Name

Florida Not For Profit Corporation
HEROES OF THE ST. PETE POLICE, INC.

Filing Information
Document Number: N03000009213
FEI/EIN Number: 20-0342484
Date Filed: 10/22/2003
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 10/20/2004

Principal Address
C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701

Mailing Address
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100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701

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SUITE 600
ST. PETERSBURG, FL 33701

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Address Changed: 10/20/2004

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Name & Address

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100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701

Title President
NEWMAN, JAMES G  
100 - 2ND AVENUE SOUTH STE 600  
ST. PETERSBURG, FL 33701  

Title Secretary  

PUNZAK, DAVID  
100 - 2ND AVENUE SOUTH STE 600  
ST. PETERSBURG, FL 33701  

Annual Reports  

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<td>10/22/2003</td>
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</table>

Florida Department of State, Division of Corporations
HEROES OF THE ST PETE POLICE INC
DAWN PETERS
100 2ND AVE S STE 600
ST PETERSBURG FL 33701 USA

Purpose of Use: HEROS MEMORIAL RUN
Expected: 500
Co-Sponsored Event

Contract Balance: $230.00

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: Fri 23 Mar 18 02:00 pm
Ending: Fri 23 Mar 18 11:00 pm

Facility/Equipment
Demens Landing Park

Day
Fri

Date
23 Mar 2018

Time
02:00 PM

Fee
$0.00

Extra Fee
$0.00

Tax
$0.00

Total
$0.00

Demens Landing Park

Day
Fri

Date
23 Mar 2018

Time
11:00 PM

Fee
$0.00

Extra Fee
$0.00

Tax
$0.00

Total
$0.00

Additional Fees:
- Co-Sponsored Application Fee: $30.00 (Quantity: 1)
- Co-Sponsored Park Permit Fee: $200.00 (Quantity: 1)

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Sign Name): DAWN PETERS
(Print Name) HEROES OF THE ST PETE POLICE INC
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name) Parks and Recreation Department

Manager

Supervisor II / Foreman

Date: ________

Date: ________

Date: ________

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 800-955-8771.
Music in Williams Park. A full afternoon of live music featuring 5-6 Community Bands from all over the Tampa Bay area.

The St. Petersburg Community Band, St. Pete's Second Time Arounders Marching Band, the Dunedin Concert Band, the Wesley Chapel Winds, and the East Hillsborough Community Band (Brandon) have all committed to attend so far.

Residents and visitors will be able to enjoy all or part of the afternoon of music, at their leisure, outdoors in the park at no cost.

Donations will be solicited after each band’s performance to help defray costs.

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

Just with the band members alone, the performers, the Festival will bring 600 performers to downtown St. Petersburg most of which will seek food and drink from local merchants at minimum before, after, and during the event. Past attendance of this festival in Dunedin (this will be the third year) was well over 1,000 people. Nearby bars and restaurants will see the benefit of the attendees coming to enjoy the bands.
Please check the equipment and/or facilities you are requesting.

**Recreation Equipment**
- Showmobile (Yes/No): No
- Bleacher(s) needed. Each bleacher approx. 180 people: Yes
- Tables (6 ft) # needed: 0
- Chairs # needed: 0
- Public Address System: Yes
- Public Address System: 0
- Bleachers needed (4 in. x 8 in. x 16 in. sections): 0

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

**Non-City Locations**
- Williams Park and Stage

**Which Location?**

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

- OLVIE: Public Safety Personnel, Marine Services
- TAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
- IRE: Paramedics, Inspectors
- ARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receivers, Event Site Preparation and Restoration
- ECREATION 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:** Lee Laffleur
**Sign:** [Signature]
**Title:** Vice Chairman
**Date:** 7/12/17

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

For further information, please call Lynne Gordon, Parks & Recreation Manager, 727-893-7766 or email: StPeteEvents@stpete.org

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

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<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
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<td>☒ Public Invited</td>
<td>General Liability Insurance</td>
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<tr>
<td>☒ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☐ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>☒ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☐ Vendors / Exhibitors</td>
<td>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>
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<tr>
<td>☐ Other Structures</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>☐ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>☐ Pyrotechnics</td>
<td>Fireworks Permit</td>
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<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>Professional</td>
</tr>
<tr>
<td>☒ Security</td>
<td>Showmobile</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>☐ Sanitary Facilities - Port-O-Lets</td>
<td>Overnight - Private</td>
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<tr>
<td>☐ Off-site Parking / Shuttle</td>
<td>Event Time Frame - SPPD</td>
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<tr>
<td>☐ Semitruck / Tractor Trailer</td>
<td>Regular Units</td>
</tr>
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<td>☐ Hand Washing</td>
<td>Disabled Units</td>
</tr>
<tr>
<td>☐ Hand Washing</td>
<td>Hand Washing</td>
</tr>
<tr>
<td>☐ Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>☐ Invitations</td>
<td>☒ Radio</td>
</tr>
<tr>
<td>☒ Posters / Flyers</td>
<td>☐ Television</td>
</tr>
<tr>
<td>☒ Newspaper / Internet</td>
<td>☐ Remote Broadcast</td>
</tr>
<tr>
<td>☐ 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>
Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO
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 will invite and look to include 2-3 food vendors, YTBD, with minimal requirements.

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.
Not to our knowledge.

City permits, licenses, or services are required for event, who will pay for them?
Name: Dunedin Music Society Phone: 727.534.6966
Address (including zip): 5334 Las Flores Via, New Port Richey, FL 34655
Type of music, # of stages, and # of bands.
Concert and Marching Band Music

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.
N/A

Explain subject/purpose of all speeches/demonstrations which will occur.
None

Discuss your load in/load out parking needs, include times and dates.
Small equipment truck with music stands and percussion equipment to access the stage at Williams Park. In at 10am March 31, Out at 5:30PM March 31.
Other Comments: Please describe your fee structure.
For donation Community Band performances. Possible food vendors

Other comments:
Although the Dunedin Music Society is taking lead on this program, the greater St. Petersburg Area Second Time Arounders Marching Band will also be heavily involved as the Rounders are looking for an event to perform in their home city of St. Pete, long since gone with the Festival of States Parades and Field Shows of the past.

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: Lee Lafeur
Title: Vice Chair
Date: 7/12/17
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:** [Dunedin Music Society]

**Name of Responsible Party (President or CEO ONLY):** [Lee Lafleur]

**Title of Responsible Party:** [Vice Chairman]

**Physical Address of Responsible Party:** [5334 Las Flores Via]

**Phone Number of Responsible Party:** [727.534.6966]

**Email Address of Responsible Party:** [llafleur1@gmail.com]

**Nonprofit (Employee Identification Number):** [N/A]

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

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**Title of Responsible Party:**

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**Physical Address of Responsible Party:**

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**Phone Number of Responsible Party:**

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**Email Address of Responsible Party:**

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**For-profit (Employee Identification Number):** [ ]

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

**What method of invoicing would your organization prefer:**

- [ ] BY Mail

- [ ] Contact Name

- [ ] Address

- [ ] City, State, Zip

- [ ] BY EMAIL

- [ ] Email Address:

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Page 7 of 8
# APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

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

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<td>Donations Collected</td>
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<td>TOTAL GROSS REVENUE</td>
<td>$1,430.00</td>
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## EXPENSES (attach sheet if more space is needed)

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<tr>
<td>City of Dunedin: Stage and personnel</td>
<td>$240.00</td>
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<tr>
<td>Marketing</td>
<td>$240.75</td>
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<tr>
<td>Misc Supplies</td>
<td>$143.00</td>
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<tr>
<td>Most everything else came through volunteer services of the members of the band(s)</td>
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<tr>
<td>TOTAL OPERATING EXPENSES</td>
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<td>TOTAL NET INCOME</td>
<td>$804.25</td>
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## ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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<th>Amount</th>
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<tr>
<td>St. Petersburg Community Band</td>
<td>$100.00</td>
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<tr>
<td>Dunedin Concert Band</td>
<td>$100.00</td>
</tr>
<tr>
<td>Second Time Arounders Marching Band</td>
<td>$100.00</td>
</tr>
<tr>
<td>East Hillsborough Community Band</td>
<td>$100.00</td>
</tr>
<tr>
<td>Wesley Chapel Winds</td>
<td>$100.00</td>
</tr>
<tr>
<td>Dunedin Music Society</td>
<td>$304.25</td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$804.25</td>
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</tbody>
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Prepared by: jflateur1@gmail.com

Date: Jul 12, 2017
Detail by Entity Name

Florida Not For Profit Corporation
DUNEDIN MUSIC SOCIETY, INC.

Filing Information

Document Number: N16000011897
FEI/EIN Number: 81-4686841
Date Filed: 12/14/2016
State: FL
Status: ACTIVE

Principal Address
3734 HAYDON CT
SUITE 201
PALM HARBOR, FL 34685

Mailing Address
3734 HAYDON CT
SUITE 201
PALM HARBOR, FL 34685

Registered Agent Name & Address
DAVIS, MICHAEL L, CPA
500 94TH AVENUE NORTH
ST. PETERSBURG, FL 33702

Officer/Director Detail

Name & Address

Title P
KRISA, TOM
3734 HAYDON CT, SUITE 201
PALM HARBOR, FL 34685

Title VP
LAFLEUR, LEE
3734 HAYDON CT, SUITE 201
PALM HARBOR, FL 34685

Title T
DODDRIDGE, THOMAS
<table>
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<tbody>
<tr>
<td>Report Year</td>
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<tr>
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<tbody>
<tr>
<td>03/25/2017 – ANNUAL REPORT</td>
</tr>
<tr>
<td>12/14/2016 – Domestic Non-Profit</td>
</tr>
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</table>

Florida Department of State, Division of Corporations
Purpose of Use: PINELLAS FESTIVAL OF COMMUNITY BANDS

Expected: 1,500

Co-Sponsored Event

Contract Balance: $60.00

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 31 Mar 18 11:00 am
Ending: Sat 31 Mar 18 08:00 pm

Facility/Equipment
Williams Park
Bandshell

Day: Sat
Date: 31 Mar 2018
Time: 11:00 AM
Fee: $0.00
Extra Fee: $0.00
Tax: $0.00
Total: $0.00

Williams Park
Park

Day: Sat
Date: 31 Mar 2018
Time: 08:00 PM
Fee: $0.00
Extra Fee: $0.00
Tax: $0.00
Total: $0.00

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: $60.00
- Tax: $0.00
- Total: $60.00
- Deposit: $0.00
- Total Applied: $0.00
- Contract Balance: $60.00
- Account Balance: $60.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name)
LEE LAFLEUR
DUNEDIN MUSIC 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.
Event Title: Eckerd College Beach Volleyball Tournament  
Entity Name: Eckerd College  
Event Date(s): 3/2/2018 and 3/3/2018  
Location: Northshore Beach Volleyball Courts  
Day 1 of Event: 3/2/2018  
Time Gates Open: 8 am  
Ending Time: 7 pm  
Day 2 of Event: 3/3/2018  
Time Gates Open: 8 am  
Ending Time: 7 pm  
Day 3 of Event:  
Time Gates Open:  
Ending Time:  
Application Prepared by: Michelle Piantadosi  
Title: Head Women’s Beach Volleyball Coach  
Address: 4200 54 Ave South  
City: St. Petersburg  
State: FL  
Zip: 33711  
Email Address: piantama@eckerd.edu  
Additional Contact Person: Tom Ryan  
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 and enhance the image of St. Petersburg.  
Beach volleyball is the fastest growing sport in NCAA history. It is a wonderful spectator sport for families and people of all ages. Our Northshore location is the perfect place to spotlight this rapidly growing sport. This is a great opportunity to showcase Eckerd College Athletics department and beach volleyball program while hosting an NCAA sanctioned event in our beautiful downtown area.

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

We will have 6-10 teams traveling to Saint Pete from all over the country. Each team traveling up to 20 people. This could bring over 300 + heads in beds to downtown including family and friends of the participants.

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

Does your group presently have liability insurance?  YES  NO  How much?  
Are there plans to sell or distribute beer/wine at your event?  YES  NO  
Will there be an admission / registration fee?  YES  NO  Advanced Fee:  
Day of:  
Please provide the website address for your event: www.eckerdtritons.com  
Please provide a phone number that can be advertised to the public.  
What is the estimated attendance for this event?  Spectators 200  Participants 200  Last Year's Total Attendance 300
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
- # 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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Michelle Piantadosi</th>
<th>Title:</th>
<th>Head Volleyball Coach</th>
<th>Date:</th>
<th>5/24/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sign:</td>
<td></td>
<td>Title:</td>
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<td>Date:</td>
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</tbody>
</table>

**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>
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<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>☐ Require Street Closure</td>
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<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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<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
- Posts / 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  [x] NO

If YES, check all that apply.  

- [x] RV'S  [ ] Coffee Vendors  [ ] Ice Bins  [ ] Freezers  [x] 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  [x] NO

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

- [ ] YES  [x] NO  If YES, who?

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

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

Name:  

[ ] Eckerd College Athletics  

Phone: 727-864-7875

Address (including zip):  

4200 54 avenue South Saint Petersburg FL 33711

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

one small speaker played from ipod

List Vending Products. Name & Provider.

smoothies, coffee in the morning, sandwhich, mexican

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

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

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

3/2 and 3/3 at 7 am and 8 pm take down tents and tables and chairs.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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

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

Name: Michelle Piantadosi  Title: Head Volleyball Coach  Date: 5/24/2017
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:**

**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

Page 7 of 8
# APPENDIX C
## STATEMENT OF REVENUE AND EXPENSES FORM
### PRIOR YEAR'S EVENT
(Must be completed)

**Name of Event:**

**Date(s) of Event:**

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

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**TOTAL GROSS REVENUE**

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

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**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

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**TOTAL ALLOCATION OF NET INCOME**

**Prepared by:**

**Date:**

---

**Submit Application by Email**

**Print Application**

Page 8 of 8
Detail by Entity Name
Florida Not For Profit Corporation
ECKERD COLLEGE, INC.

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

Principal Address
4200 54TH AVENUE SOUTH
ST PETERSBURG, FL 33711

Changed: 04/12/2007

Mailing Address
4200 54TH AVENUE SOUTH
ST PETERSBURG, FL 33711

Changed: 01/28/2013

Registered Agent Name & Address
RIDGE, GEORGE E
COOPER RIDGE P.A.
140 East Bay Street
JACKSONVILLE, FL 32202

Name Changed: 04/26/2002

Address Changed: 01/24/2016

Officer/Director Detail
Name & Address
Title T

BRENNAN, CHRISTOPHER P
4200 54TH AVENUE S
SAINT PETERSBURG, FL 33711
Title S

METS, LISA M
4200 54TH AVE S
SAINT PETERSBURG, FL 33711

Title P

EASTMAN, DONALD P
4200 54TH AVENUE S
SAINT PETERSBURG, FL 33711

Title Chairman

Finneran, John G
4200 54TH AVENUE SOUTH
ST PETERSBURG, FL 33711

Title VC

Johnson, Ian P
4200 54TH AVENUE SOUTH
ST PETERSBURG, FL 33711

Annual Reports
Report Year    Filed Date
2015          01/27/2015
2016          01/24/2016
2017          01/10/2017

Document Images

01/10/2017 -- ANNUAL REPORT
03/24/2015 -- ANNUAL REPORT
01/27/2015 -- ANNUAL REPORT
02/28/2014 -- ANNUAL REPORT
01/28/2013 -- ANNUAL REPORT
01/04/2012 -- ANNUAL REPORT
01/05/2011 -- ANNUAL REPORT
01/04/2010 -- ANNUAL REPORT
02/05/2009 -- ANNUAL REPORT
01/16/2008 -- ANNUAL REPORT
04/12/2007 -- ANNUAL REPORT
04/05/2007 -- Reg. Agent Change
05/03/2006 -- ANNUAL REPORT
07/14/2005 -- ANNUAL REPORT
04/05/2004 -- ANNUAL REPORT
02/28/2003 -- ANNUAL REPORT
12/24/2002 -- Amended and Restated Articles
04/26/2002 -- ANNUAL REPORT

View image in PDF format
**Purpose of Use:** ECKERD COLLEGE BEACH VOLLEYBALL TOURNAMENT

**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 02 Mar 18 06:00 am
- **Ending:** Sat 03 Mar 18 08:00 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>
<th>Total</th>
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<tr>
<td>Elva Rouse Park</td>
<td>Fri</td>
<td>02 Mar 18</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
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<tr>
<td>Park</td>
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<td>03 Mar 18</td>
<td>08:00 PM</td>
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**Additional Fees:**

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<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
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<td>Co-Sponsored Application Fee</td>
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<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Co-Sponsored Park Permit Fee</td>
<td>1</td>
<td>$200.00</td>
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</table>

**Extra Fee - Bookings**

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<th>Extra Fee - Bookings</th>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
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<tr>
<td>Co-Sponsored Park Permit Fee</td>
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<td>$200.00</td>
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**Charges:**

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<td>$0.00</td>
<td>$430.00</td>
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**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) MICHIELLE PIANTADOSI

ECKERD COLLEGE

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: 17 Jul 2017, 09:03 AM
User: jsbennin
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: Southwest Florida Tour de Cure
Entity Name: American Diabetes Association
Event Date(s): April 7, 2018 - April 8, 2018
Location: Williams Park

Day 1 of Event: 4/7/18
Time Gates Open: 12PM
Ending Time: 8PM

Day 2 of Event: 4/8/18
Time Gates Open: 430AM
Ending Time: 630PM

Application Prepared by: Jalyssa Elleby
Title: Manager, Event Production
Address: 1511 N. Westshore Blvd, Ste. 980
City: Tampa
State: FL
Zip: 33607
Email Address: jelleby@diabetes.org

Additional Contact Person: Marc Bourret
Day Phone: 813-885-5007, ext. 3028

What month/year were you incorporated as nonprofit? 1940

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

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The Tour de Cure is all about: Raising awareness in the community about prediabetes & diabetes, supporting life-saving research and helping people who are discriminated against because they have diabetes. As our participants ride in support of the 29 million children and adults who are affected by diabetes, they will also be benefiting from this physical activity event by preventing diabetes and those that are affected help to manage. This event benefits all those in the Southwest Florida market.

Having an event that promotes physically activity as a way to stay healthy and help raise awareness about this deadly disease would be a great way to enhance the image of the City of St. Petersburg.

Describe what economic benefit and impact this event will bring to St. Petersburg.
We are projected to have over 500 riders, 100 volunteers, and local sponsors, vendors and spectators from the Southwest Florida market. This event will call for some of our riders and all of our staff to stay at a local hotel and work with local companies in regards to product as well as food and beverage supplies.

We will also be hosting a Champions (VIP dinner) in the city that our event is held. Champions are individual riders that have raised $1,000 or more. This will be an economic benefit for the City as well as its local proprietors.

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.diabetes.org/swfloridatour

Please provide a phone number that can be advertised to the public, 813-885-5007, ext. 3028

What is the estimated attendance for this event? Spectators: 50, Participants: 650, Last Year's Total Attendance: 500
Please check the equipment and/or facilities you are requesting.

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

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

Tables (6 ft) # needed [ ] 30 or all

Chairs # needed [ ] 75 or all

Public Address System [ ] 1

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [ ] 0

Special Events Facilities
[ ] Mahaffey Theater
[ ] Coliseum
[ ] Sunken Gardens
[ ] Boyd Hill

[ ] Non-City Locations

Which Location?

Williams 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
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Name: Jaiyssa Elleby
Co-Sign: Charles Tomaselli
Title: Manager, Event Production
Title: Director, Development
Date: 6.28.17
Date: 6.28.17

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 if paid.

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

PLEASE ATTACH THE FOLLOWING

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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>
<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>□ Require Street Closure</td>
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<tr>
<td>□ VIP Area</td>
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<tr>
<td>□ Staging</td>
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<tr>
<td>□ Amplified Sound</td>
<td></td>
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<tr>
<td>□ Security</td>
<td></td>
</tr>
<tr>
<td>□ Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>□ Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>□ Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

How many? 11 - 20 Vendors / Exhibitors

What type? Sport fence for beer garden

What structure?

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.

1) We will have our ice vendor drop off an ice trailer
2) there will be a trailer for a 2-3 individual showers & toilets with air conditioning
3) we might have a vendor to give our snow cones or ice-cream
4) our lunch vendor will have chaffing dishes

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: American Diabetes Association  Phone: 813-885-5007, ext. 3020
Address (including zip): 1511 N. Westshore Blvd, Ste. 980 Tampa, FL 33607

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

1) Live DJ-1 stage
2) Live Band- pre-existing stage In Williams Park
3) Announcements- 1 stage

List Vending Products, Name & Provider.

1) Snow cones/Ice cream
2) Lunch
3) Health care providers
4) Pharmaceutical Companies (please note that providers do not sell product at our events. They have samples only)

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

We have had beer at our events for the past 3 years and are very familiar with the liquor license process with the state. As of current, our 2018 vendor is TBD

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

We will have an opening ceremony for each cycling route. The purpose will be to honor our sponsors, red riders (riders with diabetes), champions, but most importantly cycling rules, safety and pertinent information about each route.

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

Load In: April 7 (12pm - 8pm) this will be a U haul that will have all items pertinent to event; we will also have a schedule for all rental vendors such as (portalets, tents, tables, ice, etc) that we can provide
Load out: April 8 (3pm-630pm) this will be for us to load our U haul & have rental vendors pick up their items.
Staff & volunteers will be there to park on 4.7.18 around 12pm and around 430am on 4.8.18. Riders will begin to park around 615am DOE
Other Comments: Please describe your fee structure.

This is a fundraising event, no fees are charged except for a small registration fee that is paid in advance when the rider signs up through our website. Participants are required to raise $200 to participate in the cycling portion of our event. Any festivities at the venue site will not have a fee structure to bystanders and walk ups not participating in the actual ride.

This is a ride NOT a race.

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: Jalyssa Elleby Title: Manager, Event Production Date: 6/28/17
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: American Diabetes Association
Name of Responsible Party (President or CEO ONLY): Martha Clark
Title of Responsible Party: Interim CEO
Physical Address of Responsible Party: 2451 Crystal Drive, Ste. 900 Arlington, VA 22202
Phone Number of Responsible Party: 1-703-549-1500
Email Address of Responsible Party: mclark@dlaabetes.org
Nonprofit (Employee Identification Number): 13-1623888

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 the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☐ BY Mail
Contact Name: Jalyssa Elleby
Address: 1511 N. Westshore Blvd, Ste. 980
City, State, Zip: Tampa, FL 33607
☐ BY EMAIL
Email Address: jelleby@dlaabetes.org
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Southwest Florida Tour de Cure
Date(s) of Event: Apr 7, 2018 - Apr 8, 2018

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>1. Participant Collections</td>
<td>$247,775.00</td>
</tr>
<tr>
<td>2. Sponsorship</td>
<td>$75,000.00</td>
</tr>
<tr>
<td>3. Misc revenue</td>
<td>$2,300.00</td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
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<tr>
<td>7.</td>
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</tr>
<tr>
<td>8.</td>
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TOTAL GROSS REVENUE: $325,075.00

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. Facilities &amp; Rentals</td>
<td>$9,650.00</td>
</tr>
<tr>
<td>2. Food &amp; Beverage</td>
<td>$3,100.00</td>
</tr>
<tr>
<td>3. Entertainment</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>4. Participant Shirts</td>
<td>$4,125.00</td>
</tr>
<tr>
<td>5. Rider Fundraising Prizes</td>
<td>$4,425.00</td>
</tr>
<tr>
<td>6. Postage/Freight</td>
<td>$1,250.00</td>
</tr>
<tr>
<td>7. Presentation Costs</td>
<td>$8,300.00</td>
</tr>
<tr>
<td>8. Giveaways &amp; Favors</td>
<td>$2,210.00</td>
</tr>
<tr>
<td>9. Professional Fees</td>
<td>$750.00</td>
</tr>
<tr>
<td>10. Supplies</td>
<td>$930.00</td>
</tr>
<tr>
<td>11. Event Printing</td>
<td>$3,475.00</td>
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<tr>
<td>12. Travel</td>
<td>$3,750.00</td>
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</table>

TOTAL OPERATING EXPENSES: $43,465.00

TOTAL NET INCOME: $281,610.00

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

<table>
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<tr>
<th>Allocation</th>
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<tr>
<td>1. Operating Expenses</td>
<td>$65,210.00</td>
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<td>2. Diabetes Programs/Services</td>
<td>$216,400.00</td>
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<td>5.</td>
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<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME: $281,610.00

Prepared by: Marc Bouret
Date: Jun 22, 2017
**Consumers Certificate of Exemption**

Issued Pursuant to Chapter 212, Florida Statutes

<table>
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<th>Expiration Date</th>
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<td>85-8012566420C-9</td>
<td>11/30/2013</td>
<td>11/30/2018</td>
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This certifies that

**AMERICAN DIABETES ASSOCIATION INC**  
1701 N BEAUREGARD ST  
ALEXANDRIA VA 22311-1742

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

---

**Important Information for Exempt Organizations**


2. Your **Consumers 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 Taxeas," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

---

2.

4.
In reply refer to: 02685B4166
Oct. 16, 2009 LTR 4167C E0
13-1623888 000000 00
00012198
BODC: TE

AMERICAN DIABETES ASSOCIATION INC
NATIONAL OFFICE
1701 N BEAUREGARD STREET
ALEXANDRIA VA 22311-1742

Employer Identification Number: 13-1623888
Group Exemption Number: 
Person to Contact: Mr Gallup
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 06, 2009, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in August 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. Requests, 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 2035, 2106 and 2522 of the Code.

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

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I
Detail by Entity Name

Foreign Not For Profit Corporation
AMERICAN DIABETES ASSOCIATION, INC.

Filing Information

Document Number  F98000001168
FEI/EIN Number   13-1623888
Date Filed        02/27/1998
State             OH
Status            ACTIVE

Principal Address

2451 Crystal Drive, Suite 900
Arlington, VA 22202

Changed: 04/28/2017

Mailing Address

2451 Crystal Drive, Suite 900
Arlington, VA 22202

Changed: 04/28/2017

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name Changed: 03/17/2014

Address Changed: 03/17/2014

Officer/Director Detail

Name & Address

Title Chair of the Board

DeMarco, David A
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title President, Health Care & Education

Montgomery, Brenda
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powers, Alvin C</td>
<td>President, Medicine &amp; Science</td>
<td>2451 Crystal Drive, Suite 900, Arlington, VA 22202</td>
</tr>
<tr>
<td>Verma, Umesh</td>
<td>Secretary-Treasurer</td>
<td>2451 Crystal Drive, Suite 900, Arlington, VA 22202</td>
</tr>
<tr>
<td>Hill-Briggs, Felicia</td>
<td>President-Elect, Health Care &amp; Education</td>
<td>2451 Crystal Drive, Suite 900, Arlington, VA 22202</td>
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<tr>
<td>Reusch, Jane</td>
<td>President-Elect, Medicine &amp; Science</td>
<td>2451 Crystal Drive, Suite 900, Arlington, VA 22202</td>
</tr>
<tr>
<td>Ching, Michael</td>
<td>Secretary / Treasurer - Elect</td>
<td>2451 Crystal Drive, Suite 900, Arlington, VA 22202</td>
</tr>
<tr>
<td>Clark, Martha</td>
<td>Interim Chief Executive Officer</td>
<td>2451 Crystal Drive, Suite 900, Arlington, VA 22202</td>
</tr>
<tr>
<td>Friday, Jane Brown</td>
<td>Board of Directors</td>
<td>2451 Crystal Drive, Suite 900, Arlington, VA 22202</td>
</tr>
<tr>
<td>Eckel, Robert H</td>
<td>Board of Directors</td>
<td>2451 Crystal Drive, Suite 900, Arlington, VA 22202</td>
</tr>
</tbody>
</table>
Herrick, David
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Kahn, C. Ronald
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Lucas, Steve
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Schmidt, Calvin
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Squires, Catherine
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Yatvin, Alan L
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

De Groot, Mary
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title CFO

Carter, Charlotte M
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Annual Reports

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</tr>
<tr>
<td>02/27/1998</td>
<td>Foreign Pupil</td>
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</tbody>
</table>
AMERICAN DIABETES ASSOCIATION, INC  
JALYSSA ELLEBY  
1511 N WESTSHORE BLVD, STE. 980  
TAMPA FL 33607 USA

Purpose of Use: SOUTHWEST FLORIDA TOUR DE CURE  
Expected: 700  
Co-Sponsored Event  
Contract Balance $90.00

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: Sat 07 Apr 18 06:00 am
- Ending: Sun 08 Apr 18 09:00 pm

<table>
<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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<tbody>
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<td>Sat</td>
<td>07 Apr 2018</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>Bandshell</td>
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<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
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<tr>
<td>Williams Park</td>
<td>Sat</td>
<td>07 Apr 2018</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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</tr>
<tr>
<td>Park</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Williams Park</td>
<td>Sun</td>
<td>08 Apr 2018</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>Bandshell</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
  - PKS Application Processing Fee: Quantity 2, Charge $60.00, Tax $0.00, Total $60.00

Charges:
- Fees $0.00
- Extra Fees $90.00
- Tax $0.00
- Total $90.00
- Deposit $0.00
- Total Applied $0.00
- Contract Balance $90.00
- Account Balance $90.00

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)  
JALYSSA ELLEBY  
AMERICAN DIABETES ASSOCIATION, INC  
Name of User Organization, if Applicable

By (Sign Name):  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department

CITY OF ST. PETERSBURG, FLORIDA

Printed: 19 Jul 2017, 03:52 PM  
User: jsbennin
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.
2017 Southwest Florida Tour de Cure