City of St. Petersburg
City Council
Co-Sponsored Events Committee
Thursday, October 26, 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

II. Approval of thirteen (13) events for FY 18
   a. waiving the non-profit requirement for two (2) events
   b. approval of liquor request for one (1) event

III. Adjournment
# Event Listing

## October 26th Meeting

<table>
<thead>
<tr>
<th>Event #</th>
<th>Event Name</th>
<th>1st Year</th>
<th>Non Profit Organization</th>
<th>Profit Organization</th>
<th>Event Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>63</td>
<td>Valentine's Regatta</td>
<td>YES</td>
<td>ST. PETERSBURG YACHT CLUB</td>
<td></td>
<td>2/3/18 - 2/4/18</td>
</tr>
<tr>
<td>64</td>
<td>Special Olympics Area Games</td>
<td>NO</td>
<td>SPECIAL OLYMPICS FLORIDA, INC.</td>
<td></td>
<td>3/10/18</td>
</tr>
<tr>
<td>65</td>
<td>The Second Annual Jammin for the Planet</td>
<td>YES</td>
<td>WOMEN'S MARCH FLORIDA, INC.</td>
<td></td>
<td>1/27/18</td>
</tr>
<tr>
<td>68</td>
<td>Wine Weekend 2018</td>
<td>NO</td>
<td>MUSEUM OF FINE ARTS OF ST PETERSBURG, FLORIDA, INC.</td>
<td></td>
<td>2/2/18 - 2/4/18</td>
</tr>
<tr>
<td>69</td>
<td>First Friday</td>
<td>NO</td>
<td>THE BREAKFAST OPRIMIST CLUB OF ST PETERSBURG, FLORIDA, INC.</td>
<td>First Friday Each Month</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>Movies in the Park (May)</td>
<td>NO</td>
<td>SAINT PETERSBURG PRESERVATION, INC.</td>
<td></td>
<td>Every Thursday in May</td>
</tr>
<tr>
<td>71</td>
<td>Swim Across America Tampa Bay</td>
<td>YES</td>
<td>SWIM ACROSS AMERICA, INC.</td>
<td></td>
<td>4/14/18</td>
</tr>
<tr>
<td>72</td>
<td>Running For All Children</td>
<td>NO</td>
<td>JOHNS HOPKINS RUNNING FOR ALL CHILDREN'S FOUNDATION, INC.</td>
<td></td>
<td>5/19/18</td>
</tr>
<tr>
<td>73</td>
<td>Tampa Bay Caribbean Carnival</td>
<td>NO</td>
<td>TRINIDAD &amp; TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC</td>
<td></td>
<td>6/9/18 6/10/18</td>
</tr>
<tr>
<td>74</td>
<td>Extreme Mudwars</td>
<td>NO</td>
<td>PIER AQUARIUM, INC.</td>
<td>ACTIVE ENDEAVORS, INC.</td>
<td>7/14/18</td>
</tr>
<tr>
<td>75</td>
<td>St Pete Pride Weekend</td>
<td>NO</td>
<td>ST. PETE PRIDE INC.</td>
<td></td>
<td>06/22/18 06/23/18 06/24/18</td>
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<tr>
<td>76</td>
<td>Historic Kenwood Pinot in the Park</td>
<td>NO</td>
<td>HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.</td>
<td></td>
<td>4/7/18</td>
</tr>
<tr>
<td>77</td>
<td>Sting Rock the Vinoy</td>
<td>YES</td>
<td>R.O.C. PARK, INC.</td>
<td>KNIGHT GLOBAL ENTERTAINMENT, LLC</td>
<td>12/10/17</td>
</tr>
</tbody>
</table>
Event Title: Valentine's Regatta
Entity Name: St. Petersburg Yacht Club
Event Date(s): Feb 3-4, 2018 (Setup 02/02/18)
Location: Flora Wylie/Northshore Park
Day 1 of Event: 2/3/18
Day 2 of Event: 2/4/18
Day 3 of Event:
Application Prepared by: Todd Fedyszyn & Shawn Macking
Title: Race Director & Waterfront Director
Address: 11 Central Ave
Email Address: Todd@spyc.org, Waterfront-Director@spyc.org
Additional Contact Person: Corey Hall
What month/year were you incorporated as nonprofit? 1909
List all 501(c)3 entities that will benefit from this event. SPYC - 501(c)7
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 annual Valentine's Regatta is a series of sailboat races over two days for children as young as six years old. Typically operated from the St. Petersburg Sailing Center, this event has been run in the City for decades and attracts hundreds of sailors and their families from all over the Country. Sailing is also a non-motorized "green" sport, which helps build upon the City's reputation as a bastion of sustainability.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Approximately 600 people will attend this event, a majority of which will be coming from outside the City. Direct economic impact to the City will be upwards of $500k.

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? $10MM

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: $110 Day of: N/A

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

Please provide a phone number that can be advertised to the public. 727-822-3113

What is the estimated attendance for this event? Spectators 300 Participants 400
Last Year's Total Attendance 700
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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td>Boyd Hill</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: Todd Fedyszyn
Title: Race Director
Date: 8/2/2017
Co-Sign: Shawn Macking
Title: Waterfront Director
Date: 08/02/2017

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**

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

Marketing: Please check all that apply.

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

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

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

☐ YES ☒ NO

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

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

RV may be used as on-site office.

Will you supply your own generators?  

☐ YES ☒ NO

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

☐ YES ☒ NO  
If YES, who?

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

No

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

Name: St. Petersburg Yacht Club  
Phone: 727-822-3873

Address (including zip): 11 Central Ave, St. Petersburg FL 33701

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

N/A

List Vending Products, Name & Provider.

Sailing Apparel & Gear - Sturgis Boatworks, KO Sailing, Dinghy Locker, Coral Reef Sailing Apparel

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

N/A

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

N/A

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

Tent setup TBD by contracted Tent Company. Competitors will be allowed to arrive Friday with their Opti (small sailboat) for the weekend racing. Parking needs & vendor location detailed in attached map.
Other Comments: Please describe your fee structure.
Registration fees ($110 per competitor) go to cover event expenses.

Other comments:
Amplified sound will be setup during the Skippers' Meeting on Saturday morning (approximately 8:30am), and Awards Ceremony on Sunday afternoon (Depending on weather/wind, approximately 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 ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

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

Name: Todd Fedyszyn & Shawn Macking  Title: Race Director & Waterfront Dir  Date: 8/2/2017
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: St. Petersburg Yacht Club

Name of Responsible Party (President or CEO ONLY): Bob Birkenstock

Title of Responsible Party: Commodore

Physical Address of Responsible Party: 11 Central Avenue

Phone Number of Responsible Party: 727-822-3873

Email Address of Responsible Party: commodore@spyc.org

Nonprofit (Employee Identification Number): 59-0433240

Name of the For-profit Corporation: 

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

For-profit (Employee Identification Number) 

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

## STATEMENT OF REVENUE AND EXPENSES FORM

**PRIOR YEAR’S EVENT**

(Must be completed)

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. Paypal Laser Entry Fees (net of tax)</td>
<td>4747</td>
</tr>
<tr>
<td>2. USODA Entry Fees (net of tax)</td>
<td>26359</td>
</tr>
<tr>
<td>3. Cash Receipts (net of tax)</td>
<td>800</td>
</tr>
<tr>
<td>4. Name of Event: Valentine’s Regatta</td>
<td>4747</td>
</tr>
<tr>
<td>5. Date(s) of Event: 2/4/17</td>
<td>2/5/17</td>
</tr>
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</table>

**TOTAL GROSS REVENUE**: $31,906

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1. Paypal Fees</td>
<td>159</td>
</tr>
<tr>
<td>2. YachtScoring Software</td>
<td>290</td>
</tr>
<tr>
<td>3. Coral Reef Sailing Apparel - Competitors' Shirts</td>
<td>6703</td>
</tr>
<tr>
<td>4. Brown's Trophies</td>
<td>95</td>
</tr>
<tr>
<td>5. ISAF</td>
<td>2163</td>
</tr>
<tr>
<td>6. Noble Awards</td>
<td>4093</td>
</tr>
<tr>
<td>7. Subway Competitors' Lunches</td>
<td>3852</td>
</tr>
<tr>
<td>8. Publix</td>
<td>538</td>
</tr>
<tr>
<td>9. RC Expenses</td>
<td>2450</td>
</tr>
<tr>
<td>10. Staff Labor</td>
<td>8650</td>
</tr>
<tr>
<td>11. Sturgis Boat Giveaway</td>
<td>1070</td>
</tr>
<tr>
<td>12. 800 Lot Trailer Storage Rental</td>
<td>864</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**: $30,927

**TOTAL NET INCOME**: $979

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

1. Event is run to breakeven. If income is realized, it goes to cover past/future event losses. | 979 |

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: **Shawn Macking**

Date: 08/02/2017
CERTIFICATE OF LIABILITY INSURANCE

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

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

PRODUCER
Commercial Lines - (813) 639-3000
Wells Fargo Insurance Services USA, Inc.
2502 N. Rocky Point Drive, Suite 400
Tampa, FL 33607

INSURED
St Petersburg Yacht Club
11 Central Avenue
St. Petersburg FL 33701

CONTACT
NAME: Certificate Dept
PHONE (Tel No, Ext): 813.639.3000
FAX (Tel No): 855-299-7117
EMAIL: ciw.certrequest@wellsfargo.com

INSURER A: ACE American Insurance Company
22867
INSURER B: ACE Fire Underwriters Ins. Co.
20702
INSURER C: Indemnity Insurance Company of North America
43575
INSURER D: Zenith Insurance Company
13299
INSURER E: Commerce & Industry Insurance Company
19140

COVERAGES

CERTIFICATE NUMBER: 11532346

REVISION NUMBER: See below

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

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<tr>
<th>INSURED</th>
<th>TYPE OF INSURANCE</th>
<th>ADDED SINCE</th>
<th>SCHEDULED LIMITS</th>
<th>OCCUR</th>
<th>EXCESS LIMIT</th>
<th>OCCUR</th>
<th>RETENTION $</th>
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<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>X</td>
<td>SVR376830755</td>
<td>05/01/2016</td>
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<td></td>
<td>GENL AGGREGATE LIMIT APPLIES PER</td>
<td>POLICY</td>
<td>PROJ. LOC</td>
<td>X</td>
<td>OCCUR</td>
<td>DED X</td>
<td>RETENTION 5</td>
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<tr>
<td>B</td>
<td>AUTOMOBILE LIABILITY</td>
<td>ANY AUTO</td>
<td>OWNED AUTOS ONLY</td>
<td>CALH08438456</td>
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<td>EXCESS LIABILITY</td>
<td>EXCESS LIAB</td>
<td>OCCUR</td>
<td>N10730661</td>
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<tr>
<td>D</td>
<td>WORKERS COMPENSATION &amp; EMPLOYERS' LIABILITY</td>
<td>ANY PROPER/Partner/Executive Officer/Member/Exc/Excl</td>
<td>Y/N</td>
<td>Z133152702</td>
<td>02/01/2017</td>
<td>02/01/2018</td>
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<tr>
<td>A</td>
<td>PROTECTION &amp; INDEMNITY</td>
<td>Protection &amp; Indemnity</td>
<td>Y/N</td>
<td>Y07026250</td>
<td>05/01/2016</td>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CITY LEASE NO. 207: OPERATOR'S AGREEMENT FOR THE USE OF THE ST. PETERSBURG SAILING CENTER LOCATED ON THE SOUTH MOLE (SOUTH-WEST CORNER) OF MEN'S LANDING.
City of St Petersburg is named as additional insured as it relates to general liability in accordance with the terms and conditions of the policy.

CERTIFICATE HOLDER

City of St Petersburg
AVA E. Nelson, R-E AGMT 1
REAL ESTATE & PROP. MGMT.
P.O. BOX 2642
St. Petersburg FL 33731-2642

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

The ACORD name and logo are registered marks of ACORD © 1986-2015 ACORD CORPORATION. All rights reserved.
### OTHER Coverage

<table>
<thead>
<tr>
<th>INSR LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL INSR</th>
<th>ADDL SUBR</th>
<th>POLICY NUMBER</th>
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<th>EXPIRATION DATE (MM/DD/YY)</th>
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<td>FPL0055220004</td>
<td>02/24/2017</td>
<td>02/24/2018</td>
<td>$2,000,000 Aggregate</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>$2,000,000 Per Incident</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$5,000 Dded Per Incident</td>
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</table>
Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG YACHT CLUB

**Filing Information**

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<th>700166</th>
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</tr>
<tr>
<td>Date Filed</td>
<td>11/18/1959</td>
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<td>State</td>
<td>FL</td>
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<td>Status</td>
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<td>Last Event</td>
<td>AMENDMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>12/04/2014</td>
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<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

**Principal Address**

11 CENTRAL AVE  
ST. PETERSBURG, FL 33701  

Changed: 01/19/2011

**Mailing Address**

11 CENTRAL AVE  
ST. PETERSBURG, FL 33701  

Changed: 01/19/2011

**Registered Agent Name & Address**

FINNEY, COLLEEN  
11 CENTRAL AVE  
ST. PETERSBURG, FL 33701  

Name Changed: 02/04/2016

Address Changed: 02/04/2016

**Officer/Director Detail**

**Name & Address**

Title Secretary  
O'Brien, Jackie  
11 Central Avenue  
ST. PETERSBURG, FL 33701
Title General Manager
REYDAMS, MARC
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Title Director
KLINGEL, JOE
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Title Director
BIRKENSTOCK, BOB
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Title Director
BYRNE, JAMES A
11 Central Avenue
ST. PETERSBURG, FL 33701

Title Treasurer
Blacker, Michael
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Annual Reports
Report Year         Filed Date
2016               01/21/2016
2016               10/13/2016
2017               01/10/2017

Document Images
01/10/2017 - ANNUAL REPORT
10/13/2016 - AMENDED ANNUAL REPORT
02/24/2016 - Reg. Agent Change
01/21/2016 - ANNUAL REPORT
01/12/2016 - ANNUAL REPORT
12/24/2014 - Amendment
03/01/2014 - ANNUAL REPORT
01/29/2013 - ANNUAL REPORT
01/19/2012 - ANNUAL REPORT
01/19/2011 - ANNUAL REPORT
01/27/2010 - ANNUAL REPORT
01/19/2009 - ANNUAL REPORT
04/21/2008 - ANNUAL REPORT
**Contract/Permit**

**Contract #:** 21243  
**Date:** 09 Aug 2017

ST PETERSBURG YACHT CLUB  
SHAWN MACKING  
11 CENTRAL AVE  
ST PETERSBURG FL 33701 USA

---

**Purpose of Use:** VALENTINE'S REGATTA  
**Expected:** 800  
**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:**

<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>Flora Wylie Park</td>
<td>Sat</td>
<td>03 Feb 2018</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$400.00</td>
<td>$0.00</td>
<td>$400.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>04 Feb 2018</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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>
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</tbody>
</table>

**Extra Fee - Bookings**

<table>
<thead>
<tr>
<th>Co-Sponsored Park Permit Fee</th>
<th>Hours</th>
<th>Quantity</th>
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<tr>
<td></td>
<td>39:00</td>
<td>2</td>
<td>$400.00</td>
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<td>$400.00</td>
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**Charges:**

<table>
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<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
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<tbody>
<tr>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

**Payments:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 Aug 2017</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2881003</td>
</tr>
<tr>
<td>09 Aug 2017</td>
<td>$400.00</td>
<td>Check</td>
<td>Rental</td>
<td>2881004</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)  
SHAWN MACKING  
ST PETERSBURG YACHT CLUB  
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.
ST PETERSBURG YACHT CLUB  
SHAWN MACKING  
11 CENTRAL AVE  
ST PETERSBURG, FL 33701 USA  

Receipt #: 2881004  
User: JSBENNIN  
Issued: Wed 09 Aug 17 02:11 pm

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Previous Balance</td>
<td>$400.00</td>
</tr>
<tr>
<td>Applied To: 21243 - VALENTINE'S REGATTA</td>
<td>$400.00</td>
</tr>
<tr>
<td>Flora Wylie Park - Park</td>
<td></td>
</tr>
<tr>
<td>February 3, 2018 6:00 am to February 4, 2018 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check #10801</td>
<td>($400.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
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</table>

APPROVED REFUNDS ARE BY CHECK ONLY
### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$430.00</td>
</tr>
<tr>
<td>Applied To: 21243 - VALENTINE'S REGATTA</td>
<td>$30.00</td>
</tr>
<tr>
<td>Flora Wylie Park - Park</td>
<td></td>
</tr>
<tr>
<td>February 3, 2018  6:00 am to February 4, 2018  9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check #10802</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$400.00</td>
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</table>
Event Title: SPECIAL OLYMPICS FLORIDA AREA 6 SUMMER GAMES
Entity Name: SPECIAL OLYMPICS FLORIDA-PINELLAS COUNTY
Event Date(s): MARCH 9-10, 2018
Location: LAKEWOOD HIGH SCHOOL
Day 1 of Event: 6/9/18
Day 2 of Event: 6/10/18
Day 3 of Event: 6/11/18
Application Prepared by: DAVID R. HAINES
Title: COUNTY DIRECTOR - PINELLAS COUNTY
Address: 2235 N.E. COACHMAN RD.N
City: CLEARWATER
Email Address: SOPINELLAS@AOL.COM
Additional Contact Person: JOHN NEEL
What month/year were you incorporated as nonprofit? JUNE 1972
List all 501(c)3 entities that will benefit from this event. SPECIAL OLYMPICS FLORIDA
What is the estimated attendance for this event? Spectators 200 Participants 450 Last Year’s Total Attendance 1100

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

THIS EVENT THIS YEAR WILL BE THE 46TH YEAR THAT THE CITY OF ST. PETERSBURG HAS CO-SPONSORED. ATHLETES FROM 5 COUNTIES WILL BE ATTENDING TO PARTICIPATE TRACK AND FIELD, BOCC, VOLLEYBALL, SOCCER AND TENNIS AS QUALIFYING ROUNDS FOR STATE SUMMER GAMES IN MAY 2018. THIS IS THE LARGEST EVENT HELD IN PINELLAS COUNTY DURING THE COMPETITION YEAR AND COULD NOT BE DONE WITHOUT THE HELP OF THE CITY.

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

THERE IS NO DIRECT ECONOMIC BENEFIT FOR THE CITY OF ST. PETERSBURG

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

Does your group presently have liability insurance? ☑ YES ☐ NO
How much? $1,000,000 PER INCIDENT
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. SPECIALOLYMPICSPINELLAS.ORG
Please provide a phone number that can be advertised to the public. 727-669-1221 X 2008
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)  NO

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

Tables (6 ft) # needed 50 Chairs # needed 250

Public Address System  YES

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 12

Special Events Facilities

Non-City Locations

[ x ] Mahaffey Theater
   Coliseum
   Sunken Gardens
   Boyd Hill

Which Location?

LAKEWOOD HIGH SCHOOL

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 R. HAINES  Title: PINELLAS COUNTY DIRECTOR  Date: 6/14/17

Co-Sign: [Signature]  Title: AREA 6 Proc. Dir  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

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>How many?</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Professional Performers</td>
</tr>
<tr>
<td>Security</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Overnight - Private</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>How many?</td>
<td>Regular Units</td>
</tr>
<tr>
<td>What type?</td>
<td>Disabled Units</td>
</tr>
<tr>
<td>What structure?</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>
</tbody>
</table>

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

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

If City permits, licenses, or services are required for event, who will pay for them?
Name: ___________________________ Phone: ___________________________
Address (including zip): ______________
Type of music, # of stages, and # of bands.

List Vending Products. Name & Provider.
CONCESSIONS 9 HOT DOGS AND DRINKS VENDED BY SPECIAL OLYMPICS STAFF THROUGH CONCESSION STAND AT LAKEWOOD HIGH SCHOOL.

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.
MARCH 9TH IS FOR CITY WORKERS AND SPECIAL OLYMPICS STAFF ONLY TO UNLOAD EQUIPMENT AND BEGIN SET UP. FROM 9AM-5PM MARCH 10TH IS THE ACTUAL EVENT AND TEAR DOWN BEGINS AT COMPLETION OF ATHLETIC EVENTS APPROXIMATELY FROM 2PM-5PM.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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

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

Name: DAVID R. HAINES  Title: PINELLAS COUNTY DIRECTOR  Date: 6/14/17
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>SPECIAL OLYMPICS FLORIDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>SHERRY WHEELOCK</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>PRESIDENT AND CEO SPECIAL OLYMPICS FLORIDA</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1915 DON WICKHAM DRIVE CLERMONT FL, 34711</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>(352)243-9536</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:SHERRYWHEELOCK@SPECIALOLYMPICSFLORIDA.ORG">SHERRYWHEELOCK@SPECIALOLYMPICSFLORIDA.ORG</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>23-7181560</td>
</tr>
</tbody>
</table>

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

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
<table>
<thead>
<tr>
<th><strong>I. REVENUE SOURCES</strong> (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SPONSORSHIPS/DONATIONS</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>2. FEE ASSESSMENTS TO PARTICIPATING COUNTIES</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>3. CONCESSION SALES</td>
<td>$300.00</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><strong>TOTAL GROSS REVENUE</strong></td>
<td><strong>$14,300.00</strong></td>
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</table>

<table>
<thead>
<tr>
<th><strong>II. EXPENSES</strong> (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CITY OF ST. PETERSBURG</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>2. WATER BOY</td>
<td>$500.00</td>
</tr>
<tr>
<td>3. PUBlix</td>
<td>$2,100.00</td>
</tr>
<tr>
<td>4. MISC. EXPENSES</td>
<td>$500.00</td>
</tr>
<tr>
<td>5. SPECIAL EVENT IS SURANCE</td>
<td>$760.00</td>
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<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
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<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$13,860.00</strong></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td><strong>$440.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>III. ALLOCATION OF NET INCOME</strong> (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SPECIAL OLYMPICS FLORIDA-PINELLAS COUNTY</td>
<td>$440.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td><strong>$440.00</strong></td>
</tr>
</tbody>
</table>
SPECIAL OLYMPICS FLORIDA AREA 6 SUMMER Expected: GAMES 1,100

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 10 Mar 18 06:00 am
Ending: Sat 10 Mar 18 07:00 am

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

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

Balance of rental due and payable immediately.

Payments:
- Date: 10 Aug 2017
- Amount: $30.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 2881390

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)________________________
(Pin Name) DAVID HAINES
SPECIAL OLYMPICS PINELLAS COUNTY
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name)________________________
Parks and Recreation Superintendent

(Pin Name)________________________
Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
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<td>Special Programs - Special Event</td>
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<td>($30.00)</td>
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<td>Balance</td>
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**Detail by Entity Name**

Florida Not For Profit Corporation
SPECIAL OLYMPICS FLORIDA, INC.

<table>
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<td>Date Filed</td>
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<td>State</td>
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<tr>
<td>Status</td>
</tr>
<tr>
<td>Last Event</td>
</tr>
<tr>
<td>Event Date Filed</td>
</tr>
<tr>
<td>Event Effective Date</td>
</tr>
</tbody>
</table>

**Principal Address**
1915 DON WICKHAM DR.
CLERMONT, FL 34711

Changed: 05/24/2010

**Mailing Address**
1915 DON WICKHAM DR.
CLERMONT, FL 34711

Changed: 05/24/2010

**Registered Agent Name & Address**
WHEELOCK, SHERRY
1915 DON WICKHAM DR.
CLERMONT, FL 34711-1905

Name Changed: 08/13/2012

Address Changed: 03/15/2012

**Officer/Director Detail**

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
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<tr>
<td>FULOP, RON</td>
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<tr>
<td>110 TERRAPIN TRAIL</td>
</tr>
<tr>
<td>JUPITER, FL 33458</td>
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</table>
Title S

GAINEY, EMERY
THE STATE OF FLORIDA/THE CAPITOL PL-01
TALLAHASSEE, FL 32399

Title VC

PETRAMALO, MICHAEL
200 S. BISCAYNE BLVD
MIAMI, FL 33131

Title T

DZALUK, JOE
939 JASMINE STREET
CELEBRATION, FL 34747

Title PCEO

WHEELOCK, SHERRY
1915 DON WICKHAM DR.
CLERMONT, FL 34711

Title COO

Beddow, Richard
1915 DON WICKHAM DR.
CLERMONT, FL 34711

Annual Reports

<table>
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<th>Filed Date</th>
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<td>2016</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>2017</td>
<td>07/05/2017</td>
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Document Images

- 07/05/2017 - ANNUAL REPORT
- 09/13/2016 - AMENDED ANNUAL REPORT
- 04/15/2016 - ANNUAL REPORT
- 04/21/2015 - AMENDED ANNUAL REPORT
- 01/20/2016 - ANNUAL REPORT
- 08/08/2014 - AMENDED ANNUAL REPORT
- 01/09/2014 - ANNUAL REPORT

View image in PDF format
Event Title: The Second Annual Jammin for the Planet
Phone No.: 407-284-2899
Fax No.: ________________________________
Entity Name: Womens March Florida
Federal I.D. Number: 82-1382595
Event Date(s): 1/27/18
Location: William's Park
Day 1 of Event: 1/27/18
Time Gates Open: 12:00pm
Ending Time: 4:00pm
Day 2 of Event:
Time Gates Open: Ending Time: ________________________________
Day 3 of Event:
Time Gates Open: Ending Time: ________________________________
Application Prepared by: Megan Weeks
Phone: 407-484-2899
Title: Organizer
Cell Phone: 407-484-2899
Address: 333 3rd St. N
City: St. Petersburg
State: FL
Zip: 33701
Email Address: mweeks@greenpeace.org
Additional Contact Person: Catalina Farrington
Day Phone: 808-389-1518
What month/year were you incorporated as nonprofit? 1/1/2011
List all 501(c)3 entities that will benefit from this event. Everyday Hero Project, Greenpeace, Women’s March Florida
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.
To catalyze the community, we are hosting a block party centered around sustainability practice and installations that will demonstrate the seriousness of irresponsible fossil fuel gathering. Various organizations will have booths set up encouraging local involvement and action. Local businesses will have an opportunity to promote their progressive products or services. Poets and musicians will perform at the bandshell throughout the day.
This is a cultural and educational event that will demonstrate St. Pete’s progressive agenda.
Describe what economic benefit and impact this event will bring to St. Petersburg.
Local businesses will be invited to offer goods and services to attendees.

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

Does your group presently have liability insurance? □ YES □ NO
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.everydayheroproject.com/jammin
Please provide a phone number that can be advertised to the public. 407-484-2899
What is the estimated attendance for this event? Spectators: 200 Participants: 50 Last Year’s Total Attendance 70
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) ☐ No

Special Events Facilities
Mahaffey Theater
Coliseum
Sunken Gardens
Boyd Hill

Non-City Locations
Which Location:

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

Tables (6 ft) # needed:

Chairs # needed:

Public Address System ☐ Yes, please:

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

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

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

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

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

Name: Megan Weeks
Title: Organizer
Date: 7/12/17

Co-Sign: Catalina Farrington
Title: Organizer
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

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

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional Insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></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>
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<tr>
<td>Semitruck / Tractor Trailer</td>
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</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
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<tr>
<td>Invitations</td>
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</tr>
<tr>
<td>Posters / Flyers</td>
<td>Radio</td>
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<tr>
<td>Newspaper / Internet</td>
<td>Television</td>
</tr>
<tr>
<td></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?  [X] YES  [ ] NO

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

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

Food trucks and coffee vendors will be present at the event.

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:  Aloha Movement Project  Phone:  808-389-1518

Address (including zip):  432 9th Ave N, St. Petersburg, FL 33701

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

Local musicians will play a variety of alternative and folk in the Williams Park Bandshell.

List Vending Products. Name & Provider.

Reece Builders: Energy efficient home Improvement

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.

Local bands will perform as entertainment.

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

Vendors will occupy the pay for parking spaces around Williams Park for loading and unloading on January 27, 2018 between 9am-11am for unloading and 4pm-6pm for loading.
Other Comments: Please describe your fee structure.

This is a free event.

Other comments:

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

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

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

Name: Megan Weeks  Title: Organizer  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: Aloha Movement Project (DBA: Everyday Hero Project)
Name of Responsible Party (President or CEO ONLY): Catalina Farrington
Title of Responsible Party: Executive Director
Physical Address of Responsible Party: 432 9th Ave N St. Petersburg, FL 33701
Phone Number of Responsible Party: 808-389-1518
Email Address of Responsible Party: everydayherosquad@gmail.com
Nonprofit (Employee Identification Number): 27-3526444

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

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

## STATEMENT OF REVENUE AND EXPENSES FORM

PRIOR YEAR'S EVENT  
(Must be completed)

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
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<tbody>
<tr>
<td>1. Donations</td>
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<tr>
<td>7.</td>
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<tr>
<td>8.</td>
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**TOTAL GROSS REVENUE**

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<td>2. Promotion (Flyers/Banner)</td>
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<td>3. Entertainment</td>
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<td>4. Event Memorabilia (Buttons)</td>
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**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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<tr>
<td>5.</td>
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<tr>
<td>6.</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Megan Weeks  
Date:  

[Print Application]  
Page 8 of 8  
[Submit Application by Email]
WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1382595. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete names and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.
IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is WOME. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.
Contract/Permit

Contract #: 21247
Date: 10 Aug 2017

WOMENS MARCH FLORIDA
MEGAN WEEKS
233 3RD ST N
ST PETERSBURG FL 33701 USA

Purpose of Use: THE SECOND ANNUAL JAMMIN FOR THE PLANETS
Expected: 200
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 27 Jan 18 08:00 am
Ending: Sat 27 Jan 18 06:00 pm

Facility/Equipment Day Date Time Fee Extra Fee Tax Total
Williams Park Sat 27 Jan 18 08:00 AM $0.00 $200.00 $0.00 $200.00
Park 06:00 PM

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

Extra Fee - Bookings Hours Quantity Charge Tax Total
Co-Sponsored Park Permit Fee 10:00 1 $200.00 $0.00 $200.00
1 $200.00 $0.00 $200.00

Charges:
- Fees: $0.00
- Extra Fees: $230.00
- Tax: $0.00
Total: $230.00
Deposit: $0.00
Total Applied: $230.00
Contract Balance: $0.00
Account Balance: $0.00
Balance of rental due and payable immediately.

Payments:
Date Amount Payment Type Reference Receipt Number
10 Aug 2017 $230.00 Cash Rental 2881406

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): MEGAN WEEKS
(Print Name) WOMENS MARCH FLORIDA
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 Aug 2017, 09:45 AM
User: jsbennin
Page: 1
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
City of St. Petersburg

WOMENS MARCH FLORIDA
MEGAN WEEKS
233 3RD ST N
ST PETERSBURG, FL 33701 USA

Receipt #: 2881406
User: JSBENNIN
Issued: Thu 10 Aug 17 09:44 am

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<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
</tr>
<tr>
<td>Applied To: 21247 - THE SECOND ANNUAL JAMMIN FOR THE PLANETS</td>
<td>$230.00</td>
</tr>
<tr>
<td>Williams Park - Park</td>
<td></td>
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<td>January 27, 2018 8:00 am to January 27, 2018 6:00 pm</td>
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</tr>
<tr>
<td>Payment: Cash</td>
<td>($230.00)</td>
</tr>
</tbody>
</table>

Balance $0.00

APPROVED REFUNDS ARE BY CHECK ONLY
Detail by Entity Name

Florida Not For Profit Corporation
WOMEN'S MARCH FLORIDA, INC.

Filing Information
Document Number: N17000003466
FEI/EIN Number: NONE
Date Filed: 03/30/2017
State: FL
Status: ACTIVE

Principal Address
533 N.E. 3RD AVE., #247
FT. LAUDERDALE, FL 33301

Mailing Address
533 N.E. 3RD AVE., #247
FT. LAUDERDALE, FL 33301

Registered Agent Name & Address
LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS, STE. 400
FT. MYERS, FL 33907

Officer/Director Detail
Name & Address
Title
COLLUM, EMMA
533 N.E. 3RD AVE., #247
FT. LAUDERDALE, FL 33301

Title
NEWELL TAYLOR, ALEXANDRA
3212 ALTON RD.
W. PALM BCH., FL 33405

Title
MUNOZ, PAULA
12207 S.W. 52ND PL.
COOPER CITY, FL 33330

Annual Reports
No Annual Reports Filed

Document Images
03/30/2017 -- Domestic Non-Profit
### Event Title:
Wine Weekend 2018

### Entity Name:
The Museum of Fine Arts St. Petersburg

### Event Date(s):
February 2, 3, 4

### Location:
The Museum of Fine Arts & the north lawn

### Day 1 of Event:
Patron Party
- Time Gates Open: 6pm
- Ending Time: 11pm

### Day 2 of Event:
Lunch/Dinner
- Time Gates Open: 1pm
- Ending Time: 9pm

### Application Prepared by:
JP Fatseas

### Title:
Director of Operations

### Address:
255 Beach Dr. NE
St. Petersburg, FL 33701

### Email Address:
jpfatseas@mfastpete.org

### What month/year were you incorporated as nonprofit?
1962

### List all 501(c)3 entities that will benefit from this event.
The Museum of Fine Arts

### 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.
Wine Weekend is the one of five major fundraisers presented by the Stuart Society each year on behalf of the Museum of Fine Arts. The Stuart Society is a main fundraising arm of the Museum of Fine Arts. All proceeds from the fundraising events go to support the programs, exhibitions and other expenses of the Museum of Fine Arts. As an integral part of the downtown community these events contribute to the sustainability of the museum.

Nearly 4.5 Million dollars has been raised since the inception of the Stuart Society Fifty plus years ago.

The Stuart Society funds have also supported publications, operating expense, major exhibitions, art acquisitions, art restorations, educational programs, and capital improvements. Most recently this was the completion of an exterior lighting project for the Museum Grounds.

### Describe what economic benefit and impact this event will bring to St. Petersburg.
The purpose of the event again, is to ensure the sustainability of the Museum of Fine Arts. Being a prominent cultural institution that shares the waterfront park both with the city and the residents of St. Petersburg, it is important that the Museum continue to thrive, with the Museum thriving we are able to implement additional public programs and events and that he residents of ST. Petersburg are able to attend, like painting the park a free event put on by the Museum of Fine Arts. Additionally this event will draw people from around the country to participate and patronize other restaurants and shops as well as stay in 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

### 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.wineweekendstpete.org](http://www.wineweekendstpete.org)

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

### What is the estimated attendance for this event?
- Spectators: 450
- Participants: 215
- Last Year's Total Attendance: 400
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  [ ] 0  
Chairs # needed  [ ] 0  
Public Address System  [ ] 0  
# 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?  

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: Kristen Shepherd  Title: Executive Director, MFA  Date: 8.25.17

Co-Sign:  Title:  Date:  

NOTE:  

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcoholic 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>
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<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
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<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<td>VIP Area</td>
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<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<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.

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

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

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

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

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.
The Museum of Fine Arts

Explain subject/purpose of all speeches/demonstrations which will occur.
Live Auctioneer, for the purposes of selling auction lots.

Discuss your load in/load out parking needs, include times and dates.
Load in will be done Friday for the tent and mid day Saturday for the caterer. Parkshore Grill will be catering the events.
Other Comments: Please describe your fee structure.

Other comments:
The event will be taking place inside the Museum both Friday and Sunday. Just the events on Saturday will be on the Museum side of North Straub Park.

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: ___________________________ Title: Executive Director Date: 8.25.17
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

* All first time entities requesting events will be required to complete a credit application.
**Appendix B**

**President or CEO**

**Responsible Party Information**

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>The Museum of Fine Arts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Kristen Shepherd</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>255 Beach Dr. NE St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-896-2667</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:jpfatseas@mfastpete.org">jpfatseas@mfastpete.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-09449278</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Kristen Shepherd</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>255 Beach Dr. NE St Peters burg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-896-2667</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:jpfatseas@mfastpete.org">jpfatseas@mfastpete.org</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>59-09449278</td>
</tr>
</tbody>
</table>

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

## STATEMENT OF REVENUE AND EXPENSES FORM

**PRIOR YEAR'S EVENT**

(Must be completed)

<table>
<thead>
<tr>
<th>I.</th>
<th>REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1.</td>
<td>Reservations</td>
<td>$57,500.00</td>
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<tr>
<td>2.</td>
<td>Auction</td>
<td>$90,745.00</td>
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<tr>
<td>3.</td>
<td>Miscellaneous</td>
<td>$10,387.00</td>
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<tr>
<td>4.</td>
<td>Sponsors</td>
<td>$106,170.90</td>
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<tr>
<td>5.</td>
<td>Paddle Pledge</td>
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<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
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<tr>
<td>8.</td>
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**TOTAL GROSS REVENUE** $320,802.90

<table>
<thead>
<tr>
<th>II.</th>
<th>EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1.</td>
<td>Linens</td>
<td>$3,382.00</td>
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<tr>
<td>2.</td>
<td>Food And Beverage</td>
<td>$29,205.00</td>
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<td>3.</td>
<td>Auction Expense</td>
<td>$65,487.00</td>
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<td>4.</td>
<td>Legal Fees</td>
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<td>5.</td>
<td>Gala</td>
<td>$6,150.00</td>
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<tr>
<td>6.</td>
<td>Music</td>
<td>$2,500.00</td>
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<td>7.</td>
<td>Entertainment</td>
<td>$450.00</td>
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<td>8.</td>
<td>Printing Postage</td>
<td>$4,465.75</td>
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<td>9.</td>
<td>Rentals</td>
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<td>10.</td>
<td>Valet</td>
<td>$300.00</td>
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<td>11.</td>
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<tr>
<td>12.</td>
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**TOTAL OPERATING EXPENSES** $115,273.00

**TOTAL NET INCOME** $205,529.90

<table>
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<th>III.</th>
<th>ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
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<tbody>
<tr>
<td>1.</td>
<td>100% went to support the mission of the museum of Fine arts.</td>
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<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
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</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME** $205,529.90

Prepared by: JP Fatseas

Date: 8.25.17
Florida Not For Profit Corporation
MUSEUM OF FINE ARTS OF ST PETERSBURG, FLORIDA, INC.

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<td>State</td>
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<td>Last Event</td>
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<td>Event Date Filed</td>
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<td>Event Effective Date</td>
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<table>
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<th>Principal Address</th>
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<td>255 BEACH DR NE</td>
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<tr>
<td>SAINT PETERSBURG, FL 33701-0498</td>
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</table>

Changed: 05/23/2000

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<th>Mailing Address</th>
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<td>SAINT PETERSBURG, FL 33701-0498</td>
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Changed: 05/23/2000

<table>
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<th>Registered Agent Name &amp; Address</th>
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<tr>
<td>Shepherd, Kristen A., Ms.</td>
</tr>
<tr>
<td>255 BEACH DRIVE N.E.</td>
</tr>
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<td>ST PETERSBURG, FL 33701</td>
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Name Changed: 01/06/2017

Address Changed: 06/05/2008

<table>
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<tr>
<th>Officer/Director Detail</th>
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<tbody>
<tr>
<td>Name &amp; Address</td>
</tr>
<tr>
<td>Title Chairman</td>
</tr>
</tbody>
</table>

Mahaffey, Mark, Mr.  
255 BEACH DR. NE  
ST. PETERSBURG, FL
Title VC

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

### Annual Reports

<table>
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<td>2016</td>
<td>03/04/2016</td>
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<td>2017</td>
<td>01/06/2017</td>
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### Document Images

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<td>09/01/1995</td>
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</table>
Contract #: 21550
Date: 19 Sep 2017

MUSEUM OF FINE ARTS
JP FATSEAS
255 BEACH DR NE
ST PETERSBURG FL 33701 USA

Purpose of Use: WINE WEEKEND 2018
Expected: 500
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 02 Feb 18 12:00 am
Ending: Sun 04 Feb 18 11:59 pm

Facility/Equipment Day Date Time Fee Extra Fee Tax Total
Special Programs Fri 02 Feb 18 12:00 AM $0.00 $0.00 $0.00 $0.00
Special Event 04 Feb 18 11:59 PM

Additional Fees:
Extra Fee
Co-Sponsored Application Fee $30.00 $0.00 $0.00 $30.00

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

Balance of rental due and payable immediately.

Payments:
Date Amount Payment Type Reference Receipt Number
19 Sep 2017 $30.00 Check 2898057

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

By:(Sign Name) JP FATSEAS
(Print Name) MUSEUM OF FINE ARTS
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Manager

Printed: 18 Sep 2017, 10:21 AM
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 900-955-8771.
## Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

Applied To: 21550 - WINE WEEKEND 2018

  Special Programs - Special Event  
  February 2, 2018 12:00 am to February 4, 2018 11:59 pm

Payment: Check  
($30.00)  

Balance  
$0.00
**Event Title:** FIRST FRIDAY  
**Phone No.:** 727-282-2278

**Entity Name:**  
**Location:** Central Ave between 2nd & 3rd St

**Event Date(s):**  
**Day 1 of Event:**  
**Time Gates Open:** 5:00 pm  
**Ending Time:** 11:30 pm

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

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

**Application Prepared by:** WALTER SWAN  
**Phone:** 727-282-2278

**Title:** EVENT CO-CHAIR  
**Address:** 5611 90 AN CIR E  
**City:** VARNA  
**State:** FL  
**Zip:** 34219

**Email Address:** WALTFS16FLA.COM

**Additional Contact Person:** KENTON SMITH  
**Day Phone:** 727 656 5811

**What month/year were you incorporated as nonprofit?**  
**List all 501(c)3 entities that will benefit from this event:** BOC FOUNDATION

**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.**

> Brings residents & visitors together in a festive venue to enjoy live music

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

> The Restaurants + Bars on Central Ave & the surrounding area enjoy increased business as compared to other Friday night

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?**  
**How much?**

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

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

**Please provide the website address for your event:**  
**Please provide a phone number that can be advertised to the public:**

**What is the estimated attendance for this event?**  
**Spectators**  
**Participants**  
**Last Year's Total Attendance**
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: WALTER SWAN

Title: Cochran

Date: 8/27/17

Co-Sign: Kenton Smith

Title: Cochran

Date: 8/27/17

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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

Marketing: Please check all that apply.

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

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

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

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

□ Other: BEER Truck

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.

Reduced Police # of Officers

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

Name: [Boo Foundation Inc] Phone: [713 282 2278]

Address (including zip):

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

Oldies, Country Rock, 1 Stage, 1 Band Per Event

List Vending Products. Name & Provider.

W/1

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

GREAT BAY DISTRIBUTORS SWEETWATER BREWING COMPANY

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

W/1

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

W/1
Please describe your fee structure.

**No Admission**

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: [Chair]  Date: [8/27/17]
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: BREAKFAST OPTIMIST CLUB OF ST. PETERSBURG FOUNDATION, INC.
Name of Responsible Party (President or CEO ONLY): WALTER SWAN
Title of Responsible Party: DIRECTOR
Physical Address of Responsible Party: 5611 90 Ave Circle East Parrish, FL 34219
Phone Number of Responsible Party: 727-382-2278
Email Address of Responsible Party: WALTER@BPA.COM
Nonprofit (Employee Identification Number): TO FOLLOW

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

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

What method of invoicing would your organization prefer?

☑ BY Mail

Contact Name: [Blank]
Address: PO BOX 12045
City, State, Zip: ST PETERSBURG, FL 33733

☑ BY EMAIL

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

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

TOTAL GROSS REVENUE

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

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

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

10,000

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Belle Foundation Funds The Youth Fund For Breakfast Optimist Club 100%</td>
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TOTAL ALLOCATION OF NET INCOME

10,000

Prepared by: Walter Swan

Date: 8/23/17
<table>
<thead>
<tr>
<th>Event Dates</th>
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<tr>
<td></td>
<td>Oct 6</td>
<td>Jan 5</td>
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<td></td>
<td>Nov 3</td>
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<td>Dec 1</td>
<td>Mar 2</td>
</tr>
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<tr>
<td></td>
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<td>May 4</td>
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<tr>
<td></td>
<td></td>
<td>June 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jul 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aug 3</td>
</tr>
<tr>
<td></td>
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<td>Sept 7</td>
</tr>
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</table>
EXHIBIT A
RISK MANAGEMENT REVIEW FORM
CO-SPONSORED EVENTS

NAME OF EVENT:

DATE OF EVENT:

GENERAL REQUIREMENTS:

Commercial General Liability Insurance: $1,000,000 per occurrence

Liquor Liability Insurance:
- $1,000,000 Event Organizer
- $1,000,000 501(c)3

Specialty Vendors:
- $1,000,000 General Liability
  (vendors that provide private security, firework productions, climbing walls, bounce house, water slides, etc.)

All of the insurance required under this Agreement, shall be in affect under enforceable policies issued by insurers licensed to do business in the State of Florida and be rated A- or better by a rating agency such as A.M. Best or its equivalent. All policies shall name the City of St. Petersburg as additional insured, be in occurrence form, and provide contractual liability covering the liability assumed in this Agreement including set up and tear down of the event.

Where alcoholic beverages will be served and/or sold at the Event, the Promoter and the Non-Profit shall both be required to obtain Liquor Liability Insurance naming City as an additional insured with coverages and policy limits as required by City for the Event. The Non-Profit shall provide City with a copy of its current license to sell alcoholic beverages issued by the State of Florida Division of Alcoholic Beverages and Tobacco.


Certificates of insurance are due to the City of St. Petersburg Risk Management Division no later than 5:00 pm thirty (30) days prior to the scheduled event. If you have any questions in regards to the insurance requirements, please contact Robert Coats at (727) 893-7314 or email at: Robert.Coats@stpete.org.
Event Name: FIRST FRIDAY  
Event Date(s): FIRST FRIDAY EACH MONTH  
Event Location: Central Ave between 2nd and Third Streets  
Event Representative: WALTER SWAN  
Address: 5611-90 AVE CTR EAST PARRISH FL 34219  
Phone: 727 982 2272  
Fax:  
E-Mail: WALTERS@FLA.COM  
Event Website: www.FIRSTFRIDAYSTPET.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: 3
b. Total Number of Accessible Portable Units: 3
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 X 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: X 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 X 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. X 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 counter/vendors have accessible displays?
   Yes X 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

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

*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 X

*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   X  

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:

Walter Smith  

Signature, Event Representative  

Date:  

Walter Swan  

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
Application for Street Closure Permit
SPPD Special Events Unit

Property Owner Approval Sheet

We, the undersigned property owners in the City of St. Petersburg, Florida, have no objections to the street abutting our property being temporarily closed for the time span indicated below:

STREET(S) TO BE CLOSED: Central Ave  BETWEEN 2nd & 3rd Street

DATE OF REQUESTED CLOSURE: FIRST FRIDAY  TIME SPAN: From 3 PM to 11:30 PM EACH MONTH

<table>
<thead>
<tr>
<th>PRINTED NAME</th>
<th>SIGNATURE</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lauren Barnes</td>
<td>Lauren Barnes</td>
<td>201 Central</td>
</tr>
<tr>
<td>Niall McCourt</td>
<td>Niall McCourt</td>
<td>215 Central</td>
</tr>
<tr>
<td>Marcia Baumgarth</td>
<td>Marcia Baumgarth</td>
<td>231 Central</td>
</tr>
<tr>
<td>Ty Elias</td>
<td>Ty Elias</td>
<td>233 Central</td>
</tr>
<tr>
<td>Alice Garrett</td>
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<td>241 Central</td>
</tr>
<tr>
<td>Josh Connell</td>
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</tr>
<tr>
<td>Jonathan Kosinski</td>
<td>Jonathan Kosinski</td>
<td>247 Central</td>
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<tr>
<td>Jonathan Kosinski</td>
<td>Jonathan Kosinski</td>
<td>249 Central</td>
</tr>
<tr>
<td>Vinnie Cosenza</td>
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<tr>
<td>Jonathan Kosinski</td>
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<td>Josh Connell</td>
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<td>279 Central</td>
</tr>
<tr>
<td>Jonathan Kosinski</td>
<td>Jonathan Kosinski</td>
<td>269 Central</td>
</tr>
</tbody>
</table>

Page 2 of 3

Application for Street Closure Permit

Police Special Events Unit  Revised 10-01-2007
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER
Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. Box 14521
Des Moines, IA 50308-4521

INSURED
Optimist International
The Breakfast Optimist Club of St. Petersburg, Florida Inc.
c/o Walter Swan
5611 90 Ave Cir E
Petersburg, FL 33733

CONTACT NAME:
PHONE: 803-505-5227
FAX:
EMAIL: pscsteam.service@mercer.com
ADDRESS:

INSURER(S) AFFORDING COVERAGE:

INFORM.:
INSURER A: Philadelphia Indemnity Insurance Co
INFORM.:
INSURER B:
INFORM.:
INSURER C:
INFORM.:
INSURER D:
INFORM.:
INSURER E:
INFORM.:
INSURER F:

CERTIFICATE NUMBER: PHPK1644021
REVISION NUMBER:

COVERAGES

COVERAGE OF OPERATIONS

on First Friday of Each Month starting 07/05/2017

Public Liability

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Effective 07/05/2017 include City of St. Petersburg as additional insured: Certificate Holder (CG2012) but only with respects to the named insured's negligence with regards to the Get Downtown First Friday event to be held at Central Ave, St. Petersburg, FL 33733 on First Friday of Each Month starting 07/05/2017 through the term of the policy.

CERTIFICATE HOLDER
City of St. Petersburg
PO Box 2842
St. Petersburg, FL 33733

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

The ACORD name and logo are registered marks of ACORD
## Certificate of Liability Insurance

**Client ID**: 906348 04BREAKOPT

**Date (MM/DD/YYYY)**: 05/16/2017

---

**PRODUCER**

BB&T Insurance Services, Inc.
414 Gallimore Dairy Road
Suite F
Greensboro, NC 27409

**Contact**

PHONE (888) 743-2217

EMAIL: INSURER@ACORD.COM

---

**INSCRIBED INSURERS/ASSIGNED COVERAGES**

- **INSURER A**: Mount Vernon Fire Insurance Company
  26522

---

**CERTIFICATE NUMBER**: CL2712884

**DATE OF ISSUE**: 05/04/2017

**DATE OF EXPIRY**: 04/08/2018

---

**COVERAGES**

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<tr>
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<th>LIMITS FROM (MM/DD/YYYY)</th>
<th>LIMITS TO (MM/DD/YYYY)</th>
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</thead>
</table>
| **COMMERCIAL GENERAL LIABILITY** | EACH OCCURRENCE | $1,000,000
| CLAIMS-MADE | $1,000,000
| AGGREGATE LIMIT APPLIES PER | LOC | $1,000,000
| POLICY | $1,000,000
| OTHER | $1,000,000

**AUTOMOBILE LIABILITY**

- **ANY AUTO**
  - **ALL OWNED AUTOS**
    - **SCHEDULED AUTOS**
  - **HIRED AUTOS**
  - **UMBRELLA LIABILITY**
  - **EXCESS LIABILITY**

**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY**

- **PER ACCIDENT**
- **FOR EACH ACCIDENT**

**DESCRIPTION OF OPERATIONS LOCATIONS VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is listed as additional insured.

Get Downtown Music Series events promoted by the insured located on Central Avenue between 2nd and 3rd streets, St. Petersburg, Florida.

---

**CERTIFICATE HOLDER**

City of St. Petersburg
P.O. Box 2842
St. Petersburg, FL 33731

**CANCELLATION**

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

**AUTHORIZED REPRESENTATIVE**

[Signature]

---

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01) 1 of 1
Detail by Entity Name

Florida Not For Profit Corporation
THE BREAKFAST OPTIMIST CLUB OF ST. PETERSBURG, FLORIDA, INC

Filing Information

<table>
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<th>711374</th>
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<td>06/08/2007</td>
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Principal Address

5611 90th Ave Circle East
Parrish, FL 34219

Changed: 06/15/2015

Mailing Address

P O BOX 12045
ST PETERSBURG, FL 33733

Changed: 02/10/1994

Registered Agent Name & Address

Swan, Walter
5611 90 Ave Circle East
Parrish, FL 34219

Name Changed: 06/15/2015

Address Changed: 06/15/2015

Officer/Director Detail

Name & Address

Title D

BILLY, QUINTON SR
3800 6TH AVE. N.
SAINT PETERSBURG, FL 33713
Title Treasurer
Swan, Walter
5611 90 Ave Circle East
Parrish, FL 34219

Title S
STARK, GAIL
745 26th AVE NO.
SAINT PETERSBURG, FL 33704

Title President
Curcio, Susan
4174 Beach Drive SE
St. Petersburg, FL 33705

Annual Reports
<table>
<thead>
<tr>
<th>Report Year</th>
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<tr>
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<td>06/15/2015</td>
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<tr>
<td>2016</td>
<td>02/18/2016</td>
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<tr>
<td>2017</td>
<td>02/01/2017</td>
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</table>

Document Images
02/15/2017 -- ANNUAL REPORT
02/19/2016 -- ANNUAL REPORT
01/29/2015 -- ANNUAL REPORT
03/30/2014 -- ANNUAL REPORT
03/09/2013 -- ANNUAL REPORT
02/29/2012 -- ANNUAL REPORT
02/22/2011 -- ANNUAL REPORT
02/23/2010 -- ANNUAL REPORT
03/05/2009 -- ANNUAL REPORT
03/12/2008 -- ANNUAL REPORT
02/03/2007 -- Amended and Restated Articles
02/12/2007 -- ANNUAL REPORT
02/29/2006 -- ANNUAL REPORT
02/28/2005 -- ANNUAL REPORT
04/22/2004 -- ANNUAL REPORT
02/21/2003 -- ANNUAL REPORT
02/21/2002 -- ANNUAL REPORT
03/02/2001 -- ANNUAL REPORT
01/19/2000 -- ANNUAL REPORT
02/27/1999 -- ANNUAL REPORT
05/01/1998 -- ANNUAL REPORT
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<td>Payment: Check</td>
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<tr>
<td>Balance</td>
<td>($30.00)</td>
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**Purpose of Use:** FIRST FRIDAY

**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:**

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<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
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<th>Charge</th>
<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
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<td>$0.00</td>
<td>$30.00</td>
</tr>
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</table>

**Charges:**

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<thead>
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<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
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</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>($30.00)</td>
</tr>
</tbody>
</table>
Contract #: 21551
Date: 19 Sep 2017

Balance of rental due and payable immediately.

Payments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
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</thead>
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<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2760440</td>
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</table>

Additional Notes:

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

By (Sign Name): WALTER SWAN
(Print Name) BREAKFAST OPTIMIST CLUB OF ST PETERSBURG
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:

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: May Movies in the Park 2018  
Entity Name: St. Petersburg Preservation  
Event Date(s): May 3, 10, 17, 24, 31  
Location: N. Straub Park  
Application Prepared by: Peter Belmont  
Title: Vice President  
Address: 102 Fareham Pl. N  
Email Address: pbreenmbelmont@gmail.com  
Additional Contact Person: Donna Miller  
What month/year were you incorporated as nonprofit? 1977  
List all 501(c)3 entities that will benefit from this event. St. Petersburg Preservation & Jump 4 Kids (revenue from beer/wine sales)  
Name of the for-profit entity? none  
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.  
This is the ninth year for the event downtown and we believe it has become one of the favorites of the downtown park events. Our event space in N. Straub Park is typically full each movie night and people consistently ask us to offer Movies in the Park more often. It is the type of event that people point to as why living in St. Pete is special. As reflected in answers to the movie questionnaire we pass out, people love the atmosphere of the event and its waterfront location. Attendees to the event spend money downtown and money purchasing picnic supplies to bring to movies. In short, Movies in the Park is an event loved and enjoyed by many and one of the small economic generators for downtown that cumulatively, with other events, adds up to a successful downtown.  
Describe what economic benefit and impact this event will bring to St. Petersburg.  
Most people attending Movies in the Park are either spending money at local businesses purchasing supplies for a picnic at the event, spending money purchasing food from local vendors at the event, or spending money at nearby downtown businesses before and after the event. We have limited data from questionnaires on amounts being spent.  
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  
Are there plans to sell or distribute beer/wine at your event? yes  
Will there be an admission / registration fee? no  
Advanced Fee: Day of:  
Please provide the website address for your event. www.stpetepreservation.org  
Please provide a phone number that can be advertised to the public. 727 463-4612  
What is the estimated attendance for this event? Spectators 700  
Last Year's Total Attendance 3500
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>2</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:</th>
<th>Peter Belmont</th>
<th>Title:</th>
<th>Vice-President</th>
<th>Date:</th>
<th>10-01-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sign:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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.

**Condition**

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

**Obligation**

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

Marketing: Please check all that apply.

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

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

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

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

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

No, unless needed to show pag 13 movie

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

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

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

As in past years, type of music will vary each movie evening; one small stage area with a solo or small group of musicians playing an hour before the start of the movie.

List Vending Products. Name & Provider.

Several vendors will be offering food/drinks (have not been finalized): vendors from past have included kettle korn, veggie burgers & smoothies, turkey legs & bbq, cookies/desert food and other easy to eat food. St. Petersburg Preservation will have a booth with information and books, tee shirts and posters for sale.

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

Jump 4 Kids
850 21st Ave. N.
St. Petersburg, FL 33704 727-504-3422

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

N/A

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

Set up occurs approximately 1-2 hours prior to event and take down occurs immediately after event, is usually complete within 45 minutes. We expect parking spaces on Bayshore to be "red bagged" for event use as in the past.
Other Comments: Please describe your fee structure.

event is free; donations are solicited once each evening

Other comments:

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

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

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

Name: Peter Belmont
Title: Vice-President
Date: 10-01-17
Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>St. Petersburg Preservation, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Responsible Party (President or CEO ONLY):</td>
<td>Emily Elwyn</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>836 16th Ave. NE, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727 515-4509</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:eelwyn@me.com">eelwyn@me.com</a></td>
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<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1888534</td>
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<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
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</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
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<tr>
<td>Title of Responsible Party:</td>
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<tr>
<td>Physical Address of Responsible Party:</td>
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<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
# APPENDIX C
## STATEMENT OF REVENUE AND EXPENSES FORM
### PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Movies in the Park  
Date(s) of Event: May 2017

---

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

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<th>Source</th>
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<tr>
<td>Donations</td>
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<tr>
<td>Vendor Donations</td>
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<tr>
<td>Sales</td>
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<tr>
<td><strong>TOTAL GROSS REVENUE</strong></td>
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### II. EXPENSES (attach sheet if more space is needed)

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<tr>
<td>Music</td>
<td>$1,400.00</td>
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<tr>
<td>Movie Licensing</td>
<td>$3,570.00</td>
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<tr>
<td>Permit Fees</td>
<td>$230.00</td>
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<td>Promotion</td>
<td>$2,740.00</td>
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<td>SPP staff</td>
<td>$1,200.00</td>
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<td>Cost of Sale Items</td>
<td>$400.00</td>
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<tr>
<td>City Services</td>
<td>$4,260.00</td>
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<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$15,200.00</strong></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
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### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
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<tr>
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<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td><strong>$25,253.00</strong></td>
</tr>
</tbody>
</table>

Prepared by: Peter Belmont  
Date: 10-01-17
Contract #: 21773
Date: 09 Oct 2017

SAINT PETERSBURG PRESERVATION INC
PETER BELMONT
PO BOX 838
ST PETERSBURG FL 33731 USA

Purpose of Use: MOVIES IN THE PARK
Expected: 3,500
Co-Sponsored Event

Conditions of Use: Insurance Required

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

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

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Straub Park Park</td>
<td>Thu</td>
<td>03 May 2018</td>
<td>06:00 PM</td>
<td>$0.00</td>
<td>$200.00</td>
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<td></td>
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<td>11:00 PM</td>
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<td>North Straub Park Park</td>
<td>Thu</td>
<td>17 May 2018</td>
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<td>$0.00</td>
<td>$0.00</td>
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<td>11:00 PM</td>
<td></td>
<td></td>
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<tr>
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<td>Thu</td>
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<td>11:00 PM</td>
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<tr>
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Additional Fees:

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<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
<td>1</td>
<td>$30.00</td>
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<td>$30.00</td>
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</table>

<table>
<thead>
<tr>
<th>Extra Fee - Bookings</th>
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<th>Quantity</th>
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<tr>
<td>Co-Sponsored Park Permit Fee</td>
<td>5:00</td>
<td>1</td>
<td>$200.00</td>
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Charges:

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<tr>
<td>$ 0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</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):

(Print Name) PETER BELMONT

SAINT PETERSBURG PRESERVATION INC

Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name):

(Park and Recreation Superintendent)

(Park 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 600-566-8771.
Florida Not For Profit Corporation
SAINT PETERSBURG PRESERVATION, INC.

**Filing Information**
- **Document Number**: 741785
- **FEI/EIN Number**: 59-1898534
- **Date Filed**: 02/23/1978
- **State**: FL
- **Status**: ACTIVE
- **Last Event**: RESTATED ARTICLES
- **Event Date Filed**: 11/29/2011
- **Event Effective Date**: NONE

**Principal Address**
- 102 FAREHAM PLACE N
- ST. PETERSBURG, FL 33701

Changed: 01/22/2014

**Mailing Address**
- P.O. BOX 838
- ST. PETERSBURG, FL 33731

Changed: 08/14/1996

**Registered Agent Name & Address**
- BELMONT, PETER
- 102 FAREHAM PLACE NORTH
- SAINT PETERSBURG, FL 33704

Name Changed: 01/26/2011

Address Changed: 01/26/2011

**Officer/Director Detail**
**Name & Address**
- **Title President**
- ELWYN, EMILY
- 836 16th Avenue NE
- SAINT PETERSBURG, FL 33704
Title Treasurer

Pastman, Peter
2326 Woodlawn Circle West
SAINT PETERSBURG, FL 33704

Title VP

BELMONT, PETER
102 FAREHAM PLACE N
SAINT PETERSBURG, FL 33701

Title Executive Director

Stribling, Allison E
Po Box 1076
Saint Petersburg, FL 33731

Title Secretary

Jeff, Danner
2351 Dartmouth Avenue N
St. Petersburg, FL 33713

Annual Reports

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<th>Filed Date</th>
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<td>02/11/2015</td>
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<tr>
<td>2016</td>
<td>03/25/2016</td>
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<tr>
<td>2017</td>
<td>03/20/2017</td>
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Document Images

- 03/20/2017 — ANNUAL REPORT
- 03/25/2016 — ANNUAL REPORT
- 02/11/2016 — ANNUAL REPORT
- 01/22/2015 — ANNUAL REPORT
- 03/07/2013 — ANNUAL REPORT
- 03/09/2012 — ANNUAL REPORT
- 11/29/2011 — Restated Articles
- 01/26/2011 — ANNUAL REPORT
- 03/28/2010 — ANNUAL REPORT
- 04/06/2009 — ANNUAL REPORT
- 05/05/2009 — ANNUAL REPORT
- 04/09/2007 — ANNUAL REPORT
- 04/13/2006 — ANNUAL REPORT
- 05/04/2006 — ANNUAL REPORT
- 05/03/2004 — ANNUAL REPORT
- 04/14/2003 — ANNUAL REPORT
- 05/09/2002 — ANNUAL REPORT
- 06/17/2001 — ANNUAL REPORT
Event Title: Swim Across America Tampa Bay  Phone No.: 727-258-7562  Fax No.:  
Entity Name: Swim Across America  Federal I.D. Number: 22-324-8256  
Event Date(s): April 14, 2018  Location: St. Petersburg, North Shore Pool/Beach  
Day 1 of Event: Time Gates Open: 6:30am  Ending Time: 12:00pm  
Day 2 of Event: Time Gates Open:  Ending Time:  
Day 3 of Event: Time Gates Open:  Ending Time:  
Application Prepared by: Amy Maguire and Megan Melgaard  Phone: 727-258-7562  
Address: 606 14th Ave NE  City: St. Petersburg  State: FL  Zip: 33701  
Email Address: amyrmaguire@icloud.com  
Additional Contact Person: Megan Melgaard  Day Phone: 404-823-7946  
What month/year were you incorporated as nonprofit? 1987  
List all 501(c)3 entities that will benefit from this event. Swim Across America, John's Hopkins All Children's, Moffitt Cancer Center  
Name of the for-profit entity? Swim Across America  
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg. Swim Across America unites communities by hosting Open Water Swims and swimming events to raise funds for promising early stage cancer research and clinical trials. Nationally, SAA has raised over $70M. Each of the 16 SAA Open Water main event swims partner with a local beneficiary to help 'make waves to fight cancer.' SAA helps fill in the funding void by providing grants so doctors can conduct clinical trials and research that can lead to breakthroughs in both detection and treatment. Over 5 years, Swim Across America Tampa Bay has raised $1.25M for Moffitt, specifically immunotherapy clinical trials as well as an Adolescent and Young Adult program. Moving the swim to St. Petersburg will broaden the awareness and unite the community in the fight against cancer. Participants and volunteers of all backgrounds and ages are welcome.  
Describe what economic benefit and impact this event will bring to St. Petersburg. Many SAA supporters travel from other cities to participate in our swims. St. Petersburg will see an impact in regards to hospitality (hotels and restaurants), community outreach, Olympian attendance, and outdoor / athletic activity sectors. In other SAA markets, we see similar local impact upwards of $30,000. Proceeds of this event go to John's Hopkins All Children's and Moffitt Cancer Center to fund clinical trials, cancer research, and cancer support.  
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.  
Does your group presently have liability insurance? YES NO  
Are there plans to sell or distribute beer/wine at your event? YES NO  
Will there be an admission / registration fee? YES NO  
Advanced Fee: 25.00  Day of: 500.00  
Please provide the website address for your event. www.swimacrossamerica.org/tampabay  
Please provide a phone number that can be advertised to the public.  
What is the estimated attendance for this event? Spectators 200  Participants 350  Last Year's Total Attendance 350
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

- Showmobile (Yes/No): [Blank]
- # Bleachers needed. Each bleacher approx. 180 people: [Blank]
- Tables (6 ft) # needed: 30
- Chairs # needed: 50
- Public Address System: Yes
- # of portable risers needed (4 in. x 8 in. x 16 in. sections): [Blank]

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: Amy Maguire  Title: SAA Tamp Bay Event Director  Date: 9/1/17
Co-Sign: Megan Melgaard  Title: SAA Director of Events  Date: 8/30/17

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>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>
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<tr>
<td>VIP Area</td>
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<tr>
<td>Staging</td>
<td>Professional</td>
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<td>Amplified Sound</td>
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<tr>
<td>Security</td>
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<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>
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<tr>
<td></td>
<td>Disabled Units</td>
</tr>
<tr>
<td></td>
<td>Hand Washing</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

If YES, check all that apply.

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

☐ Other:

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

Generator needed for finish line arch.
Food trucks will provide own generators.

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: Swim Across America - Amy Maguire
Phone: 727-656-8413

Address (Including zip):

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

DJ and 2 local musicians. (Singer and guitarist.)

List Vending Products. Name & Provider.

Swim Across America merchandise.
Jolyn Swimsuits.
Food trucks.

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.

Presentation from organizing committee, along with presentation from Doctors who receive the grant/funding from Swim Across America Tampa Bay, cancer survivors, safety speeches, and DJ presentation throughout event.

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

~15 foot truck will be needed for equipment delivery and will need to be parked nearby. Coca-Cola event truck to be parked on site. Moffitt Mole Patrol & John's Hopkins All Children's RV will be parked on site.
Early registration is $25, with increasing tiers to $50 and $100 as event day approaches. Fundraising minimums for the event are: Under 18 $200 per individual; 18 and over $500 per individual.

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: Amy Maguire
Title: Swim Across America Tampa
Date: 9/1/17
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: Swim Across America

Name of Responsible Party (President or CEO ONLY): Rob Butcher

Title of Responsible Party: CEO

Physical Address of Responsible Party: 11600 N. Community House Road, Suite 100, Charlotte, NC 28277

Phone Number of Responsible Party: 980-237-9127

Email Address of Responsible Party: rob@swimacrossamerica.org

Nonprofit (Employee Identification Number): 22-324-8256

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
- [ ] BY EMAIL

Contact Name

Address

City, State, Zip

Email Address: amyrmaguire@icloud.com
## APPENDIX C
### STATEMENT OF REVENUE AND EXPENSES FORM
**PRIOR YEAR'S EVENT**
(Must be completed)

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

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<th>Description</th>
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<tbody>
<tr>
<td>1. Donations and Registration Fees (<em>Registration fees less expenses go back to the beneficiaries</em>)</td>
<td>$225,000</td>
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<td>2. Sponsorships</td>
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**TOTAL GROSS REVENUE**

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

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<th>Description</th>
<th>Amount</th>
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<td>1. Local Event Rentals and Services (tables, tents, staff, etc.)</td>
<td>$25,000</td>
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<tr>
<td>2. Hotels</td>
<td>$5,000</td>
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<tr>
<td>3. Food</td>
<td>$1,500</td>
</tr>
<tr>
<td>4. Volunteer Services (t-shirts, towels, etc)</td>
<td>$12,000</td>
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<tr>
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<td>6.</td>
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<td>11.</td>
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<tr>
<td>12.</td>
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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>
</tr>
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<tbody>
<tr>
<td>1. Johns Hopkins All Children's</td>
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<tr>
<td>2. Moffitt Cancer Center</td>
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<td></td>
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<td></td>
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<td>5.</td>
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<tr>
<td>6.</td>
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</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Megan Melgaard
Date: 9/1/17
Contract/Permit

Contract #: 21774
Date: 09 Oct 2017

SWIM ACROSS AMERICA, INC.
MEGAN MELGAARD
606 14TH AVE NE
ST PETERSBURG FL 33701 USA

Expected: 400

Purpose of Use: SWIM ACROSS AMERICA TAMPA BAY

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 14 Apr 18 05:00 am
- Ending: Sat 14 Apr 18 01:00 pm

Facility/Equipment

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
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Additional Fees:

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

- Extra Fee - Bookings
  - Co-Sponsored Park Permit Fee
  - Hours: 8:00
  - Quantity: 1
  - Charge: $200.00
  - Tax: $0.00
  - Total: $200.00

Charges:

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<td>$230.00</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) MEGAN MELGAARD
(Print Name) SWIM ACROSS AMERICA, 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: 09 Oct 2017, 07:57 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

Foreign Not For Profit Corporation  
SWIM ACROSS AMERICA, INC.

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

5 STANLEY RD.  
DARIEN, CT 06820

## Mailing Address

5 STANLEY RD.  
DARIEN, CT 06820

## Registered Agent Name & Address

JOYCE, ANTHONY R  
C/O RONALD LEVITT ASSOCIATES, INC.  
141 SEVILLA AVE.  
CORAL GABLES, FL 33134

## Officer/Director Detail

### Name & Address

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>KEITH, JEFF</td>
<td>121 E. 90TH ST., APT 5C, NEW YORK, NY</td>
</tr>
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<table>
<thead>
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<tr>
<td>VCD</td>
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Title VSD
<table>
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<thead>
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<th>KITCULLEN, ROBERT</th>
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**Annual Reports**

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Florida Department of State, Division of Corporations
Event Title: Running For All Children 5k, 10k & 1-mile fun run
Entity Name: Johns Hopkins All Children's Hospital
Event Date(s): May 19, 2018
Location: 501 6th Ave. S, St Petersburg, FL 33701
Day 1 of Event: May 19, 2018 Time Gates Open: 7:00 AM Ending Time: 10:00 AM
Day 2 of Event: N/A Time Gates Open: Ending Time:
Day 3 of Event: N/A Time Gates Open: Ending Time:
Application Prepared by: Michelle Montgomery
Title: Events Manager
Address: 500 7th Ave South
Email Address: michelle.montgomery@jhmi.edu
Additional Contact Person: Connie Guinn
What month/year were you incorporated as nonprofit? 01/84
List all 501(c)3 entities that will benefit from this event. Johns Hopkins All Children’s Foundation
Name of the for-profit entity? N/A
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
Johns Hopkins All Children's Hospital is hosting the 5th annual Running For All Children 5k, 10k and 1-mile fun run race on Saturday, May 19, 2018, to raise funds and support healthy living throughout the west coast of Florida.
There will be something for everyone from kids doing a 100 yard dash, a 1 mile fun run for beginners or families, and chip timed 5K & 10K courses.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The primary beneficiary of the event will be the children and families associated with Johns Hopkins All Children's Hospital, but so too will the local businesses benefit by the more than 3,000 anticipated runners, including but not limited to the St. Petersburg area hotels, restaurants, boutique downtown stores and the like.
This will be a "destination" race for many of the athletes who will be traveling to the area from other cities.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.
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: $40.00
Please provide the website address for your event. runforallchildren.com
Please provide a phone number that can be advertised to the public. 727-767-4199
What is the estimated attendance for this event? Spectators 1000 Participants 3000 Last Year's Total Attendance 2000
Please check the equipment and/or facilities you are requesting.

<table>
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<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
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<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
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<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Mahaffey Theater</td>
<td>Sunken Gardens</td>
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<tr>
<td>Tables (6 ft) # needed</td>
<td>Chairs # needed</td>
<td>Boyd Hill</td>
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<td>Public Address System</td>
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# of portable risers needed (4 in. x 8 in. x 16 in. sections)

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

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

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

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

Name: Michelle Montgomery
Co-Sign: Connie Guinn
Title: Events Manager
Title: Campaign Director
Date: 10.05.2017
Date: 10.05.2017

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

PLEASE ATTACH THE FOLLOWING

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

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

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

## Condition

- [x] Public Invited
- [x] Located in Park
- [ ] Vending Product / Merchandis Sales
- [ ] Vending Food / Beverage
- [x] Vendors / Exhibitors
- [x] Vending Beer / Wine
- [ ] Erecting Tents - Larger than 10ft x 12ft
- [ ] Fence Installation
- [ ] Other Structures
- [ ] Open Flame Food Preparation
- [ ] Pyrotechnics
- [x] Require Street Closure
- [ ] VIP Area
- [ ] Staging
- [x] 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.

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

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

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

☐ YES  ☒ NO

If YES, check all that apply.  

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

☐ Other:

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

N/A

Will you supply your own generators?  

☐ YES  ☒ NO

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

☐ YES  ☒ NO  ☐ If YES, who?  ConServ Building Services, INC

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

No

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

Name:  Johns Hopkins All Children's Foundation  Phone: 727-767-4199

Address (including zip):  500 7th Avenue South

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.  

Great Bay Distributors

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

N/A

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

Participants will arrive near the start/finish area located at 501 6th Ave. S at approximately 6:45AM on May 19th. Approximately 1/2 of the participants will be finished by 8:00 AM and the remaining participants will be complete the event before 10:00 AM.
Other Comments: Please describe your fee structure.

<table>
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<tr>
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<tbody>
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<tr>
<td>5k &amp; 10k day of registration</td>
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</tr>
<tr>
<td>1-mile fun run pre-registered runners</td>
<td>$20.00</td>
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<tr>
<td>1-mile fun run day of registration</td>
<td>$25.00</td>
</tr>
<tr>
<td>100 yard Kid's Dash</td>
<td>Free</td>
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</tbody>
</table>

Other comments:
The attached race route has been the same route for the past two years in St. Petersburg.

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 Montgomery          Title: Events Manager        Date: 10.05.2017
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: Johns Hopkins All Children's Foundation

Name of Responsible Party (President or CEO ONLY): Jenine Rabin

Title of Responsible Party: Executive Vice President

Physical Address of Responsible Party: 500 7th Avenue South, St. Petersburg, FL, 33701

Phone Number of Responsible Party: 727-767-4460

Email Address of Responsible Party: jenine.rabin@jhmi.edu

Nonprofit (Employee Identification Number): 59-2481738

Name of the For-profit Corporation: N/A

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

For-profit (Employee Identification Number) 

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

### STATEMENT OF REVENUE AND EXPENSES FORM

#### PRIOR YEAR'S EVENT

(Must be completed)

---

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

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**TOTAL GROSS REVENUE**

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### 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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<tr>
<td>6.</td>
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**TOTAL ALLOCATION OF NET INCOME**

---

**Prepared by:** Michelle Montgomery  
**Date:** 10-05-2017
Consumer's Certificate of Exemption
Issued Pursuant to Chapter 212, Florida Statutes

85-8012640495C-0

Certificate Number

11/30/2012
Effective Date

11/30/2017
Expiration Date

501(C)(3) ORGANIZATION
Exemption Category

This certifies that

ALL CHILDRENS HOSPITAL FOUNDATION INC
501 8TH AVE S
ST PETERSBURG FL 33701-4634

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.
**Purpose of Use:** RUNNING FOR ALL CHILDRENS

**Expected:** 3,000

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- Starting: Wed 16 May 18 06:00 am
- Ending: Sun 20 May 18 09:00 pm

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<th>Time</th>
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</table>

**Charges:**

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

(Print Name) JOHNHS HOPKINS ALL CHILDRENS HOSPITAL

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

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

Florida Not For Profit Corporation
JOHNS HOPKINS ALL CHILDREN'S FOUNDATION, INC.

<table>
<thead>
<tr>
<th><strong>Filing Information</strong></th>
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</thead>
<tbody>
<tr>
<td>Document Number</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
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<tr>
<td>Date Filed</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Status</td>
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<tr>
<td>Last Event</td>
</tr>
<tr>
<td>Event Date Filed</td>
</tr>
<tr>
<td>Event Effective Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Principal Address</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>501 6TH AVE S</td>
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<tr>
<td>ST PETERSBURG, FL 33701</td>
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</table>

Changed: 04/29/2010

<table>
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<tr>
<th><strong>Mailing Address</strong></th>
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<tr>
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Changed: 04/29/2010

<table>
<thead>
<tr>
<th><strong>Registered Agent Name &amp; Address</strong></th>
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<tr>
<td>CRAIN, JACKIE</td>
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<td>501 6TH AVE S</td>
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<tr>
<td>LEGAL, 6500002700</td>
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Name Changed: 04/27/2012

Address Changed: 05/01/2017

<table>
<thead>
<tr>
<th><strong>Officer/Director Detail</strong></th>
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<tbody>
<tr>
<td>Name &amp; Address</td>
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<tr>
<td>ELLEN, JONATHAN MD</td>
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<tr>
<td>501 6TH AVE S</td>
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<td>ST PETERSBURG, FL 33701</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
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</tr>
<tr>
<td>VP</td>
</tr>
<tr>
<td>EVP, FOUNDATION</td>
</tr>
<tr>
<td>Trustee</td>
</tr>
<tr>
<td>Trustee, Chairman</td>
</tr>
<tr>
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<tr>
<td>Trustee, Treasurer</td>
</tr>
<tr>
<td>Trustee</td>
</tr>
<tr>
<td>Trustee, VC</td>
</tr>
<tr>
<td>Trustee</td>
</tr>
</tbody>
</table>
Title Trustee, Secretary

Strickland, Bonnie
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Eaves, Steve
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

GANATRA duff, gilg
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

ENGLANDER, LENNY
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

VIVIO, BETH
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

RUM, STEVEN
501 6TH AVE S
ST PETERSBURG, FL 33701

Title VP, COO

ALESSI, ROBERTA
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Hoeppner, Gerard
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee
Glennon, Michelle
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

Diamond, Sandra
501 6TH AVE S
ST PETERSBURG, FL 33701
Title VP, CFO

Myers, Douglas
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Asst. Secretary

Reyes, Tammy
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

Keyak, Judy
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

Logan, Toni
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

McGinty, James
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

Seider, Howard
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

Strong, Kimberly
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee
<table>
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<th>Annual Reports</th>
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<tr>
<td>2015</td>
<td>04/30/2015</td>
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<td>2017</td>
<td>05/01/2017</td>
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**Document Images**

- 05/31/2011 – Amended and Restated Articles [View image in PDF format]
- 04/29/2010 – ANNUAL REPORT [View image in PDF format]
- 04/28/2009 – ANNUAL REPORT [View image in PDF format]
- 04/27/2008 – ANNUAL REPORT [View image in PDF format]
- 04/27/2007 – ANNUAL REPORT [View image in PDF format]
- 02/12/2007 – Merger [View image in PDF format]
- 04/26/2006 – ANNUAL REPORT [View image in PDF format]
- 04/20/2006 – ANNUAL REPORT [View image in PDF format]
- 04/30/2004 – ANNUAL REPORT [View image in PDF format]
- 04/26/2003 – ANNUAL REPORT [View image in PDF format]
- 05/08/2002 – ANNUAL REPORT [View image in PDF format]
- 05/07/2001 – ANNUAL REPORT [View image in PDF format]
- 08/27/2000 – ANNUAL REPORT [View image in PDF format]
- 08/29/1999 – ANNUAL REPORT [View image in PDF format]
- 09/19/1998 – ANNUAL REPORT [View image in PDF format]
- 05/19/1997 – ANNUAL REPORT [View image in PDF format]
- 05/01/1996 – ANNUAL REPORT [View image in PDF format]
- 04/27/1995 – ANNUAL REPORT [View image in PDF format]
**Tampa Bay Caribbean Carnival**

**Event Title:** TAMPA BAY CARIBBEAN CARNIVAL

**Entity Name:** TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA

**Event Date(s):**
- Day 1: June 9th
- Day 2: June 10th
- Day 3: June 11th

**Location:** Albert Whitted Park

**Application Prepared by:** George Carrington

**Title:** President

**Address:** PO Box 17062

**City:** St. Petersburg

**State:** FL

**Zip:** 33733

**Email Address:** carringtongeorge@hotmail.com

**Contact Person:** Dave Mohammad

**Phone:** 727-434-4282

**Date:** 9-29-17

**Check or Cash:**
- $500.00

**Application #:** 13

**Packet #:** 0

**Permit #:** 21117

**Event Title:** TAMPA BAY CARIBBEAN CARNIVAL

**Phone No.:** 727-434-4282

**Fax No.:**

**Date Received:**
- June 26, 2017

**Federal I.D. Number:** 59-3363879

**Event Date(s):**
- Day 1: June 9th, 2018
- Day 2: June 10th, 2018
- Day 3: June 11th, 2018

**Ending Time:** 10:00 pm

**Day 1 of Event:**
- Time Gates Open: Noon
- Ending Time: 10:00 pm

**Day 2 of Event:**
- Time Gates Open: Noon
- Ending Time: 10:00 pm

**Day 3 of Event:**
- Time Gates Open: Noon
- Ending Time: 10:00 pm

**Application Prepared by:** George Carrington

**Title:** President

**Cell Phone:** 727-434-4282

**Address:** PO Box 17062

**City:** St. Petersburg

**State:** FL

**Zip:** 33733

**Email Address:** carringtongeorge@hotmail.com

**Contact Person:** Dave Mohammad

**Day Phone:** 727-434-4282

**What month/year were you incorporated as nonprofit?** 1990

**What is the estimated attendance for this event?**
- Spectators: 110,000
- Participants: 700

**Last Year's Total Attendance:** 5000

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

Tampa Bay Caribbean Carnival highlights the unique variety of culture found in the Caribbean. During the weekend of this event, June 9th & 10th, 2018, The City of St. Petersburg will become the epicenter of diversified culture. Participants from Tampa, St. Pete's and surrounding cities and countries, including a few from our neighboring state - Georgia and as far as New York will descend upon St. Petersburg to enjoy the Tampa Bay Caribbean Carnival unifies different demographics to join as one as they enjoy the rich and historical Caribbean event showcasing the ethnic foods, music and colorful parades in costumes that is associated with the Caribbean Culture. The local residents and visitors of St. Petersburg will experience the rich culture of the Tampa Bay Caribbean Community.

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

Our guest for this event will be in need of lodging and dining opportunities, not to exclude shopping and transportation. The local St. Pete's businesses will benefit from the economical impact of 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?** $1,000,000.00

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

**Advanced Fee:**
- Day of: $20.00
- Day of: $15.00

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

www.tampacarnival.com

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

727-434-4282

**What is the estimated attendance for this event?**
- Spectators: 110,000
- Participants: 700

**Last Year's Total Attendance:** 5000
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>..........................</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>..........................</td>
<td>..........................</td>
</tr>
<tr>
<td># of portable risers</td>
<td>0</td>
<td>0</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: George Carrington  Title: President  Date: 08/31/17
Co-Sign: Dave Mohammad  Title: CEO  Date: 08/31/17

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

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

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

Please attach the following:

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

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org
Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

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

THREE (3) RV'S 220 AMP

STAGE AUDIO - 220 AMP

Will you supply your own generators?  □ YES  □ NO

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

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

No

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

Name:  TAMPA BAY CARIBBEAN CARNIVAL  Phone:  727-434-4282

Address (including zip):  P.O. Box 17062  St. Petersburg  Florida 33733

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

CARIBBEAN - Reggae, Soca, Latin, R&B, Etc.

ONE STAGE

Four BANDS

List Vending Products. Name & Provider.

PRODUCTS: AUTHENTIC CARIBBEAN & AMERICAN FOOD & FRUIT DRINKS

NAME & PROVIDER: VARIOUS VENDORS

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

GREAT BAY DISTRIBUTORS

2310 STARKY ROAD, LARGO FL 33771

727-584-8626

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

N/A

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

LOAD-IN WEDNESDAY JUNE 6TH, 2018, 8:00 - 4:00 PM

LOAD-OUT MONDAY JUNE 11TH, 2018, 8:00 - NOON
Other Comments: Please describe your fee structure.

| PRE-SALE OF TICKETS TO EVENT IS $15.00 PER PERSON |
| DAY OF EVENT TICKET SALE IS $20.00 PER PERSON, KIDS 12 YEARS AND UNDER FREE |

Other comments:

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

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

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

Name: George Carrington  Title: President  Date: 08/31/2017
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>TRINIDAD &amp; TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>George Carrington</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>P.O. Box 17062 St. Petersburg, FL 33733</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-434-4282</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:carringtongeorge@hotmail.com">carringtongeorge@hotmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-3363879</td>
</tr>
</tbody>
</table>

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

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

Name of Event:  
Tampa Bay Caribbean Carnival

Date(s) of Event:  
June 9th 2018 - June 10th 2018

---

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>SPONSORSHIP - ADVERTISING, RADIO &amp; MEDIA</td>
<td>$55,000.00</td>
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<tr>
<td>Gate Receipts</td>
<td>$90,000.00</td>
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<tr>
<td>Vendors</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>City Of St. Petersburg</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>National &amp; Regional Advertising &amp; Media</td>
<td></td>
</tr>
<tr>
<td>Local Advertising &amp; Media</td>
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</tbody>
</table>

**TOTAL GROSS REVENUE**  
$175,000.00

---

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Venue - Albert Whitted Park</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>Stage, Sound &amp; Equipment &amp; Fence</td>
<td>$28,000.00</td>
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<tr>
<td>ENTERTAINMENT</td>
<td>$65,000.00</td>
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<td>PERMITS, WATER &amp; LICENSE</td>
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<td>ARTIST ACCOMMODATION &amp; TRANSPORTATION</td>
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<td>MISC - VOLUNTEERS, PHONE &amp; GOLF CART</td>
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<tr>
<td>MARKETING - MEDIA, FLYERS &amp; Web</td>
<td>$12,000.00</td>
</tr>
<tr>
<td>Security</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Marketing - Media, Flyers &amp; Web</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**  
$168,000.00

**TOTAL NET INCOME**  
$7,000.00

---

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

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinidad &amp; Tobago American Association of Central Florida, Inc</td>
<td>$2,500.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**  
$2,500.00

---

Prepared by:  
George Carrington

Date:  
08/31/2017
Contract/Permit

Contract #: 21777
Date: 09 Oct 2017

User: JSBENNIN
Status: Firm

TRINIDAD & TOBAGO AMERICAN ASSOCIATION
GEORGE CARRINGTON
3150 PINELLA POINTE DR
ST PETERSBURG FL 33712 USA

Purpose of Use: TAMPA BAY CARIBBEAN CARNIVAL
Expected: 10,000
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 08 Jun 18 11:00 am
Ending: Mon 11 Jun 18 11:00 pm

Facility/Equipment
Albert Whitted Park
Park

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

- Extra Fee - Bookings: Co-Sponsored Park Permit Fee
  Hours: 84:00
  Quantity: 2
  Charge: $400.00
  Tax: $0.00
  Total: $400.00

Charges:
- Fees: $0.00
- Extra Fees: $430.00
- Tax: $0.00
- Total: $430.00
- Deposit: $0.00
- Total Applied: $170.00
- Contract Balance: $260.00
- Account Balance: $260.00

Balance of rental due and payable immediately.

Payments:
- Date: 09 Dec 2015
- Amount: $170.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 24855640

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) GEORGE CARRINGTON
TRINIDAD & TOBAGO AMERICAN ASSOCIATION
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: 09 Oct 2017, 09:01 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 FEI/EIN Number

Florida Not For Profit Corporation
TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Filing Information

Document Number  N96000000677
FEI/EIN Number  59-3363879
Date Filed  02/05/1996
State  FL
Status  ACTIVE
Last Event  REINSTATEMENT
Event Date Filed  05/23/2014

Principal Address
3150 PINELLAS POINT DR S
APT 3
ST PETERSBURG, FL 33712

Changed: 05/23/2014

Mailing Address
3150 PINELLAS POINT DR S
APT 3
ST PETERSBURG, FL 33712

Changed: 05/23/2014

Registered Agent Name & Address
CARRINGTON, GEORGE
3150 PINELLAS POINT DR S
APT 3
ST PETERSBURG, FL 33712

Name Changed: 06/06/2002
Address Changed: 05/23/2014

Officer/Director Detail
Name & Address

Title T
TROTMAN, JENNIFER
Title: President

CARRINGTON, GEORGE
3150 PINELLAS PT DR
ST PETERSBURG, FL 33712

Title: CEO

Mohammed, Dave
1263 flushing av.
clearwater, FL 33764

Title: VP

Carrington, Chad
578 1st Ave North
St Petersburg, FL 33701

Title: Director

Carrington, Geofran
578 1st Ave North
St. Petersburg, FL 33701

Title: Executive Secretary

Gonzalez, Katherine
578 1st Ave North
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>01/02/2015</td>
</tr>
<tr>
<td>2016</td>
<td>04/29/2016</td>
</tr>
<tr>
<td>2017</td>
<td>03/30/2017</td>
</tr>
</tbody>
</table>

Document Images

03/30/2017 -- ANNUAL REPORT
04/29/2016 -- ANNUAL REPORT
03/30/2016 -- ANNUAL REPORT
12/12/2014 -- AMENDED ANNUAL REPORT
12/12/2014 -- AMENDED ANNUAL REPORT
06/27/2012 -- ANNUAL REPORT
05/02/2011 -- REINSTATEMENT
10/28/2009 -- REINSTATEMENT
03/03/2008 -- REINSTATEMENT
06/15/2006 -- REINSTATEMENT
02/13/2004 -- REINSTATEMENT
Event Title: Extreme Mud Wars
Entity Name: Active Endeavors Inc dba Tampa Bay Club Sport
Event Date(s): 7/14/18
Location: Spa Beach Park
Day 1 of Event: 7/14/18
Time Gates Open: 8:30 AM
Ending Time: 4pm
Day 2 of Event: (Blank)
Time Gates Open: (Blank)
Ending Time: (Blank)
Day 3 of Event: (Blank)
Time Gates Open: (Blank)
Ending Time: (Blank)
Application Prepared by: Chris Giebner
Title: Owner
Address: 10901 Roosevelt Blvd, Ste 100-D
City: St Pete
State: FL
Zip: 33716
Additional Contact Person: Ian Elston
Email Address: chris@tampabayclubsport.com
Phone: 877-820-2582, ext 2
Cell Phone: 727-420-6868
Day Phone: 727-804-0648
Application #:
Packet: D
Permit #: 21178
Date Received: 10-5-17
Check or Cash: __
Federal I.D. Number: 26-0016418
Application #:
Packet: D
Permit #: 21178

Title: Owner
Address: 10901 Roosevelt Blvd, Ste 100-D
City: St Pete
State: FL
Zip: 33716

Email Address: chris@tampabayclubsport.com
Phone: 877-820-2582, ext 2
Cell Phone: 727-420-6868
Day Phone: 727-804-0648

Application #:
Packet: D
Permit #: 21178
Date Received: 10-5-17
Check or Cash: __
Federal I.D. Number: 26-0016418

Event Title: Extreme Mud Wars
Entity Name: Active Endeavors Inc dba Tampa Bay Club Sport
Event Date(s): 7/14/18
Location: Spa Beach Park
Day 1 of Event: 7/14/18
Time Gates Open: 8:30 AM
Ending Time: 4pm
Day 2 of Event: (Blank)
Time Gates Open: (Blank)
Ending Time: (Blank)
Day 3 of Event: (Blank)
Time Gates Open: (Blank)
Ending Time: (Blank)
Application Prepared by: Chris Giebner
Title: Owner
Address: 10901 Roosevelt Blvd, Ste 100-D
City: St Pete
State: FL
Zip: 33716
Additional Contact Person: Ian Elston
Email Address: chris@tampabayclubsport.com
Phone: 877-820-2582, ext 2
Cell Phone: 727-420-6868
Day Phone: 727-804-0648

What month/year were you incorporated as nonprofit? n/a
List all 501(c)3 entities that will benefit from this event. TASCO, Hand4Hope, Pier Aquarium
Name of the for-profit entity? Active Endeavors, Inc db/a Tampa Bay Club Sport

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
Provide unique recreational opportunities to residents.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Bring 1000+ young professionals downtown with spending money. 2015 economic impact is estimated at $15-20K on top of team fees.

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

Does your group presently have liability insurance? ☒ YES ☐ NO
How much? $2000000
Are there plans to sell or distribute beer/wine at your event?
☒ YES ☐ NO
How much? $2000000

Will there be an admission / registration fee? ☒ YES ☐ NO
Advanced Fee: 300
Day of: 0

Please provide the website address for your event. www.ExtremeMudWars.com
Please provide a phone number that can be advertised to the public. 877-820-2582 ext2

What is the estimated attendance for this event? Spectators 150 Participants 600 Last Year's Total Attendance 750
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
<thead>
<tr>
<th>Showmobile (Yes/No)</th>
<th>Yes</th>
<th># Bleacher(s) needed. Each bleacher approx. 180 people</th>
<th>0-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tables (6 ft) # needed</td>
<td>1</td>
<td>Chairs # needed</td>
<td>per tasco</td>
</tr>
<tr>
<td>Public Address System</td>
<td>1</td>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>1</td>
</tr>
</tbody>
</table>

Special Events Facilities

<table>
<thead>
<tr>
<th>Mahaffey Theater</th>
<th>Coliseum</th>
<th>Spa Beach Park</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunken Gardens</td>
<td>Boyd Hill</td>
<td></td>
</tr>
</tbody>
</table>

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: Chris Giebner
Co-Sign: (Tasco)
Title: Owner
Date: 10/5/17

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 John Armbruster, Parks & Recreation Manager, 727-893-7766 or email: stpeteEvents@stpete.org

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Open Flame Food 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>
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</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
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<tr>
<td>Amplified Sound</td>
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</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>
<td></td>
</tr>
<tr>
<td>How many? 1 - 10 Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>How many? tasco</td>
<td></td>
</tr>
<tr>
<td>What type?</td>
<td></td>
</tr>
<tr>
<td>What structure?</td>
<td></td>
</tr>
<tr>
<td>Professional / Showmobile / Other</td>
<td></td>
</tr>
<tr>
<td>Performers / Announcement Only</td>
<td></td>
</tr>
<tr>
<td>Daytime - Private / Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>Event Time Frame - SPPD</td>
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</tr>
<tr>
<td>Regular Units 3</td>
<td></td>
</tr>
<tr>
<td>Disabled Units 1</td>
<td></td>
</tr>
<tr>
<td>Hand Washing 1</td>
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</tr>
<tr>
<td>City logo should be used in any promotional</td>
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</tr>
<tr>
<td>materials, posters, flyers, ads, website,</td>
<td></td>
</tr>
<tr>
<td>public service announcements, and press</td>
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</tr>
<tr>
<td>releases.</td>
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</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
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</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<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>

Page 3 of 8
Electrical Requirements:

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

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

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

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

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

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

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

Name: Tampa Bay Club Sport or TASCO

Address (including zip): 10901 Roosevelt Blvd #100-D, ST. Petersburg, FL 33716

Phone: 877-820-2582, ext 2

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

Showmobile with MC

List Vending Products. Name & Provider.

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

Pier Aquarium (most likely)

(727) 803-9799, Ext. 202 -or- info@thesecretsofthesea.org

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

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

up to TASCO
Other Comments: Please describe your fee structure.

Teams can sign up ahead of time at $450-550/team. Spectators are free.

Other comments:

Tampa Bay Club Sport plans to run an adult version of TASCO's mudwars using their existing setups. TBCS will do the marketing and registration of adult teams for the event. TASCO will provide the equipment and staff for the event. Plans are to partner with the Secrets of the Seas Aquarium again to provide beer/wine sales to the participants. The charity will have all the proper permits etc for alcohol sales.

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

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

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

Name: Tracey Gebner  Title: President  Date: 10/5/17
Co-sponsored event park fee structure.

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

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

The above fees will be due at the same time the $30.00 co-sponsored application fee is due. If you decide to cancel your event, all but $60.00 is refundable.

* Requests made after the co-sponsored process, must be submitted no fewer than six (6) months before planned event.

* Any event applying for the co-sponsorship inside the six (6) month time frame will be assessed a $1,200.00 administrative late fee.

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

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

All first time entities requesting events will be required to complete a credit application.
### Appendix B

**President or CEO**

**Responsible Party Information**

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation</th>
<th>Tasco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>Shawn Drouin</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>
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<tr>
<td>Nonprofit (Employee Identification Number)</td>
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</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation</th>
<th>Active Endeavors, INC d/b/a Tampa Bay Club Sport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>Tracey Giebner</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>10901 Roosevelt Blvd 100D, St. Pete, FL 33716</td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td>877-820-2582 x2</td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td><a href="mailto:chris@tampabayclubsport.com">chris@tampabayclubsport.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>26-0016418</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: Extreme Mud Wars

**Date(s) of Event:** Jul 14, 2018 - Jul 14, 2018

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

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<tr>
<th>Amount</th>
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<tbody>
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<tr>
<td>$5,000.00</td>
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<tr>
<td>$24,257.00</td>
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</tbody>
</table>

**TOTAL GROSS REVENUE:** $31,469.00

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

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<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
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<td>$18,729.00</td>
</tr>
<tr>
<td>$5,528.00</td>
</tr>
<tr>
<td>$24,257.00</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES:** $24,257.00

**TOTAL NET INCOME:** $7,212.00

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

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
<tr>
<td>$3,606.00</td>
</tr>
<tr>
<td>$3,606.00</td>
</tr>
<tr>
<td>$7,212.00</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME:** $7,212.00

**Prepared by:** Ian Elston  
**Date:** Oct 5, 2017
Contract #: 21778
Date: 09 Oct 2017

TAMPA BAY CLUB SPORT
CHRIS GIEBNER
10901 ROOSEVELT BLVD STE 100D
ST PETERSBURG FL 33716 USA

Purpose of Use: EXTREME MUD WARS
Expected: 800
Co-Sponsored Event

Conditions of Use: Insurance Required

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

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

Date(s) and Time(s) of Use:
Starting: Sun 01 Jul 18 06:00 am
Ending: Thu 19 Jul 18 09:00 pm

Facility/Equipment

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Whitted Park</td>
<td>Sun</td>
<td>01 Jul</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Park</td>
<td>19 Jul</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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>

Extra Fee - Bookings

<table>
<thead>
<tr>
<th>Hours</th>
<th>Quantity</th>
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<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>447:00</td>
<td>1</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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Charges:

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

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): CHRIS GIEBNER
(Print Name) TAMPA BAY CLUB SPORT

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Florida Profit Corporation
ACTIVE ENDEAVORS, INC.

Filing Information

Document Number: P02000004011
FEI/EIN Number: 26-0016418
Date Filed: 01/11/2002
State: FL
Status: ACTIVE

Principal Address
10901 ROOSEVELT BLVD N
100-D
ST. PETERSBURG, FL 33716

Changed: 02/14/2012

Mailing Address
10901 ROOSEVELT BLVD N
100-D
ST. PETERSBURG, FL 33716

Changed: 02/14/2012

Registered Agent Name & Address
GIEBNER, CHRISTOPHER S
791 Suwanee Ct Ne
ST. PETERSBURG, FLORIDA, FL 33702

Address Changed: 01/12/2015

Officer/Director Detail

Name & Address

Title P
GIEBNER, TRACEY L
791 Suwanee Ct NE
ST. PETERSBURG, FL 33702

Title TS
GIEBNER, CHRISTOPHER S
### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2015</td>
<td>01/12/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/01/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/09/2017</td>
</tr>
</tbody>
</table>

### Document Images

- 01/09/2017 -- ANNUAL REPORT
  - View image in PDF format
- 03/01/2016 -- ANNUAL REPORT
  - View image in PDF format
- 01/12/2015 -- ANNUAL REPORT
  - View image in PDF format
- 01/21/2014 -- ANNUAL REPORT
  - View image in PDF format
- 01/16/2013 -- ANNUAL REPORT
  - View image in PDF format
- 02/14/2012 -- ANNUAL REPORT
  - View image in PDF format
- 03/31/2011 -- ANNUAL REPORT
  - View image in PDF format
- 01/03/2010 -- ANNUAL REPORT
  - View image in PDF format
- 04/06/2009 -- ANNUAL REPORT
  - View image in PDF format
- 04/28/2008 -- ANNUAL REPORT
  - View image in PDF format
- 08/09/2007 -- ANNUAL REPORT
  - View image in PDF format
- 04/11/2006 -- ANNUAL REPORT
  - View image in PDF format
- 01/20/2006 -- ANNUAL REPORT
  - View image in PDF format
- 04/12/2004 -- ANNUAL REPORT
  - View image in PDF format
- 01/05/2003 -- ANNUAL REPORT
  - View image in PDF format
- 01/11/2002 -- Domestic Profit
  - View image in PDF format

Florida Department of State, Division of Corporations
Event Title: St Pete Pride Weekend
Entity Name: St Pete Pride Inc
Event Date(s): June 22 - 24 2018
Location: Vinoy Park, N. Straub Park and down Bay Shore Dr. SE/NE

Day 1 of Event: June 22
  Time Gates Open: 1900
  Ending Time: 2200

Day 2 of Event: June 23
  Time Gates Open: 1700
  Ending Time: 2300

Day 3 of Event: June 24
  Time Gates Open: 0900
  Ending Time: 1600

Application Prepared by: Luke Blankenship
Title: Executive Director
Address: PO Box 12647
City: St Petersburg
State: FL
Zip: 33733
Email Address: luke@stpetepride.com
Additional Contact Person: Stanley Solomons
Day Phone: 727-492-0895

What month/year were you incorporated as nonprofit? March, 2003
List all 501(c)3 entities that will benefit from this event. Suncoast Hospice, Metro Wellness, St Pete Pride
Name of the for-profit entity? N/A

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The event strengthens St Petersburg's image as a welcoming city to all its visitors and residents on an international level, drawing on guests from around the world; highlighting the city of St. Petersburg and Pinellas County.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Attracts national and international visitors, encourages relocations, hotel and restaurant revenue, encourages new business relocations.

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

Does your group presently have liability insurance? ☑ YES ☐ NO
How much? 2,000,000

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

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

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

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

What is the estimated attendance for this event? Spectators 50000 Participants 400 Last Year’s Total Attendance 50000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td># Bleachers</td>
<td>3</td>
</tr>
<tr>
<td>Tables (6 ft)</td>
<td></td>
</tr>
<tr>
<td>Chairs</td>
<td></td>
</tr>
</tbody>
</table>

Public Address System

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td># of portable risers needed</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:**

**Title:**

**Date:**

**Co-Sign:**

**Title:**

**Date:**

**NOTE:**

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional Insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>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>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

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

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

Will you supply your own generators? □ YES □ NO

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

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

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

Name: St Pete Pride, Inc Phone: 727-342-0084

Address (including zip): PO Box 12647, St Petersburg, FL 33733

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

Generic music, one stage, up to 10 bands

List Vending Products. Name & Provider.

Various

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

Self

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

Festival - Celebration of diversity within the LGBTQ+ community

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

Festival - load-in/setup 7am-8:30am
Other Comments: Please describe your fee structure.

$100 to $500, based on exhibitor classification

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: [Handwritten Name]
Title: [Handwritten Title]
Date: 9-29-17
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

* All first time entities requesting events will be required to complete a credit application.
# Appendix B

## President or CEO

### Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>St Pete Pride, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Luke Blankenship</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1120 5th St. N Apt 4 St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-751-7037</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:luke@stpetepride.com">luke@stpetepride.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>14-1876777</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
  - Contact Name: Luke Blankenship
  - Address: PO Box 12647
  - City, State, Zip: St Petersburg, FL, 33733

- [ ] BY EMAIL
  - Email Address: luke@stpetepride.com
<table>
<thead>
<tr>
<th>Income</th>
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<tbody>
<tr>
<td>Development Income</td>
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<td>General Donation</td>
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<tr>
<td>Merchandise</td>
<td>$ 5,000.00</td>
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<tr>
<td>Pride Guide</td>
<td>$ 30,000.00</td>
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<tr>
<td>Special Events</td>
<td></td>
</tr>
<tr>
<td>Pre-Pride Events</td>
<td>$ 25,000.00</td>
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<tr>
<td>Red &amp; Green</td>
<td>$ 15,000.00</td>
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<td>Sponsorship</td>
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<td>Corporate Sponsorship</td>
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<td>Community Leaders Program</td>
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<td>Grants</td>
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<td>St Pete Pride Reception</td>
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<tr>
<td>Operational Income</td>
<td></td>
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<tr>
<td>Operational</td>
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<tr>
<td>Discounts/Refunds</td>
<td>$ (1,000.00)</td>
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<tr>
<td>Processing Fee Donation</td>
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<td>Pride Weekend</td>
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<tr>
<td>Beverages</td>
<td>$ 85,000.00</td>
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<tr>
<td>Bleachers on Straub</td>
<td>$ 3,000.00</td>
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<tr>
<td>Festival</td>
<td>$ 67,100.00</td>
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<tr>
<td>Glamstands</td>
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<tr>
<td>Parade</td>
<td>$ 27,000.00</td>
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<td>Concert</td>
<td>$ 3,000.00</td>
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<tr>
<td>Gross Income</td>
<td>$ 382,600.00</td>
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<td>Expenses</td>
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<td>Community Grants</td>
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<td>Development Expenses</td>
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<td>Merchandise</td>
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</tr>
<tr>
<td>Pride Guide</td>
<td>$ 20,000.00</td>
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<td>Travel Guide</td>
<td>$ 3,000.00</td>
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<td>Special Events</td>
<td></td>
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<tr>
<td>Pre-Pride Events</td>
<td>$ 5,000.00</td>
</tr>
<tr>
<td>Red &amp; Green</td>
<td>$ 5,000.00</td>
</tr>
<tr>
<td>Taste!</td>
<td>$ 7,000.00</td>
</tr>
<tr>
<td>Sponsorship</td>
<td></td>
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<tr>
<td>Sponsor Relations</td>
<td>$ 2,500.00</td>
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<tr>
<td>St Pete Pride Reception</td>
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<td>Volunteers</td>
<td>$ 2,000.00</td>
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<tr>
<td>Operational Income</td>
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</tr>
<tr>
<td>Investment Fees</td>
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</tr>
<tr>
<td>Marketing</td>
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<td>Operational</td>
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<td>Payroll</td>
<td>$ 54,000.00</td>
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<td>Rent/Lease of Buildings</td>
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<td>Misc.</td>
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</tr>
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<td>Outreach</td>
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<td>Pride Weekend</td>
<td></td>
</tr>
<tr>
<td>Advertising/Promotions</td>
<td>$ 1,500.00</td>
</tr>
<tr>
<td>Beverages</td>
<td>$ 40,000.00</td>
</tr>
<tr>
<td>Bleachers on Straub</td>
<td>$ 2,200.00</td>
</tr>
<tr>
<td>Entertainment</td>
<td>$ 8,000.00</td>
</tr>
<tr>
<td>Festival</td>
<td>$ 36,050.00</td>
</tr>
<tr>
<td>Glamstands</td>
<td>$ 17,250.00</td>
</tr>
<tr>
<td>Insurance</td>
<td>$ 12,000.00</td>
</tr>
<tr>
<td>Parade</td>
<td>$ 67,750.00</td>
</tr>
<tr>
<td>Concert</td>
<td>$ 8,400.00</td>
</tr>
<tr>
<td>Gross Expenses</td>
<td>$ 370,950.00</td>
</tr>
<tr>
<td>Net Income</td>
<td>$ 11,650.00</td>
</tr>
</tbody>
</table>
Dear Taxpayer:

This is in response to your request of Sep. 25, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in January 2004, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

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

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

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations
CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

Event Title: St Pete Pride Festival
Entity Name: St Pete Pride Inc

Event Date(s):
- June 24

Location: Central Ave. between 22nd and 28th St.

Day 1 of Event:
- June 24
  - Time Gates Open: 0900
  - Ending Time: 1600

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

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

Application Prepared by: Luke Blankenship
Title: Executive Director
Address: PO Box 12647
City: St. Petersburg
State: FL
Zip: 33733
Email Address: luke@stpetepride.com

Additional Contact Person: Stanley Solomons
Day Phone: 727-492-0895

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

List all 501(c)3 entities that will benefit from this event:
- Suncoast Hospice
- Metro Wellness
- St Pete Pride

Name of the for-profit entity: n/a

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The event strengthens St Pete’s image as a welcoming city to all its visitors and residents on an international level, drawing on guests from around the world; highlighting the city of St Petersburg and Pinellas County.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Attracts national and international visitors, encourages relocations, hotel and restaurant revenue, encourages new business relocations.

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

Does your group presently have liability insurance? □ YES □ NO
How much? $2,000,000

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

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

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

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

What is the estimated attendance for this event? Spectators: 50000
Participants: 400
Last Year’s Total Attendance: 50000

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

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

### Special Events Facilities
- **Non-City Locations**: 
- **Mahaffey Theater**: 
- **Coliseum**: 
- **Sunken Gardens**: 
- **Boyd Hill**: 
- **Which Location?**: 

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

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

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

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

**Name**: Luke Bharenshie  
**Title**: Executive Director  
**Date**: 9/9/18

**Co-Sign**: Shelly Solomon  
**Title**: Treasurer  
**Date**: 9-24-17

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org  
Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.</td>
<td></td>
</tr>
<tr>
<td>Marketing:  Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>
Electrical Requirements:

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

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

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

Will you supply your own generators?  ☐ YES ☒ NO

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

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

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

Name: St Pete Pride, Inc
Address (including zip): PO Box 12647, St Petersburg, FL 33733
Phone: 727-342-0084

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

Generic music, one stage, up to 10 bands

List Vending Products, Name & Provider.

Various

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

Self

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

Festival -- Celebration of diversity within the LGBTQ+ community

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

Festival -- load-in/set-up 7am - 8:30 am - tear down 4pm-5pm
Other Comments: Please describe your fee structure.
$100 to $500, based on exhibitor classification

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: [Sign]
Title: [Sign]
Date: [Sign]

Page 5 of 8
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>St Pete Pride, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Luke Blankenship</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1120 5th St. N Apt 4 St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-751-7037</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:luke@stpetepride.com">luke@stpetepride.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>14-1876777</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?

- [x] BY Mail
  - Contact Name: Luke Blankenship
  - Address: PO Box 12647
  - City, State, Zip: St Petersburg, FL, 33733

- [x] BY EMAIL
  - Email Address: luke@stpetepride.com
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<tbody>
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</tr>
<tr>
<td></td>
<td>General Donation</td>
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<tr>
<td></td>
<td>Merchandise</td>
<td>$ 5,000.00</td>
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<tr>
<td></td>
<td>Pride Guide</td>
<td>$ 30,000.00</td>
</tr>
<tr>
<td></td>
<td>Special Events</td>
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<td></td>
<td>Pre-Pride Events</td>
<td>$ 25,000.00</td>
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<td>Red &amp; Green</td>
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<td>Community Leaders Program</td>
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<td>Glamstands</td>
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<td>Merchandise</td>
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<td>Special Events</td>
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<td></td>
<td>Pre-Pride Events</td>
<td>$ 5,000.00</td>
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<tr>
<td></td>
<td>Red &amp; Green</td>
<td>$ 5,000.00</td>
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<td>Misc.</td>
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<td>Pride Weekend</td>
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<td>Advertising/Promotions</td>
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<td>Beverages</td>
<td>$ 40,000.00</td>
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<td>Bleachers at Straub</td>
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<td></td>
<td>Entertainment</td>
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<td>Festival</td>
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<td>Glamstands</td>
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<td>Concert</td>
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</tr>
<tr>
<td></td>
<td>Net Income</td>
<td>$ 11,650.00</td>
</tr>
</tbody>
</table>
This is in response to your request of Sep. 25, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in January 2004, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

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

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

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I.
2018 Festival Map
Detail by Entity Name

Florida Not For Profit Corporation
ST. PETE PRIDE, INC.

Filing Information

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

Principal Address
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Changed: 03/28/2016

Mailing Address
PO BOX 12647
ST. PETERSBURG, FL 33733

Changed: 02/12/2009

Registered Agent Name & Address
Blankenship, Luke
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Name Changed: 09/18/2017

Address Changed: 03/28/2016

Officer/Director Detail

Name & Address

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

Title T
SOLOMONS, STANLEY P
PO BOX 12847
ST. PETERSBURG, FL 33733

Title ED
Blankenship, Luke
PO BOX 12547
ST. PETERSBURG, FL 33733

Title VP
LAURA, LEGRETTA
PO BOX 12847
ST. PETERSBURG, FL 33733

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

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

Title Secretary
Bundy, David Michael
PO BOX 12847
ST. PETERSBURG, FL 33733

Title Director
Bruemmer, Nathan
PO BOX 12847
ST. PETERSBURG, FL 33733

Annual Reports

<table>
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<th>Filed Date</th>
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<td>2017</td>
<td>09/18/2017</td>
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</table>

Document Images

- 09/18/2017 -- AMENDED ANNUAL REPORT
- 02/10/2017 -- ANNUAL REPORT
- 09/22/2016 -- AMENDED ANNUAL REPORT
- 03/28/2016 -- ANNUAL REPORT
- 02/23/2015 -- ANNUAL REPORT
- 10/05/2014 -- AMENDED ANNUAL REPORT

**ST PETE PRIDE INC**
**LUKE BLANKENSHIP**
**PO BOX 12647**
**ST PETERSBURG FL 33733 USA**

---

**Contract #:** 21816
**Date:** 11 Oct 2017

**User:** JSBENNIN
**Status:** Firm

---

**Purpose of Use:** ST. PETE PRIDE WEEKEND
**Expected:** 50,000

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- Starting: Tue 19 Jun 2018 06:00 am
- Ending: Tue 26 Jun 2018 11:00 pm

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
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<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
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<tbody>
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<td>Albert Whitted Park</td>
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<tr>
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<tr>
<td>Park</td>
<td>26 Jun 2018 11:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Straub Park</td>
<td>Tue 19 Jun 2018 06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>Park</td>
<td>26 Jun 2018 11:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>Tue 19 Jun 2018 06:00 AM</td>
<td>$0.00</td>
<td>$900.00</td>
<td>$0.00</td>
<td>$900.00</td>
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</tr>
<tr>
<td>Vinoy Park</td>
<td>26 Jun 2018 11:00 PM</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Demens Landing Park</td>
<td>Fri 22 Jun 2018 08:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Park</td>
<td>11:00 PM</td>
<td></td>
<td></td>
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</tbody>
</table>

**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>
</tbody>
</table>

**Extra Fee - Bookings**

<table>
<thead>
<tr>
<th>Co-Sponsored Park Permit Fee</th>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
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<tbody>
<tr>
<td>1,110:00</td>
<td>6</td>
<td>$1,200.00</td>
<td>$0.00</td>
<td>$1,200.00</td>
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<tr>
<td>185:00</td>
<td>3</td>
<td>$900.00</td>
<td>$0.00</td>
<td>$900.00</td>
<td></td>
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<td></td>
<td></td>
<td>$2,100.00</td>
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</table>

**Charges:**

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$2,130.00</td>
<td>$0.00</td>
<td>$2,130.00</td>
<td>$0.00</td>
<td>$2,130.00</td>
<td>$0.00</td>
<td>($40.90)</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>10 Jan 2017</td>
<td>$10.90</td>
<td>Check</td>
<td>Rental</td>
<td>2705321</td>
</tr>
</tbody>
</table>

**Printed:** 11 Oct 2017, 09:52 AM
**User:** jsbennin

---

Page: 1
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) LUKE BLANKENSHIP

ST PETE PRIDE INC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name) Parks and Recreation Department

---

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$2,119.10</td>
</tr>
<tr>
<td>Applied To: 21816 - ST. PETE PRIDE WEEKEND</td>
<td>$2,119.10</td>
</tr>
<tr>
<td>Vinoy Park - Vinoy Park</td>
<td></td>
</tr>
<tr>
<td>June 19, 2018  6:00 am to June 26, 2018  11:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($2,160.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($40.90)</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
## Pinot in the Park 2018

<table>
<thead>
<tr>
<th>Event Date(s):</th>
<th>April 7, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td>Seminole Park, corner 3rd Ave &amp; 29th St N</td>
</tr>
</tbody>
</table>

### Application Prepared by:
- **Kathleen Young**
- **Phone:** 727-542-5333

### Additional Contact Person:
- **Sara Ellen Lambert Burnett**
- **Day Phone:** 727-550-6152

### What month/year were you incorporated as nonprofit?
- **5/18/2011**

### List all 501(c)3 entities that will benefit from this event.
- Historic Kenwood Neighborhood Association

### Name of the for-profit entity?
- **n/a**

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

Pinot in the Park is an upscale event that brings Historic Kenwood residents together with other locals and tourists to celebrate the wonderful quality of life in Historic Kenwood and St Pete. In addition to enjoying great food and wine, attendees are able to place silent auction bids on items donated by local artisans and businesses to help raise funds that HKNA will use to benefit those less fortunate in our community.

In 2016, a portion of the proceeds benefited the HK Partnership, that works with the city's N-Team to provide exterior renovations to resident's homes when they are unable, either monetarily or physically, to do it themselves.

In 2017, a portion of the proceeds benefited the St Pete Culinary Center, which was started in 2016 by local chefs; the Center's mission is to create a practical, yet creative trade for local at risk youth.

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

Gross proceeds from our 2017 event totaled over $13,000.

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

### Does your group presently have liability insurance?
- **✓ YES**

### Are there plans to sell or distribute beer/wine at your event?
- **✓ YES**

### Will there be an admission / registration fee?
- **✓ YES**

### Please provide the website address for your event.
- [www.pinotinthepark.org](http://www.pinotinthepark.org)

### Please provide a phone number that can be advertised to the public.
- **727-542-5333**

### What is the estimated attendance for this event?
- **Spectators:** 30
- **Participants:** 144
- **Last Year's Total Attendance:** 150

---

**City:** St Petersburg  
**State:** FL  
**Zip:** 33713
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

Mahanney 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: Kathleen Young
Co-Sign: [ ]
Title: Event Co-Chair
Date: 10/10/2017

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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

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

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

We will need the 2-3 whisper generators, electrical cords and "The Turtle"

Will you supply your own generators? ☐ YES ☒ NO

Will your event have a licensed electrician on-site during the event? ☒ YES ☐ NO If YES, who? ☐ City Employee as in previous yrs

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: Historic Kenwood Neighborhood Association
Phone: 727-542-5333

Address (including zip): PO Box 15134, St Petersburg, FL 33733

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

Acoustic guitarist(s)

List Vending Products. Name & Provider.

We will recruit local restaurants to provide side dishes to accompany the salmon that we will be grilling in the park, and we will acquire wine from local wine merchants/distributors.

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

Historic Kenwood Neighborhood Association
PO Box 15134, St Petersburg, FL 33733
727-542-5333

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

No speeches or demonstrations - just using PA system to welcome guest, announce dinner is served and silent auction winners

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

Throughout the day, we will be loading/unloading our cars/trucks from the street. No special requirements
Other Comments: Please describe your fee structure.

$90/person in advance only. No tickets sold at the door day of the event, which basically just covers costs of holding the event.

Other comments:

As always, we appreciate the wonderful support from the City in this and all our events!

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

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

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

Name: Kathleen Young
Title: Event Co-Chair
Date: 10/10/2017
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

* All first time entities requesting events will be required to complete a credit application.
### Appendix B

**President or CEO**

**Responsible Party Information**

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Historic Kenwood Neighborhood Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Brenda Gordon</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>HKNA President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2934 Burlington Ave N, St Pete, FL 33713</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-712-0796</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:darbreg@aol.com">darbreg@aol.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-0953652</td>
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</table>

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

---

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

**What method of invoicing would your organization prefer?**

- [ ] **BY MAIL**
  - Contact Name: [ ]
  - Address: [ ]
  - City, State, Zip: [ ]

- [x] **BY EMAIL**
  - Email Address: kkyoung50@aol.com
**I. REVENUE SOURCES (attach sheet if more space is needed)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticket Sales</td>
<td>$9,000.00</td>
</tr>
<tr>
<td>Silent Auction</td>
<td>$4,000.00</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**  
$13,000.00

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tent and rental supplies</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>City services</td>
<td>$600.00</td>
</tr>
<tr>
<td>Entertainment</td>
<td>$400.00</td>
</tr>
<tr>
<td>Advertising/Marketing</td>
<td>$600.00</td>
</tr>
<tr>
<td>Port O Lets</td>
<td>$300.00</td>
</tr>
<tr>
<td>Other supplies/decorations</td>
<td>$2,500.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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<td></td>
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</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**  
$8,400.00

**TOTAL NET INCOME**  
$4,600.00

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HKNA</td>
<td>$2,600.00</td>
</tr>
<tr>
<td>St Pete Culinary Center</td>
<td>$2,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**  
$4,600.00

Prepared by: Kathy Young  
Date: 10/10/2017
HISTORIC KENWOOD NEIGHBORHOOD ASSOC
KATHLEEN YOUNG
2726 8TH AVE N
ST PETERSBURG FL 33713 USA

Purpose of Use: PINOT IN THE PARK

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 07 Apr 18 06:00 pm
Ending: Sat 07 Apr 18 11:00 pm

Facility/Equipment
Seminole Park
Park

Day Date Time
Sat 07 Apr 2018 06:00 PM
11:00 PM

Fee Extra Fee Tax Total
$0.00 $30.00 $0.00 $30.00

Additional Fees:

Extra Fee - Bookings
PKS Application Processing Fee

Hours Quantity Charge Tax Total
5:00 1 $30.00 $0.00 $30.00

Charges:

Fees Extra Fees Tax Total
$0.00 $60.00 $0.00 $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): KATHLEEN YOUNG
(Print Name) HISTORIC KENWOOD NEIGHBORHOOD ASSOC
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: 11 Oct 2017, 10:47 AM
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Florida Not For Profit Corporation
HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.

Filing Information

- **Document Number**: N38463
- **FEI/EIN Number**: 57-0953652
- **Date Filed**: 06/01/1990
- **State**: FL
- **Status**: ACTIVE
- **Last Event**: AMENDMENT
- **Event Date Filed**: 01/18/2011
- **Event Effective Date**: NONE

Principal Address

- **242 30th St N**
- **ST. PETERSBURG, FL 33713**

Changed: 01/06/2017

Mailing Address

- **POST OFFICE BOX 15134**
- **ST. PETERSBURG, FL 33733-5134**

Changed: 04/08/2005

Registered Agent Name & Address

- **Kellett, Linda D.**
- **242 30th St. N.**
- **ST. PETERSBURG, FL 33713**

Name Changed: 01/06/2017

Address Changed: 01/06/2017

Officer/Director Detail

Name & Address

- **Title**: PRES

- **Gordon, Brenda**
- **POST OFFICE BOX 15134**
- **ST. PETERSBURG, FL 33733-5134**
<table>
<thead>
<tr>
<th>Annual Reports</th>
<th>Document Images</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Report Year</strong></td>
<td><strong>Filed Date</strong></td>
</tr>
<tr>
<td>2015</td>
<td>01/10/2015</td>
</tr>
<tr>
<td>2016</td>
<td>01/06/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/06/2017</td>
</tr>
</tbody>
</table>
Event Title: Sting Rocks the Vinoy
Entity Name: Knight Global Entertainment/Jannus Live
Event Date(s): 12/10/2017
Location: Vinoy Park
Day 1 of Event: 12/10/2017
Time Gates Open: 5 p.m.
Ending Time: 10 p.m.
Day 2 of Event: 
Time Gates Open: 
Ending Time: 
Day 3 of Event: 
Time Gates Open: 
Ending Time: 
Application Prepared by: Cindy Watts
Title: Certified General Contractor
Address: 200 1st Ave N Suite 206
City: St Petersburg State: FL Zip: 33701
Email Address: cindy.watts@knight-enterprises.com
Additional Contact Person: Becky Barnes
What month/year were you incorporated as nonprofit? June 12, 2014
List all 501(c)(3) entities that will benefit from this event. R.O.C. Park, Inc.
Name of the for-profit entity? Knight Global Entertainment/Jannus Live
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

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

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

Does your group presently have liability insurance? ☐ YES ☐ NO 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: $75 Day of: $100
Please provide the website address for your event.
Please provide a phone number that can be advertised to the public.
What is the estimated attendance for this event? Spectators: 8,000 Participants: Last Year's Total Attendance
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed n/a Chairs # needed n/a

Public Address System n/a

Non-City Locations

Mahaffey Theater
Coliseum
Sunken Gardens
Boyd Hill

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Becky Barnes
Co-Sign: Cindy Watts

Date: 10/17/2017

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

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 w/purchased ticket</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>
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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>
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<td>VIP Area</td>
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<td>Staging</td>
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<tr>
<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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<tr>
<td>Semitruck / Tractor Trailer</td>
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<tr>
<td>Invitations</td>
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<td>Posters / Flyers</td>
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<td>Newspaper / Internet</td>
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<td>Invitations</td>
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<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

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

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

TBD

Will you supply your own generators? ☑ YES ☐ NO

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

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: Knight Global Entertainment/Jannus Live  Phone: (848)207-1760

Address (including zip): 200 First Ave N, Suite 206, St Petersburg 33701

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

Pop, Light Rock
One stage.
One band.

List Vending Products, Name & Provider.
Performer supplied, TBD.

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

R.O.C. Park, Inc. 410 150th Ave, Madeira Beach, FL 33708 727-367-3000

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

N/A

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

TBD, but most likely 24 hours pre and post show. We will be working in coordination with the AIDS Walk people. An email to that effect from them will follow.
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: Becky Barnes  Title: General Manager  Date: 10/17/2017
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>R.O.C. Park, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>William Karns</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>410 150th Ave Suite H, Madeira Beach, FL 33708</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-367-3000</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Islva@karnsenterprises.com">Islva@karnsenterprises.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>47.1199069</td>
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<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>Knight Global Entertainment/ Jannus Live</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Jeffry Knight</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>200 First Ave N. suite 206, St Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-423-0971</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:jeff@jannuslive.com">jeff@jannuslive.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>27-0821472</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>
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<th>Description</th>
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**TOTAL GROSS REVENUE**

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

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<th>Amount</th>
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<td>11.</td>
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<td>12.</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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<tr>
<th>Number</th>
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<td>5.</td>
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<td>6.</td>
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</table>

**TOTAL ALLOCATION OF NET INCOME**

---

Prepared by: Cindy Watts  
cindy.watts@knight-enterprises.com  
727-644-8103  
Date: 10/17/2017
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<tr>
<th>KPS CONTRACTORS / ENGINEERS / INSPECTORS</th>
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<tbody>
<tr>
<td>CONSTRUCTION • ENGINEERING</td>
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<tr>
<td>FOUNDATION TECHNOLOGIES • ENERGY MANAGEMENT</td>
</tr>
<tr>
<td>SEA WALL, DOCKS &amp; BOAT LIFTS</td>
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</table>

<table>
<thead>
<tr>
<th>Job: ____________________________</th>
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<table>
<thead>
<tr>
<th>By: ___ Date: ___ Sht. No. ___ of ___</th>
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</thead>
<tbody>
<tr>
<td>Job No. _____ Revisions _____</td>
</tr>
</tbody>
</table>

| [Handwritten Signature]               |
SECTION II - DESCRIPTION OF PREMISES TO BE LICENSED

AB&T AUTHORIZED SIGNATURE REQUIRED

Business Name (D/B/A) or Name of Event

String Beans the Vinoy

Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises where the event will be held. A multi-story building where the entire building is to be licensed must show the details of each floor.
Detail by Entity Name
Florida Limited Liability Company
KNIGHT GLOBAL ENTERTAINMENT, LLC

Filing Information

Document Number: L09000074586
FEI/EIN Number: 27-0821472
Date Filed: 08/03/2009
State: FL
Status: ACTIVE

Principal Address
200 1ST AVENUE NORTH
206
ST. PETERSBURG, FL 33701

Changed: 02/04/2010

Mailing Address
6056 ULMERTON ROAD
CLEARWATER, FL 33760

Changed: 12/09/2010

Registered Agent Name & Address
BENTLEY, DONNA
6056 ULMERTON ROAD
CLEARWATER, FL 33760

Name Changed: 12/06/2010
Address Changed: 12/09/2010

Authorized Person(s) Detail

Name & Address

Title P

KNIGHT, JEFFRY D
200 1ST AVENUE NORTH, SUITE 206
ST PETERSBURG, FL 33701

Title S
BARNES, LAUREN  
200 1ST AVENUE NORTH, SUITE 206  
ST. PETERSBURG, FL 33701

### Annual Reports

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### Document Images

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Detail by Entity Name

Florida Not For Profit Corporation
R.O.C. PARK, INC.

Filing Information

Document Number: N14000005735
FEI/EIN Number: 47-1199069
Date Filed: 06/17/2014
State: FL
Status: ACTIVE

Principal Address
286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

Mailing Address
286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

Registered Agent Name & Address
KARRIS, WILLIAM F
286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

Officer/Director Detail

Name & Address

Title D
KARNS, WILLIAM F
286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

Title D
KARNS, DIANE E
286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

Title D
BRAINARD, C. SCOTT
286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entit... 10/18/2017
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<td>02/24/2015 - ANNUAL REPORT</td>
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<td>04/12/2016 - ANNUAL REPORT</td>
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<tr>
<td>03/15/2017 - Domestic Non-Profit</td>
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</table>
KNIGHT GLOBAL ENTERTAINMENT  
CINDY WATTS  
200 1ST AVE N  
ST PETERSBURG FL 33701 USA  

Purpose of Use: STING ROCKS VINOV  
Expected: 6,000  
Co-Sponsored Event  

Contract Balance  
$330.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sun 10 Dec 17 06:00 am  
Ending: Tue 12 Dec 17 09:00 pm

Facility/Equipment

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
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<tbody>
<tr>
<td>Vinoy Park</td>
<td>Sun</td>
<td>10 Dec 2017</td>
<td>08:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
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<tr>
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<td>12 Dec 2017</td>
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<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
<td></td>
</tr>
</tbody>
</table>

Extra Fee:
- Co-Sponsored Application Fee: 1 $30.00 $0.00 $30.00
- Co-Sponsored Application Late Fee: 1 $1,200.00 $0.00 $1,200.00

Extra Fee - Bookings:
- Co-Sponsored Park Permit Fee (Vinoy): 63:00 $300.00 $0.00 $300.00

Charges:
- Fees: $0.00
- Extra Fees: $1,530.00
- Tax: $0.00
- Total: $1,530.00

Balance of rental due and payable immediately.

Payments:
- Date: 10 Oct 2017
- Amount: $1,200.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 2914454

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 (Print Name): CINDY WATTS
- Name of User Organization, If Applicable: KNIGHT GLOBAL ENTERTAINMENT

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

By (Sign Name): Parks and Recreation Department

Printed: 18 Oct 2017, 08:22 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.
### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Previous Balance</td>
<td>$1,530.00</td>
</tr>
<tr>
<td>Applied To: 21887 - STING ROCKS VINOY</td>
<td>$1,200.00</td>
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<td></td>
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<tr>
<td>Payment: Check</td>
<td>($1,200.00)</td>
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<td>Balance</td>
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