City of St. Petersburg
City Council
Co-Sponsored Events Committee

Tuesday, February 15, 2018, 1:00PM
City Hall Room 100

Committee Members
Lisa Wheeler-Bowman
Charlie Gerdes
Brandi Gabbard
Ed Montanari
Steve Kornell (Alternate)

Agenda

I. Call to Order

II. Election of Chair & Vice-Chair

III. Approval of six (6) events for FY 18
   a. waiving the non-profit requirement for two (2) events
   b. approval of liquor requests for one (1) event
   c. waiving the $1200 late application fee for NAACP Freedom Fund & Juneteenth Celebration

IV. Approval of twenty-nine (29) events for FY 19
   a. waiving the non-profit requirement for seven (7) events
   b. approval of liquor requests for five (5) events

V. Adjournment
### Event Listing 2017 - 2018

<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>78</td>
<td>Good With Me Day Festival</td>
<td>YES</td>
<td>TBD</td>
<td>GOOD WITH ME, INC.</td>
<td>09/15/18</td>
</tr>
<tr>
<td>80</td>
<td>Back to School Care Fair</td>
<td>NO</td>
<td>THE JUNIOR LEAGUE OF ST. PETERSBURG FLA., INCORPORATED</td>
<td></td>
<td>07/28/18</td>
</tr>
<tr>
<td>82</td>
<td>Slightly Stoopid Concert</td>
<td>NO</td>
<td>TEAL RECOVERY PROJECT INC.</td>
<td>LIVE NITE LLC</td>
<td>12/14/18</td>
</tr>
<tr>
<td>83</td>
<td>Run With The Flock St. Pete</td>
<td>YES</td>
<td>FLAMINGO CHARITIES INC.</td>
<td></td>
<td>04/14/18</td>
</tr>
<tr>
<td>85</td>
<td>One Step Closer 5K</td>
<td>NO</td>
<td>CELMA MASTRY OVARIAN CANCER FOUNDATION, INC.</td>
<td></td>
<td>09/15/18</td>
</tr>
<tr>
<td>86</td>
<td>NAACP Freedom Fund &amp; Juneteenth Celebration</td>
<td>YES</td>
<td>ST PETERSBURG BRANCH NAACP, INC.</td>
<td></td>
<td>06/16/18</td>
</tr>
<tr>
<td>Event Title:</td>
<td>Good With Me Day Festival 2018</td>
<td>Phone No.:</td>
<td>727-4243-1270</td>
<td>Fax No.:</td>
<td>727-592-1355</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------</td>
<td>------------</td>
<td>---------------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>Entity Name:</td>
<td>Good With Me Inc</td>
<td>Federal I.D. Number:</td>
<td>46-0699089</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Event Date(s):</td>
<td>September 15, 2018</td>
<td>Location:</td>
<td>Williams Park</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 1 of Event:</td>
<td>Saturday</td>
<td>Time Gates Open:</td>
<td>10 AM</td>
<td>Ending Time:</td>
<td>4 PM</td>
</tr>
<tr>
<td>Day 2 of Event:</td>
<td>Time Gates Open:</td>
<td>Ending Time:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 3 of Event:</td>
<td>Time Gates Open:</td>
<td>Ending Time:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application Prepared by:</td>
<td>Patricia Noll</td>
<td>Phone:</td>
<td>727-424-1270</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Founder &amp; President of Good With Me Inc</td>
<td>Cell Phone:</td>
<td>727-424-1270</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>2628 5th Avenue North</td>
<td>City:</td>
<td>St. Petersburg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>FL</td>
<td>Zip:</td>
<td>33713</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:patricia@goodwithme.com">patricia@goodwithme.com</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Contact Person:</td>
<td>N/A</td>
<td>Day Phone:</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What month/year were you incorporated as nonprofit?</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List all 501(c)3 entities that will benefit from this event.</td>
<td>St. Petersburg Pet Rescue; Charity Chics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of the for-profit entity?</td>
<td>Good With Me Inc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.</td>
<td>It introduces the Good With Community Leader Certification Program. Its purpose is to provide help to citizens who are falling through the cracks &amp; &quot;dropping out&quot; by teaching them to know they have value, to recognize it in themselves, &amp; become contributing citizens.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe what economic benefit and impact this event will bring to St. Petersburg.</td>
<td>Reduced substance abuse &amp; dependency, disrupted school &amp; work experience, &amp; trouble with the law. Increased community health &amp; cohesion.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your group presently have liability insurance?</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there plans to sell or distribute beer/wine at your event?</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will there be an admission / registration fee?</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please provide the website address for your event.</td>
<td><a href="http://www.goodwithme.com">www.goodwithme.com</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pleas provide a phone number that can be advertised to the public.</td>
<td>727-424-1270</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the estimated attendance for this event?</td>
<td>Spectators: 400-500, Participants: 50-75, Last Year's Total Attendance: 50/2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Chairs # needed</td>
<td></td>
</tr>
<tr>
<td># of portable risers needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

Name: [Signature]  Title: Founder/President  Date: 10-12-2017
Co-Sign: [Signature]  Title:  Date: 

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

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

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

PLEASE ATTACH THE FOLLOWING

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

For further information, please call Lynn Gordon, Parks & Recreation Manager, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Other Comments: Please describe your fee structure.

Vendor fee where applicable $75

Other comments:

This is the 5th Annual Good With Me Day & is growing in popularity each year. It is the kick-off to Good With Me Day. Mayor Rick Kriseman made an official proclamation that September 21 of each year is Good With Me Day in the city of St. Petersburg, FL. It's purpose is to introduce more of our citizens to the Good With Me Message that encourages all citizens to celebrate themselves in recognition of their worthiness. It is a celebration of all people. This day of festivities provides examples of healthy & fun activities. My vision is that Good With Me Day will be celebrated worldwide. That there will be Good With Me Community Groups Programs throughout this country & the world & that Good With Me Day which is a day of self-celebration will become an official Holiday in the Chase Calendar of Events. I have received endorsements for my work from Deepak Chopra, Jacquelyn Small, Dr. Larry Dossey, & Jack Komfield. The Good With Me approach is to create an awareness of the root of unhappiness & addiction and to provide a solution to a broad audience. It will take a global commitment to show everyone they have value & can be "good with me" just because they are.

I represent and warrant that the purpose of the proposed activity/event and conduct of the 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: Founder/President Date: 10-12-2017
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: 

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

Nonprofit (Employee identification Number): 

Name of the For-profit Corporation: 

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

For-profit (Employee identification Number)

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

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

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

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE

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

<table>
<thead>
<tr>
<th>Expense Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

<table>
<thead>
<tr>
<th>Allocation Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME

Prepared by: ___________________________ Date: ____________

Print Application  Page 8 of 8  Submit Application by Email
Detail by Entity Name

Florida Profit Corporation
GOOD WITH ME, INC.

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

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

Changed: 04/26/2016

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

Changed: 04/26/2016

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

Address Changed: 04/26/2016

Officer/Director Detail
Name & Address

Title P

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

Annual Reports
Report Year Filed Date

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

**Document Images**

- 04/27/2017 – ANNUAL REPORT
- 04/26/2016 – ANNUAL REPORT
- 04/23/2015 – ANNUAL REPORT
- 04/27/2014 – ANNUAL REPORT
- 04/29/2012 – ANNUAL REPORT
- 05/06/2012 – Domestic Profit

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

Purpose of Use: GOOD WITH ME DAY FESTIVAL
Expected: 500

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 15 Sep 18 06:00 am
Ending: Sat 15 Sep 18 09:00 pm

Facility/Equipment
<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sat 15 Sep 2018</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Co-Sponsored Park Permit Fee:
  - Hours: 15:00
  - Quantity: 1
  - Charge: $200.00
  - Tax: $0.00
  - Total: $200.00

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

Balance of rental due and payable immediately.

Payments:
<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Jul 2017</td>
<td>$170.00</td>
<td>Check</td>
<td>Rental</td>
<td>2857523</td>
</tr>
<tr>
<td>08 Nov 2017</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2829227</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): PATRICIA NOLL
(Print Name) GOOD WITH ME INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent
(Print Name) Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
GOOD WITH ME INC  
PATRICIA NOLL  
2628 5TH AVE N  
ST PETERSBURG, FL 33713 USA

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$60.00</td>
</tr>
<tr>
<td>Applied To: 22079 - GOOD WITH ME DAY FESTIVAL</td>
<td>$30.00</td>
</tr>
<tr>
<td>Williams Park - Park</td>
<td></td>
</tr>
<tr>
<td>September 15, 2018  6:00 am to September 15, 2018 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

Receipt #: 2926227  
User: JSBENNIN  
Issued: Wed 08 Nov 17 01:26 pm

Approved refunds are by check only.
Event Title: Junior League of St. Petersburg Back to School Care Fair
Entity Name: Junior League of St. Petersburg
Date: July 27, 2018 (set up), July 28, 2018 (event day)
Location: Enoch Davis Rec Center, 1111 18th Ave S, ST. Pete, 33705
Day 1 of Event: July 28, 2018
Day 2 of Event: July 28, 2018
Day 3 of Event: July 28, 2018

Application Prepared by: Lauren Dupre
Title: Junior League of St. Petersburg Back to School Care Fair Co-Chair
Address: 500 Dr. MLK Jr. Street Noth, Suite 201
City: St. Petersburg
State: FL
Zip: 33705
Email Address: carefair@jlstpete.org, laurencdupre@gmail.com
Additional Contact Person: Gigi Fleming - Office Manager for The Junior League
Day Phone: 727-895-5018

What month/year were you incorporated as nonprofit? 12/03/1931
List all 501(c)3 entities that will benefit from this event:
Clothes to Kids, Junior League's other Charitable projects
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.
We provide back-to-school and school sports physicals, eye/dental/hearing/vision screening, diabetes testing and school supplies free to any child school age in Pinellas County. The event provides services that many families cannot afford, but are required by the Pinellas County School system for enrollment. The event helps to ensure that south Pinellas county school-ages children are prepared, health-wise for school and gives them a bonus of a quality backpack that many families cannot afford to purchase. School enrollment is also available at the event.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The event will better prepare St. Petersburg school-aged children health-wise for the first day of school, helping them to stay in school longer, leading to more hard working and prosperous lives as adults.

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

Does your group presently have liability insurance? YES
Are there plans to sell or distribute beer/wine at your event? NO
Will there be an admission / registration fee? YES

Please provide the website address for your event. www.jlstpete.org
Please provide a phone number that can be advertised to the public. 727-895-5018
What is the estimated attendance for this event? Spectators 300, Participants 1500, Last Year's Total Attendance 1800
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>Chairs # needed</td>
<td>[]</td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
<td>[]</td>
</tr>
<tr>
<td># of portable risers needed</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: Lauren Dupre
Co-Sign: 
Title: JLSP Care Fair CO-Chair
Date: 1/2/18

**NOTE:**

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

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

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

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

Marketing: Please check all that apply.

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

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

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

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

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

N/A

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

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

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

N/A

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

Name: Junior League of ST. Petersburg

Address (including zip): 500 Dr. MLK Jr. Street North, Suite 201, St Petersburg, FL 33705

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

Sponsor Radio Station 8:00 AM-12:00 pm

List Vending Products. Name & Provider.

N/A

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

N/A

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

Announcements of games for the children by the radio station.

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

July 28, 2017 8 am-5 pm Unload event materials, school supplies, backpacks, curtains to create exam rooms, etc

July 29, 2017 8 am - 4pm Load up all left over materials and take down curtains
Other Comments:  Please describe your fee structure.

All materials and fees are covered by donations of local organizations and by private donors.

Other Comments:  

N/A

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

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

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

Name: Lauren Dupre  
Title: JLSP Care Fair Co-Chair Elect  
Date: 1/2/18
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>Junior League of St. Petersburg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>June 2017-May 2018 Brynne Gowens</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>500 Dr. MLK Jr. Street North, Suite 201, St. Petersburg, FL 33705</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>72-895-5018</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:carefair@jlstpete.org">carefair@jlstpete.org</a>, <a href="mailto:president@jlstpete.org">president@jlstpete.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-059485</td>
</tr>
</tbody>
</table>

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

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

Name of Event: JLSP Back to School Care Fair
Date(s) of Event: July 27, 2018 - July 28, 2018

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Donation- Tampa Bay Rays</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>2. Donation- Raymond James</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>3. JLSP Fundraisers</td>
<td>$6,360.00</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>$13,860.00</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. School Supplies</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>2. Medical Room Supplies (partitions, cleaning supplies, tables, etc)</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>3. Police</td>
<td>$750.00</td>
</tr>
<tr>
<td>4. Facility Rental and City Equipment Rental</td>
<td>$340.00</td>
</tr>
<tr>
<td>5. Trolley Rental</td>
<td>$300.00</td>
</tr>
<tr>
<td>6. Insurance</td>
<td>$300.00</td>
</tr>
<tr>
<td>7. Port-a-let Rental</td>
<td>$300.00</td>
</tr>
<tr>
<td>8. Food and Beverage for Medical Volunteers</td>
<td>$150.00</td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$13,640.00</strong></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td><strong>$220.00</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: Lauren Dupre
Date: 1/2018
JUNIOR LEAGUE OF ST PETERSBURG INC
LAUREN DUPRE
500 DR MARTIN L KING JR ST N STE 201
ST PETERSBURG FL 33705 USA

Purpose of Use: BACK TO SCHOOL CARE FAIR
Expected: 1,500
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 27 Jul 18 06:00 am
Ending: Sun 29 Jul 18 09:00 pm

Facility/Equipment: Enoch Davis Park

Additional Fees:
- Co-sponsored Application Fee

Charges:
- Fees
- Extra Fees
- Tax
- Total

$0.00 $30.00 $0.00 $30.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Sign Name): ________________________________
(Print Name) LAUREN DUPRE
JUNIOR LEAGUE OF ST PETERSBURG INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): ________________________________
Parks and Recreation Superintendent

(Print Name): ________________________________
Parks and Recreation Department

Approved or Rejected Date: __________________

Manager

Approved or Rejected Date: __________________

Manager

Approved or Rejected Date: __________________

User: jsbennin
Printed: 03 Jan 2018, 09:00 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.
Detail by Entity Name
Florida Not For Profit Corporation
THE JUNIOR LEAGUE OF ST. PETERSBURG FLA., INCORPORATED

Filing Information
Document Number 707142
FEI/EIN Number 59-0759485
Date Filed 04/14/1964
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 07/01/1991
Event Effective Date NONE

Principal Address
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Changed: 01/22/2008

Mailing Address
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Changed: 01/22/2008

Registered Agent Name & Address
Fleming, Gigi
500 Dr MLK Jr St N
Suite 201
ST PETERSBURG, FL 33705

Name Changed: 04/22/2013
Address Changed: 04/22/2013

Officer/Director Detail
Name & Address
Title President
Johnson, Brynne
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Title President, VP

Jensen, Summer
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST. PETERSBURG, FL 33705

Title Treasurer

Hawkins, Heather
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Title Asst. Treasurer

Feaster, Lauren
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Title Officer

Mainguth, Donna
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>04/21/2015</td>
</tr>
<tr>
<td>2016</td>
<td>04/22/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/04/2017</td>
</tr>
</tbody>
</table>

### Document Images

- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
Event Title: Slightly Stoopid Concert Presented By Reggae Rise Up
Phone No.: 801 4190658
Fax No.: 

Entity Name: Live Nite Events LLC

Event Date(s): Target Date Range July 12-15
Location: Vinoy Park

Day 1 of Event: TBD
Time Gates Open: 5PM
Ending Time: 10PM

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

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

Application Prepared by: Vaughn Carrick
Phone: 8016527955

Title: Owner
Cell Phone: 

Address: 331 S Rio Grande ST #108
City: SLC State: UT Zip: 84101

Email Address: vaughn@liveniteevents.com
Additional Contact Person: Joey Traum
Day Phone: 3853199946

What month/year were you incorporated as nonprofit? NA

List all 501(c)3 entities that will benefit from this event.
The Teal Recovery Project

Name of the for-profit entity? Live Nite Events LLC

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
This single day concert will bring another great live music and entertainment activity for the city of St. Pete while also employing 100 locals. We will feature cuisines from local eateries, local brews, and showcasing local artists to round out the experience.

Describe what economic benefit and impact this event will bring to St. Petersburg.
This event will be thousands of people, many of whom will visit local businesses ranging from gas stations to restaurants.

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

Does your group presently have liability insurance? YES 

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

Will there be an admission / registration fee? YES

Advanced Fee: TBD 
Day of: TBD

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

Please provide a phone number that can be advertised to the public: 8014198058

What is the estimated attendance for this event? Spectators 6500 Participants 100 Last Year's Total Attendance 6,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [No]
# Bleacher(s) needed. Each bleacher approx. 180 people [0]

Special Events Facilities
Non-City Locations [ ]

Tables (6 ft) # needed [0] Chairs # needed [0]

Public Address System [No]
# of portable risers needed (4 in. x 8 in. x 16 in. sections) [0]

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

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

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

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

Name: Vaughn Carrick Title: Owner Date: 11/07/17
Co-Sign: Joey Traum Title: Partner Date: 11/07/17

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

PLEASE ATTACH THE FOLLOWING

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>How many? 11 - 20 Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td></td>
</tr>
<tr>
<td>Fence Installation</td>
<td></td>
</tr>
<tr>
<td>Other Structures</td>
<td></td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td></td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>How many? 10</td>
<td></td>
</tr>
<tr>
<td>What type? Covered chainlink fencing</td>
<td></td>
</tr>
<tr>
<td>What structure? RV Trailors</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</td>
<td></td>
</tr>
<tr>
<td>City logo should be used in any promotional</td>
<td></td>
</tr>
<tr>
<td>materials, posters, flyers, ads, website, public</td>
<td></td>
</tr>
<tr>
<td>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.

Stage and lights, Box Office, Back Stage production offices and artist green room areas.

Will you supply your own generators? ☑ YES ☐ NO

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

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

N/A

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

Name: Live Nite Events, LLC  Phone: 801 419 0858

Address (including zip): 331 S. Rio Grande ST STE 108 SLC, 84101

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

3 Reggae music artists will be performing on 1 stage

List Vending Products. Name & Provider.

TBD

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

The Toast Recovery Project

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

N/A

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

We would like to begin load in 2 days before event and load out the day after the event. Once we know the date of the performance we can provide a set schedule for load in times. Parking needs will directly connected to Vinoy Park.
Other Comments: Please describe your fee structure.

Ticket price TBD. Most likely will range 20-35

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: Vaughn Carrick        Title: Owner        Date: 11/07/17
LIVE NITE EVENTS LLC
VAUGHN CARRICK
324 SOUTH 400 W STE 275
SALT LAKE CITY FL 84101 USA

Purpose of Use: SLIGHTLY STOOPID
Expected: 7,000
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Wed 11 Jul 18 06:00 am
Ending: Mon 16 Jul 18 11:00 pm

Facility/Equipment | Date       | Time      | Fee   | Extra Fee | Tax | Total  |
--------------------|------------|-----------|-------|-----------|-----|--------|
Vinoy Park         | Wed 11 Jul 18 | 06:00 AM  | $0.00 | $300.00   | $0.00 | $300.00|
Vinoy Park         | 16 Jul 2018  | 11:00 PM  | $0.00 | $300.00   | $0.00 | $300.00|

Additional Fees:

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
<td>1</td>
<td>$30.00</td>
<td></td>
<td>$30.00</td>
</tr>
<tr>
<td>Extra Fee - Bookings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Sponsored Park Permit Fee (Vinoy)</td>
<td>14:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>$300.00</td>
<td></td>
<td>$300.00</td>
</tr>
</tbody>
</table>

Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$330.00</td>
<td></td>
<td>$330.00</td>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>($870.00)</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 May 2017</td>
<td>$900.00</td>
<td>Check</td>
<td>Rental</td>
<td>2792116</td>
</tr>
<tr>
<td>08 May 2017</td>
<td>($870.00)</td>
<td>Check</td>
<td>Rental</td>
<td>2792116</td>
</tr>
<tr>
<td>08 May 2017</td>
<td>$300.00</td>
<td>Check</td>
<td>Rental</td>
<td>2792116</td>
</tr>
<tr>
<td>03 Jan 2018</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2955114</td>
</tr>
<tr>
<td>03 Jan 2018</td>
<td>($30.00)</td>
<td>Check</td>
<td>Rental</td>
<td>2955114</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) 

(Print Name) VAUGHN CARRICK 

LIVE NITE EVENTS LLC 

Name of User Organization, If Applicable 

CITY OF ST. PETERSBURG, FLORIDA 

By: (Sign Name) 

Parks and Recreation Superintendent 

(Print Name) Parks and Recreation Department 

Manager 

Manager 

Manager 

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$30.00</td>
</tr>
<tr>
<td>Applied To: 22419 - REGGAE RISE UP</td>
<td>$30.00</td>
</tr>
<tr>
<td>Vinoy Park - Vinoy Park</td>
<td></td>
</tr>
<tr>
<td>July 11, 2019 8:00 am to July 15, 2019 11:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($330.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($300.00)</td>
</tr>
</tbody>
</table>
Event Title: Run with the Flock St. Pete
Entity Name: Flamingo Charities Inc
Event Date(s):
Day 1 of Event: 11/14/18
Day 2 of Event: 11/11/18
Day 3 of Event: 11/12/18
Location: No Heat/ Water Tank
Permit #: 22557
Phone No.: 727.227.7536
Fax No.: 727.227.7536
Application Prepared by: Christine Sterling
Title: Risk Manager, EIS
Address: 1401 Roosevelt Blvd
City: St. Pete State: FL Zip: 33706
Email Address: Kreelys.FLS.Flamingo@EISglobal.com
Application #:
Packet:
Permit #:
Event Title:
Entity Name:
Federal ID. Number:
Event Date(s):
Location:
Day 1 of Event:
Time Gates Open:
Ending Time:
Day 2 of Event:
Time Gates Open:
Ending Time:
Day 3 of Event:
Time Gates Open:
Ending Time:
Application Prepared by:
Title:
Address:
City:
State:
Zip:
Email Address:
Additional Contact Person:
Phone:
Email:
Application #:
Packet:
Permit #:
Date Received: 10-5-17
Check or Cash:
Application #:
Packet:
Permit #:

All proceeds will go to the Leukemia Lymphoma Society (LLS). EIS is on a mission to find a cure for cancer.

Runners/Walkers will learn the benefits of St. Pete Parks. Walking is a healthy activity.

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

Does your group presently have liability insurance? YES NO How much?
Are there plans to sell or distribute beer/wine at your event? YES NO
Will there be an admission / registration fee? YES NO Advanced Fee: Day of:

Please provide the website address for your event.
Please provide a phone number that can be advertised to the public. 727 227 5536
What is the estimated attendance for this event? Spectators: 25 Participants: 1200 Last Year's Total Attendance:

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

Recreation Equipment
Showmobile (Yes/No) [ ] No [ ] Yes
# Bleacher(s) needed. Each bleacher approx. 180 people [ ]

Special Events Facilities
Mahaffey Theater [ ]
Coliseum [ ]
Sunken Gardens [ ]
Boyd Hill [ ]

Non-City Locations
Which Location?

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

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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

we will bring our own power or use standard outlets

Will you supply your own generators?  

☐ YES  ☑ NO  ☐ Not required this year

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

☑ YES  ☐ NO  ☐ IF YES, who?

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

N/A

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

Name:  

☐ N/A  

Phone: 

Address (including zip):

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

☐ N/A

List Vending Products, Name & Provider.

☐ N/A = no sales = food (bananas, water, snacks) will be provided at no cost

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

☐ No Alcoholic beverages this year.

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

5K Walk Fun Run

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

Cars Fun (Hopefully less with car pooling)
Other Comments: Please describe your fee structure.

We plan to charge $35.00 per participant for rights to walk/run, shirt, food & medal. We are accepting sponsors.

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: Christine Sterling  Title: Risk Manager  Date: 1/15/18
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $30.00 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: Flamingo Charities
Name of Responsible Party (President or CEO ONLY): Ronda McPherson
Title of Responsible Party: President
Physical Address of Responsible Party: 101 Riverside Ave 12th Floor
Phone Number of Responsible Party: 407-687-4228
Email Address of Responsible Party: Ronda@flamingocharities.com
Nonprofit (Employee Identification Number): 47-1062073

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

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

What method of invoicing would your organization prefer?

☑ By Mail

Contact Name
Address
City, State, Zip
☑ By EMAIL

Email Address: Christhe.Sterling@gisglobal.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)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES
TOTAL NET INCOME

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>All Proceeds benefit LCS</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME

Prepared by: [Name]
Date: [Date]

Submit Application by Email
Dear Applicant:

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

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

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

Sincerely,

[Signature]

Director, Exempt Organizations

Date: JUL 31 2014

Employer Identification Number: 47-1062073
DLN: 17053175346034
Contact Person: CUSTOMER SERVICE
Contact Telephone Number: (877) 829-5500
Accounting Period Ending: December 31
Public Charity Status: 170(b)(1)(A)(vi)
Form 990 Required: Yes
Effective Date of Exemption: June 2, 2014
Contribution Deductibility: Yes
Addendum Applies: No

FLAMINGO CHARITIES INC
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

ID# 31954
### 5k 2018 Expected Budget

<table>
<thead>
<tr>
<th>Nbr or Runners estimate</th>
<th>200</th>
<th>300</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Fee</strong></td>
<td>35</td>
<td>35</td>
</tr>
</tbody>
</table>

#### Income

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry Fees</td>
<td>7,000</td>
<td>10,500</td>
</tr>
<tr>
<td>Sponsors</td>
<td>8,000</td>
<td>8,000</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$15,000</strong></td>
<td><strong>$18,500</strong></td>
</tr>
</tbody>
</table>

#### Expenses

**Marketing & Design**

<table>
<thead>
<tr>
<th>Item</th>
<th>500</th>
<th>500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finisher Medals @ $3.00</td>
<td>600</td>
<td>900</td>
</tr>
<tr>
<td>Overall Awards: 10 @ $25</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>T-Shirts @ $4.00</td>
<td>800</td>
<td>1,200</td>
</tr>
<tr>
<td>Runner Notes Printing</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

**Race Event Requirements**

<table>
<thead>
<tr>
<th>Item</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>County Permit</td>
<td>200</td>
<td>200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PC Sheriff: 2 Deputies @ $45 x 3</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>Race Crew</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Scoring Crew:</td>
<td>1,200</td>
<td>1,200</td>
</tr>
<tr>
<td>Bibs &amp; Pins</td>
<td>200</td>
<td>300</td>
</tr>
<tr>
<td>USATF Sanctioning/Ins</td>
<td>375</td>
<td>400</td>
</tr>
<tr>
<td>Ambulance</td>
<td>450</td>
<td>450</td>
</tr>
<tr>
<td>Postrace Postage (mailing awards)</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Tables, Chairs</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Porta-Lets</td>
<td>600</td>
<td>900</td>
</tr>
<tr>
<td>Water/ Cups/ Ice</td>
<td>200</td>
<td>300</td>
</tr>
<tr>
<td>After Party</td>
<td>500</td>
<td>750</td>
</tr>
<tr>
<td>Miscellaneous Supplies</td>
<td>75</td>
<td>75</td>
</tr>
</tbody>
</table>

**Sales Tax On Entry Fees - 7%**

<table>
<thead>
<tr>
<th>Item</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Race Expenses</td>
<td>6,400</td>
<td>7,900</td>
</tr>
</tbody>
</table>

**Net Income**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>8,600</strong></td>
<td><strong>10,600</strong></td>
</tr>
</tbody>
</table>

**Expected Sponsorships**

<table>
<thead>
<tr>
<th>Item</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FIS</td>
<td>3,000</td>
</tr>
<tr>
<td>ICBA/CSCU partners</td>
<td>3,000</td>
</tr>
<tr>
<td>Other Vendors</td>
<td>2,000</td>
</tr>
<tr>
<td><strong>Total first year</strong></td>
<td><strong>$8,000</strong></td>
</tr>
</tbody>
</table>
Run with the Flock St. Pete

Information – the run/walk will be cross country style – while the information below is showing on the streets there is grass/walking areas next to the streets. Runners/Walkers will be instructed to stay on the grassy areas and walking paths for the outside exterior. They will finish around the lake and the after party will be in the pavilion on property.

No road closures are required – volunteers will be at entry/exits to the park and dog park for incoming/outgoing activity in the park during the run/walk.
### Contract/Permit

**Contract #:** 22557  
**Date:** 17 Jan 2018  
**User:** DWBurns  
**Status:** Firm  
**Primary #:** (727) 227-5536  
**Secondary #:** (727)  
**Other #:** ()

**FLAMINGO CHARITIES**  
**CHRISTINE STERLING**  
**11601 ROOSEVELT BLVD**  
**ST PETERSBURG FL 33716 USA**

**Purpose of Use:** RUN FOR THE FLOCK ST PETE  
**Expected:** 250  
**Co-Sponsored Event:** Contract Balance $60.00

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- **Starting:** Fri 13 Apr 18 06:00 am  
- **Ending:** Sat 14 Apr 18 09:00 pm

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walter Fuller Park</td>
<td>Fri</td>
<td>13 Apr 2018</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
<td>14 Apr</td>
<td>14 Apr 2018</td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Additional Fees:**
- Extra Fee  
  - Application Processing Fee - Parks: 1 quantity $30.00  
  - Co-Sponsored Application Fee: 1 quantity $30.00

**Charges:**
- Fees $0.00  
- Extra Fees $60.00  
- Tax $0.00  
- Total $60.00  
- Deposit $0.00  
- Total Applied $0.00  
- Contract Balance $60.00  
- Account Balance $60.00

Balance of rental due and payable immediately.

**Payments:**

**Additional Notes:**

---

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

By:(Sign Name)  
**CHRISTINE STERLING**  
**FLAMINGO CHARITIES**  
**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: [ ] Approved or [ ] Rejected  
Date: ________  

Manager  

---

Printed: 17 Jan 2018, 01:56 PM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
### Detail by Entity Name

Florida Not For Profit Corporation  
FLAMINGO CHARITIES, INC.

#### Filing Information
- **Document Number**: N14000005376  
- **FEI/EIN Number**: 47-1062073  
- **Date Filed**: 06/02/2014  
- **State**: FL  
- **Status**: ACTIVE

#### Principal Address

601 RIVERSIDE AVENUE, TOWER BLDG, 12TH FL  
JACKSONVILLE, FL 32204

#### Mailing Address

601 RIVERSIDE AVENUE, TOWER BLDG, 12TH FL  
JACKSONVILLE, FL 32204

#### Registered Agent Name & Address

MCPHERSON, RONDA  
601 RIVERSIDE AVENUE, TOWER BLDG, 12TH FL  
JACKSONVILLE, FL 32204

#### Officer/Director Detail

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCPHERSON, RONDA</td>
<td>D</td>
</tr>
<tr>
<td>601 RIVERSIDE AVENUE, TOWER BLDG, 12TH FL</td>
<td></td>
</tr>
<tr>
<td>JACKSONVILLE, FL 32204</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARNEY, TAMMY</td>
<td>D</td>
</tr>
<tr>
<td>601 RIVERSIDE AVENUE, TOWER BLDG, 12TH FL</td>
<td></td>
</tr>
<tr>
<td>JACKSONVILLE, FL 32204</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMITH, SERENA</td>
<td>D</td>
</tr>
<tr>
<td>3150 HOLCOMB BIDGE ROAD</td>
<td></td>
</tr>
<tr>
<td>NORCROSS, GA 30071</td>
<td></td>
</tr>
</tbody>
</table>

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity...  1/17/2018
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>04/21/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/17/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/11/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document Images</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/12/2017 – ANNUAL REPORT</td>
</tr>
<tr>
<td>03/17/2016 – ANNUAL REPORT</td>
</tr>
<tr>
<td>04/21/2015 – ANNUAL REPORT</td>
</tr>
<tr>
<td>06/02/2014 – Domestic Non-Profit</td>
</tr>
</tbody>
</table>
Event Name: ONE STEP CLOSER TO THE CURE  
Cell: CELMA MASTRY OVARIAN CANCER FOUNDATION  
Federal I.D. Number: #33-1023477  

Date: 9/22/2018  
Time Gates Open: 5:00 a.m.  
Ending Time: 11:30 a.m.  

Applicant: CLAUDETTE M. CARLAN  
Title: CHAIRMAN  
Cell Phone: 863-381-2034  
Address: P.O. Box 48187  
City: ST. PETERSBURG  
State: FL  
Zip: 33714-8187  

What year was your organization incorporated as nonprofit? 8/2003  
List all Sponsors that will benefit from this event: CMoCF  

Name of your nonprofit or for-profit organization: CELMA MASTRY OVARIAN CANCER FOUNDATION  

Describe your nonprofit and impact this event will bring to St. Petersburg:  

ONE STEP CLOSER 2017 - PROVIDED WOMEN IN OUR COMMUNITY WITH $50,000. + IN ASSISTANCE WITH RENT, UTILITIES, TRANSPORTATION TO TREATMENT AND GROCERIES.  

Describe how this event showcases downtown and our advertisement is nationwide with pictures of activities in St. Pete, hotel stays for runners.  

Each contractor is required to possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance as determined by the City.  

Does your event possess liability insurance? YES ☑  
How much? $1,000,000. +  

Are there No ☑ for sale or distribution of beer/wine at your event?  

Will there be a registration fee? YES ☑  
Advanced Fee:  

Please provide an email address for your event: CMoCF.ORG/ONESTEP  

Phone: 863-381-2034  

What is the phone number that can be advertised to the public?  

What is the capacity? Spectators 200  
Participants 1500  
Last Year’s Total Attendance 14,200
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Facilities</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile</td>
<td>Mahaffey Theater</td>
<td>Which Location?</td>
</tr>
<tr>
<td></td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td># Bleachers</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>(6 ft each, each bleacher approx. 180 people)</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft: x 3)</td>
<td># needed</td>
<td></td>
</tr>
<tr>
<td>Public Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable</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 application.

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

Note: We do 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, color, nation, 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 all promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary City/County/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: [Signature] Title: [Signature] Date: 11/12/18

NOTE: A 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.

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

1. Route the incades, run, walk, and/or bike event.
2. Site any event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for the co-sponsored application processing (non-refundable).
5. Check for the permit fee. See Appendix A for fee structure.
6. A copy of the City 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 the conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>How many?</th>
<th>Type/Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Park Permit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Liability Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Park Permit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational License</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Inspection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Permit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Insurance Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Structure Permit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Structure Permit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fireworks Permit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parade or Street Closure Permit(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Showmobile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Announcement Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daytime - Private</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Event Time Frame - SPPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular Units</td>
<td>6</td>
<td>Disabled Units</td>
</tr>
<tr>
<td>Hand Washing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mark the conditions that apply.

- Radio
- Television
- Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Does your venue have 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 expand on details of the above items checked. Tell us how much and what type of power they would require.

Will you be using generators?  
- [ ] YES  
- [ ] NO

Will you be requiring a licensed electrician on-site during the event?  
- [ ] YES  
- [ ] NO  
If YES, who?

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

If City personnel, RV's, or services are required for event, who will pay for them?

Name:  
- [ ] CELMA MASTERY OVARIAN CANCER FND.  
Phone: [833] 381-2034

Address:

Type of Music:  
- [ ] DJs  
- [ ] Guitarist  
- [ ] Radio

List Vendors.  

For Use  

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

Explain any other activities, speeches/demonstrations which will occur.

Discussion, please state any parking needs, include times and dates.

Early - 5 AM Unload Registration Items
Tent set up Day Prior 9/21/18
At Park
Other Costs... please describe your fee structure.

<table>
<thead>
<tr>
<th>EARLY REGISTRATIONS</th>
<th>ADULTS</th>
<th>$45.00</th>
<th>PRIOR TO SEPT. 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILDREN - UNDER 18</td>
<td></td>
<td>25.00</td>
<td></td>
</tr>
<tr>
<td>LATE &amp; DAY OFF</td>
<td></td>
<td>PRICES INCREASE BY $5 - 15.00</td>
<td></td>
</tr>
</tbody>
</table>

I represent and certify that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall comply with 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 comply with such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITATION TO THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE LAKES 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, WHICH POLICIES AND PROCEDURES ARE NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE CITY DEPARTMENT OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

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

Name: Claudette M. Carlson  Title: Chairman  Date: 1/12/18
Appendix A

Co-Sponsored Event Park Fee Structure

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

Another park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 3 or more days = $600.00). This includes the $30.00 permit.

Fees will be due at the time you submit your application plus the co-sponsored application fee.

Co-sponsored event applications must be submitted at least 6 month prior to the event.

A submission for a co-sponsored event submitted inside the six (6) month time frame will incur a non-refundable $1,200.00 late fee.

Requires payment in advance for all City services estimated and/or provided for events and one of a kind nonrecurring events.

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

Entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please enter the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of Party Corporation:</th>
<th>CELMA MASTRY OVARIAN CANCER FOUNDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>CLAUDETTE M. CARCAN</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CHAIRMAN</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2801 ANVIL STREET NW, ST. PETERSBURG, FL 33710</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>863-381-2034</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:CARCAN@CMOCF.ORG">CARCAN@CMOCF.ORG</a></td>
</tr>
<tr>
<td>Nonprofit Affiliation Number:</td>
<td># 33-1023477</td>
</tr>
</tbody>
</table>

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

What method of invoicing would your organization prefer?

[ ] By check

[ ] By credit card

[ ] Other: __________

Claudette M. Carcan / CMOCF

PO. BOX 48187
ST. PETERSBURG, FL 33743-8787
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PENDING YEAR'S EVENT
(Must be completed)

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

Name of Event: **ONE STEP CLOSER**  
Date(s) of Event: **9/30/17**

### I. SPONSORS

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

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

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

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

TOTAL GROSS REVENUE

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

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

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

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

TOTAL OPERATING EXPENSES

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

TOTAL NET INCOME

52,902.01

TOTAL ALLOCATION OF NET INCOME

52,902.01

Prepared:  

*Name*

Date:  

Print Application  

Submit Application by Email  

Page 8 of 8
Detail by FEI/EIN Number

Florida Not For Profit Corporation
CELMASTRY OVARIAN CANCER FOUNDATION, INC.

Filing Information
Document Number: N02000002758
FEI/EIN Number: 33-1023477
Date Filed: 04/08/2002
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 11/01/2017

Principal Address
2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Mailing Address
2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

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

Name Changed: 11/01/2017
Address Changed: 04/14/2009

Officer/Director Detail
Name & Address
Title VPSD

JANSSEN, JULIE
P.O. BOX 48787
St. Petersburg, FL 33743

Title P
CARLAN, CLAUDETTE M.
4309 DEERWOOD DR
ZOLFO SPRINGS, FL 33890

Title VD

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

Title TRD

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

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>01/23/2016</td>
</tr>
<tr>
<td>2017</td>
<td>11/01/2017</td>
</tr>
<tr>
<td>2018</td>
<td>01/12/2018</td>
</tr>
</tbody>
</table>

Document Images

- 01/23/2016 -- ANNUAL REPORT
- 11/01/2017 -- REINSTATEMENT
- 01/23/2016 -- ANNUAL REPORT
- 11/02/2015 -- Merger
- 01/09/2015 -- ANNUAL REPORT
- 01/09/2014 -- ANNUAL REPORT
- 04/12/2013 -- ANNUAL REPORT
- 01/05/2012 -- ANNUAL REPORT
- 01/05/2011 -- ANNUAL REPORT
- 02/15/2010 -- ANNUAL REPORT
- 04/14/2009 -- ANNUAL REPORT
- 01/08/2009 -- ANNUAL REPORT
- 03/07/2007 -- ANNUAL REPORT
- 03/17/2006 -- ANNUAL REPORT
- 01/11/2005 -- ANNUAL REPORT
- 02/05/2004 -- ANNUAL REPORT
- 03/17/2003 -- ANNUAL REPORT
- 03/17/2003 -- Name Change
- 04/09/2002 -- Domestic Non-Profit
**Contract/Permit**

**Contract #:** 22555  
**Date:** 17 Jan 2018  
**Status:** Tentative  
**User:** RBMCCULL

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

**Purpose of Use:** ONE STEP CLOSER TO THE CURE  
**Expected:** 0  
**Co-Sponsored Event**  
**Contract Balance** $230.00

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- Starting: Sat 22 Sep 18 04:00 am
- Ending: Sat 22 Sep 18 01:00 pm

**Facility/Equipment**
- Albert Whitted Park  
- Park

**Additional Fees:**

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

**Charges:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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:**

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 800-966-8771.
### Event Title:
NAACP Freedom Fund & Juneteenth Celebration

### Entity Name:
St. Petersburg Branch NAACP

### Event Date(s):
- **Day 1 of Event:** June 16, 2018
- **Day 2 of Event:** June 16, 2018
- **Day 3 of Event:**

### Application Prepared by:
Maria L. Scruggs

### Title:
President

### Address:
980-Melrose Avenue South

### City:
St. Petersburg

### State:
FL

### Zip:
33705

### Email Address:
mariascruggs_weston@yahoo.com

### Additional Contact Person:
Kent Channer

### What month/year were you incorporated as nonprofit?
1939

### List all 501(c)3 entities that will benefit from this event.
St. Petersburg Branch 5130 is a 501 (c) (4)

### 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 St. Petersburg Branch NAACP advocates for the political, social and economical equality of rights for all persons and to eliminate race based discrimination.

### Describe what economic benefit and impact this event will bring to St. Petersburg.
**Last year the St. Petersburg Branch’s Freedom Fund utilized 27 African American owned and small businesses in south St. Petersburg. The total economic impact for those business for a one day event was $47,137.00**

### 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?
TBD

### 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:
$50.00

### Day of:
$50.00

### Please provide the website address for your event.
aacp-stoete.org

### Please provide a phone number that can be advertised to the public.
727-798-5361

### What is the estimated attendance for this event?
- **Spectators:** 580
- **Participants:** 580
- **Last Year's Total Attendance:** 500+
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No)  Yes
# Bleacher(s) needed. Each bleacher approx. 180 people
Tables (6 ft) # needed
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?
Vinoy Park

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

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

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

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

Name: Maria L. Scruggs
Co-Sign: Kent Channer
Title: President
Title: Treasurer
Date: 2/6/18
Date: 26/18

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td></td>
</tr>
<tr>
<td>Fence Installation</td>
<td></td>
</tr>
<tr>
<td>Other Structures</td>
<td></td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td></td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>How many?</td>
<td>How many?</td>
</tr>
<tr>
<td>What type?</td>
<td>What structure?</td>
</tr>
<tr>
<td>Alcohol Permit Additional Insurance Required</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fire Inspection Permit</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Parade or Street Closure Permit(s)</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>Performers</td>
</tr>
<tr>
<td>Showmobile</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Other</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td></td>
<td>Overnight - Private</td>
</tr>
<tr>
<td></td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>Regular Units</td>
<td>Disabled Units</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 contract with an electrician to determine our power needs. We have not done that at this point.

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? Mr. Professional

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 Branch NAACP Phone: 727-798-5361
Address (including zip): P.O. Box 35123 St. Petersburg FL 33705

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

1 Jazz band

List Vending Products. Name & Provider.

N/a

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

St. Petersburg Branch NAACP P.O. Box 35123 St. Petersburg FL 33705

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
Other Comments: Please describe your fee structure.

The fee structure includes $ 500.00 for table of 10; individual ticket sales @ $10.00 each, souvenir booklet add opportunities and corporate sponsorships.

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: Maria L. Scruggs       Title: President       Date: 2/6/18
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

**President or CEO**

**Responsible Party Information**

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th><strong>Name of the Nonprofit Corporation:</strong></th>
<th>St. Petersburg Branch NAACP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Responsible Party (President or CEO ONLY):</strong></td>
<td>Maria L. Scruggs</td>
</tr>
<tr>
<td><strong>Title of Responsible Party:</strong></td>
<td>President</td>
</tr>
<tr>
<td><strong>Physical Address of Responsible Party:</strong></td>
<td>980-Melrose Avenue South St. Petersburg FL</td>
</tr>
<tr>
<td><strong>Phone Number of Responsible Party:</strong></td>
<td>727-798-5361</td>
</tr>
<tr>
<td><strong>Email Address of Responsible Party:</strong></td>
<td><a href="mailto:mariascruggs_weston@yahoo.com">mariascruggs_weston@yahoo.com</a></td>
</tr>
<tr>
<td><strong>Nonprofit (Employee Identification Number):</strong></td>
<td>52-2986410</td>
</tr>
</tbody>
</table>

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

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

**Name of Event:** St. Petersburg Branch NAACP Freedom FLO

**Date(s) of Event:** Jun 16, 2018

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.  Fundraising Income</td>
<td>$47,137.00</td>
</tr>
<tr>
<td>2.  Membership Income</td>
<td>$4,827.00</td>
</tr>
<tr>
<td>3.  Miscellaneous Income</td>
<td>$20.00</td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE** $51,984.00

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.  Functional Expenses</td>
<td>$6,999.00</td>
</tr>
<tr>
<td>2.  Fundraising Expenses</td>
<td>$47,015.00</td>
</tr>
<tr>
<td>3.  Membership Dues To National Office</td>
<td>$2,496.00</td>
</tr>
<tr>
<td>4.  Other Assessment and Fees</td>
<td>$1,772.00</td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $58,282.00

**TOTAL NET INCOME** ($6,298.00)

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

<table>
<thead>
<tr>
<th>Allocation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Kent Channer
Date: Feb 6, 2018
Purpose of Use: NAACP FREEDOM FUND & JUNETEENTH CELEBRATION

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 15 Jun 18 06:00 am
- Ending: Sat 16 Jun 18 11:00 pm

Facility/Equipment

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td>Fri</td>
<td>15 Jun 2018</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>16 Jun 2018</td>
<td>11:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:
- Co-Sponsored Application Fee
  - Quantity: 1, Charge: $30.00, Tax: $0.00, Total: $30.00
- Co-Sponsored Park Permit Fee (Vinoy)
  - Hours: 41:00, Quantity: 1, Charge: $300.00, Tax: $0.00, Total: $300.00

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

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 Recreation Superintendent or designee.

By: (Sign Name) MARIA SCRUGGS
(Print Name) NAACP 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
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Detail by Entity Name
Florida Not For Profit Corporation
ST PETERSBURG BRANCH NAACP, INC.

Filing Information
Document Number N15000006283
FEI/EIN Number 59-2986410
Date Filed 06/24/2015
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 12/15/2016

Principal Address
1501 16TH STREET SOUTH
ST PETERSBURG, FL 33705

Mailing Address
PO BOX 35123
ST PETERSBURG, FL 33705

Registered Agent Name & Address
CHANNE, KENT
2439 COVINA WAY S
ST PETERSBURG, FL 33712

Name Changed: 12/15/2016
Address Changed: 12/15/2016

Officer/Director Detail

Title Secretary
BROWN, LYDIA
3900 8TH AVENUE SOUTH
ST PETERSBURG, FL 33711

Title Treasurer
CHANNE, KENT
2439 COVINA WAY S
ST PETERSBURG, FL 33712
Title: President

SCRUGGS, MARIA L
980 MELROSE AVENUE SOUTH
ST PETERSBURG, FL 33705

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>12/15/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/16/2017</td>
</tr>
</tbody>
</table>

### Document Images

- 01/18/2017 – ANNUAL REPORT [View image in PDF format](#)
- 12/15/2016 – REINSTATEMENT [View image in PDF format](#)
- 08/21/2015 – Off/Dir Resignation [View image in PDF format](#)
- 08/21/2015 – Off/Dir Resignation [View image in PDF format](#)
- 06/24/2015 – Domestic Non-Profit [View image in PDF format](#)
<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>1</td>
<td>SPIFFS</td>
<td>NO</td>
<td>ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.</td>
<td></td>
<td>10/25/18 10/26/18 10/27/18 10/28/18</td>
</tr>
<tr>
<td>2</td>
<td>Chillounge Night</td>
<td>NO</td>
<td>CREATIVE CLAY INC.</td>
<td>DESIGN OFRESCO CORP.</td>
<td>11/17/18</td>
</tr>
<tr>
<td>3</td>
<td>Getaway 5K</td>
<td>NO</td>
<td>AARP</td>
<td>CORRIGAN SPORTS ENTERPRISES, INC.</td>
<td>11/4/18</td>
</tr>
<tr>
<td>4</td>
<td>Life Without Lupus Walk</td>
<td>NO</td>
<td>LUPUS FOUNDATION OF FLORIDA, INC.</td>
<td></td>
<td>11/3/18</td>
</tr>
<tr>
<td>5</td>
<td>Ribfest</td>
<td>NO</td>
<td>NORTHEAST EXCHANGE CLUB OF ST. PETERSBURG, FLORIDA, INC.</td>
<td></td>
<td>11/9/18 11/10/18 11/11/18</td>
</tr>
<tr>
<td>6</td>
<td>St. Pete Run Fest</td>
<td>NO</td>
<td>JUMP FOR KIDS, INC.</td>
<td>ENDORFUN SPORTS LLC.</td>
<td>11/16/18 11/17/18 11/18/18</td>
</tr>
<tr>
<td>7</td>
<td>First Night St. Pete</td>
<td>NO</td>
<td>FIRST NIGHT ST. PETERSBURG, INC.</td>
<td></td>
<td>12/31/18</td>
</tr>
<tr>
<td>8</td>
<td>Skyway 5K/10K</td>
<td>NO</td>
<td>SKYWAY 5K CORP.</td>
<td></td>
<td>10/20/18</td>
</tr>
<tr>
<td>9</td>
<td>Florida Orchestra the Park</td>
<td>NO</td>
<td>THE FLORIDA ORCHESTRA, INC.</td>
<td></td>
<td>10/20/18</td>
</tr>
<tr>
<td>10</td>
<td>95.7 Beats by the Bay</td>
<td>NO</td>
<td>CREATIVE CLAY INC.</td>
<td>IHEARTMEDIA + ENTERTAINMENT, INC.</td>
<td>11/3/18</td>
</tr>
<tr>
<td>11</td>
<td>Bungalow Fest</td>
<td>NO</td>
<td>HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.</td>
<td></td>
<td>11/3/18</td>
</tr>
<tr>
<td>12</td>
<td>Aids Walk St Pete</td>
<td>NO</td>
<td>EMPATH HEALTH, INC.</td>
<td></td>
<td>12/15/18</td>
</tr>
<tr>
<td>13</td>
<td>Times Festival of Reading</td>
<td>NO</td>
<td>TIMES PUBLISHING COMPANY</td>
<td></td>
<td>11/17/18</td>
</tr>
<tr>
<td>14</td>
<td>Movies in the Park (Oct.)</td>
<td>NO</td>
<td>ST. PETERSBURG PRESERVATION</td>
<td></td>
<td>10/4/18 10/11/18 10/18/18 10/25/18</td>
</tr>
<tr>
<td>15</td>
<td>SPCA Tampa Bay Pet Walk</td>
<td>NO</td>
<td>SPCA TAMPA BAY</td>
<td></td>
<td>10/6/18</td>
</tr>
<tr>
<td>16</td>
<td>Making Strides</td>
<td>NO</td>
<td>AMERICAN CANCER SOCIETY</td>
<td></td>
<td>10/20/18</td>
</tr>
<tr>
<td>17</td>
<td>Out of the Darkness</td>
<td>NO</td>
<td>AMERICAN FOUNDATION FOR SUICIDE PREVENTION</td>
<td></td>
<td>10/20/18</td>
</tr>
<tr>
<td>18</td>
<td>CraftArt Festival 2018</td>
<td>NO</td>
<td>FLORIDA CRAFTSMEN INC.</td>
<td></td>
<td>11/17/18 11/18/18 11/19/18</td>
</tr>
<tr>
<td>19</td>
<td>St. Pete Power &amp; Sailboat Show</td>
<td>NO</td>
<td>TBD</td>
<td>Yachting Promotions Inc.</td>
<td>11/29/18 11/30/18 12/01/18 12/02/18</td>
</tr>
<tr>
<td>20</td>
<td>Girls on the Run 5k (Fall)</td>
<td>NO</td>
<td>GIRLS ON THE RUN GREATER TAMPA BAY</td>
<td></td>
<td>12/8/18</td>
</tr>
<tr>
<td>21</td>
<td>Boley Jingle Bell Run</td>
<td>NO</td>
<td>BOLEY CENTERS INC.</td>
<td></td>
<td>12/12/18</td>
</tr>
<tr>
<td>22</td>
<td>Rotary Club Lighted Boat Parade</td>
<td>NO</td>
<td>ROTARY CLUB OF ST. PETERSBURG</td>
<td></td>
<td>12/22/18</td>
</tr>
<tr>
<td>Event #</td>
<td>Event Name</td>
<td>1st Year</td>
<td>Non Profit Organization</td>
<td>Profit Organization</td>
<td>Event Date</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------</td>
<td>----------</td>
<td>--------------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>23</td>
<td>Girls on the Run 2019 (Spring)</td>
<td>NO</td>
<td>GIRLS ON THE RUN GREATER TAMPA BAY</td>
<td></td>
<td>05/04/19</td>
</tr>
<tr>
<td>24</td>
<td>St Pete Science Festival / Marinequest</td>
<td>NO</td>
<td>PIER AQUARIUM, INC</td>
<td></td>
<td>10/19/18 &amp; 10/20/18</td>
</tr>
<tr>
<td>25</td>
<td>Walk for Children with Appraxia</td>
<td>NO</td>
<td>CHILDHOOD APPRAAXIA OF SPEECH ASSOCIATION OF NORTH AMERICA</td>
<td></td>
<td>10/27/18</td>
</tr>
<tr>
<td>26</td>
<td>Shopapalooza</td>
<td>NO</td>
<td>CHART 411</td>
<td>LOCALSHOPS1</td>
<td>11/17/18 &amp; 11/24/18</td>
</tr>
<tr>
<td>27</td>
<td>Hydrocephalus Association Walk</td>
<td>NO</td>
<td>HYDROCEPHALUS ASSOCIATION INCORPORATED</td>
<td></td>
<td>11/3/18</td>
</tr>
<tr>
<td>28</td>
<td>St. Pete Heath Fest</td>
<td>YES</td>
<td>SOLUTIONARY EVENTS, INC.</td>
<td></td>
<td>10/6/18</td>
</tr>
<tr>
<td>29</td>
<td>Dragon Boat Races</td>
<td>NO</td>
<td>LAO ARTS AND CULTURAL FOUNDATION, INC</td>
<td></td>
<td>10/20/18</td>
</tr>
</tbody>
</table>
### Event Title
SPIFFS 44th Annual International Folk Fair

### Phone No.
727-552-1896

### Federal I.D. Number
59-1674088

### Event Date(s):
October 25-28, 2018

### Location:
Vinoy Park

### Day 1 of Event:
- Time Gates Open: 9 am
- Ending Time: 3 pm

### Day 2 of Event:
- Time Gates Open: 9 am
- Ending Time: 3 pm

### Day 3 of Event:
- Time Gates Open: 10 am
- Ending Time: 8 pm

### Application Prepared by:
Lotta Baumann

### Address:
330 Fifth Street North
City: St. Petersburg
State: FL
Zip: 33701

### Email Address:
folkfair@spiffs.org

### Title:
Executive Director

### Cell Phone:
727-804-3492

### Day Phone:
727-552-1896

### What month/year were you incorporated as nonprofit?
1975

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

### Name of the for-profit entity?
N/A

### Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
Folk Fair offers the opportunity to our community and to visitors to have a positive experience and enjoy the ethnic cultural richness of music, ethnic foods, arts and crafts of the area.

### Describe what economic benefit and impact this event will bring to St. Petersburg.
Folk Fair draws approximately 15,000 visitors. About half of them are students from the Tampa Bay area.

---

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

- Does your group presently have liability insurance? **YES**
- How much? **$1,000,000**
- Are there plans to sell or distribute beer/wine at your event? **NO**
- Will there be an admission/registration fee? **NO**
- Advanced Fee: **$10.00**
- Day of: **$10.00**

Please provide the website address for your event. [http://www.spiffs.org](http://www.spiffs.org)

Please provide a phone number that can be advertised to the public. 727-552-1896

- What is the estimated attendance for this event?
  - Spectators 15,000+
  - Participants 1,000
  - Last Year's Total Attendance 13,000
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td>Which Location?</td>
</tr>
<tr>
<td>No</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Each bleacher approx. 180 people</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Chairs # needed</td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</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:**
**Co-Sign:**
**Title:** Executive Director
**Date:** 12/21/17

**NOTE:**

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

PLEASE ATTACH THE FOLLOWING:

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

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

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

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

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

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

Name: SPIFFS Phone: 727-552-1896
Address (Including zip): 330 Fifth Street North, St. Petersburg, FL 33701

Type of music, # of stages, and # of bands.
International/ethnic folk music on two stages. 30-40 performing groups and 4-5 bands.

List Vending Products, Name & Provider.

SPIFFS member groups

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

SPIFFS

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

Discuss your load in/load out parking needs, include times and dates.
Our tent/fence contractor needs to start setting up on Saturday, October 20, 2018, in order to complete set-up by afternoon Tuesday, October 24, when our member groups begin set-up of their villages. Tear-down will be completed by Tuesday, October 30, 2018.
Other Comments: Please describe your fee structure.

Students: $6
Under 6: Free
Adults: $10
Military: $8

Other comments:

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

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

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

Name: [Signature]
Title: Executive Director
Date: 12/21/17
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 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 International Folk Fair Society, Inc. (SPIFFS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Lotta Baumann</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>330 Fifth Street North, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-804-3492</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:folkfair@ij.net">folkfair@ij.net</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1674088</td>
</tr>
</tbody>
</table>

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

Please include a copy of the 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: folkfair@ij.net

Page 7 of 8
# STATEMENT OF REVENUE AND EXPENSES FORM

**PRIOR YEAR'S EVENT**
(Must be completed)

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants/Sponsorships</td>
<td>$11,582.00</td>
</tr>
<tr>
<td>Ticket sales</td>
<td>$51,049.00</td>
</tr>
<tr>
<td>Souvenir program</td>
<td>$3,075.00</td>
</tr>
<tr>
<td>Village space</td>
<td>$24,786.00</td>
</tr>
<tr>
<td>Outside vendors</td>
<td>$2,935.00</td>
</tr>
<tr>
<td>Beverage sales</td>
<td>$13,116.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$1,505.00</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

$108,048.00

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>$2,145.00</td>
</tr>
<tr>
<td>Equipment/Park</td>
<td>$20,153.00</td>
</tr>
<tr>
<td>Stage/Sound</td>
<td>$6,100.00</td>
</tr>
<tr>
<td>Private security</td>
<td>$3,804.00</td>
</tr>
<tr>
<td>Marketing/Printing</td>
<td>$12,125.00</td>
</tr>
<tr>
<td>Liability insurance</td>
<td>$7,938.00</td>
</tr>
<tr>
<td>Beverages/Ice</td>
<td>$3,836.00</td>
</tr>
<tr>
<td>Student awards</td>
<td>$360.00</td>
</tr>
<tr>
<td>Park rental/City - Not yet known</td>
<td>$27,930.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$62.00</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

$84,453.00

**TOTAL NET INCOME**

$23,595.00

## 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>Operating funds for SPIFFS</td>
<td>$23,595.00</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

$23,595.00

Prepared by: Lotta Baumann
Date: Dec 21, 2017
ST PETERSBURG INTERNATIONAL FOLK
FAIR SOCIETY INC
550 5TH ST N
ST PETERSBURG FL 33701-292300

Employer Identification Number: 59-1674088
Person to Contact: MS. FLING
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of Jan. 02, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in FEBRUARY, 1981, 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. Requests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 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
Contract/Permit

Contract #: 22417  
Date: 03 Jan 2018  
User: JSBENNIN  
Status: Firm

ST PETERSBURG INTERNATIONAL FOLK FAIR  
LOTTA BAUMANN  
330 5TH ST N  
ST PETERSBURG FL 33701 USA

Purpose of Use: SPIFFS INTERNATIONAL FOLK FAIR  
Expected: 15,000  
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: Tue 23 Oct 18 06:00 am  
Ending: Tue 30 Oct 18 09:00 pm

Facility/Equipment  
Fee  Extra Fee  Tax  Total

Vinoy Park  
Tue 23 Oct 2018 06:00 AM  
$0.00  $1,200.00  $0.00  $1,200.00

Vinoy Park  
30 Oct 2018 09:00 PM  
$0.00  $1,200.00  $0.00  $1,200.00

Additional Fees:
- Extra Fee - Bookings  
  Co-Sponsored Park Permit Fee (Vinoy)  
  Hours  Quantity  Charge  Tax  Total
  183:00  4  $1,200.00  $0.00  $1,200.00

Charges:
- Fees  Extra Fees  Tax  Total  Deposit  Total Applied  Contract Balance  Account Balance
  $ 0.00  $1,230.00  $0.00  $1,230.00  $0.00  $1,145.50  $84.50  $84.50

Balance of rental due and payable immediately.

Payments:
- Date  Amount  Payment Type  Reference  Receipt Number
  02 Jan 2018  $245.50  Check  Rental  2954484
  03 Jan 2018  $900.00  Check  Rental  2955102

Additional Notes:

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

By:(Sign Name): LOTTA BAUMANN  
(Print Name): ST PETERSBURG INTERNATIONAL FOLK FAIR  
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: 03 Jan 2018, 12:34 PM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
# ST PETERSBURG INTERNATIONAL FOLK FAIR
Lotta Baumann
330 5th St N
St Petersburg, FL 33701 USA

Receipt #: 2955102
User: JSBENNIN
Issued: Wed 03 Jan 16 12:34 pm

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$984.50</td>
</tr>
<tr>
<td>Applied To: 22417 - SPIFFS INTERNATIONAL FOLK FAIR</td>
<td>($900.00)</td>
</tr>
<tr>
<td>VInoy Park - Vinoy Park</td>
<td></td>
</tr>
<tr>
<td>October 23, 2018 6:00 am to October 30, 2018 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td>$84.50</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.

Filing Information
Document Number: 734390
FEI/EIN Number: 59-1874088
Date Filed: 11/20/1975
State: FL
Status: ACTIVE

Principal Address
559 MIRROR E LAKE
SHUFFLE BOARD BLDG
SAINT PETERSBURG, FL 33701

Changed: 06/02/2003

Mailing Address
330 FIFTH ST N
SAINT PETERSBURG, FL 33701

Changed: 05/30/2001

Registered Agent Name & Address
Parsons, William H
330 5TH STREET N
ST PETERSBURG, FL 33701

Name Changed: 05/16/2016

Address Changed: 04/22/2011

Officer/Director Detail
Name & Address

Title P
Pesev-Lukac, Penka
1244-35th Avenue N
SAINT PETERSBURG, FL 33704

Title VP
<table>
<thead>
<tr>
<th>Annual Reports</th>
<th>Document Images</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Year</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>2015</td>
<td>04/12/2015</td>
</tr>
<tr>
<td>2016</td>
<td>05/16/2016</td>
</tr>
<tr>
<td>2017</td>
<td>02/13/2017</td>
</tr>
</tbody>
</table>
CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

Event Title: 11th Annual St. Petersburg College Night
Entity Name: Design O'Fresco

Event Date(s):
Day 1 of Event: 11-17-18
Time Gates Open: 6:00 PM
Ending Time: 11 PM

Location: N. Straub Park

Application Prepared by: Rajeev Scher

Title: President - Owner
Address: 4902 Gulf Dr. #16
City: St. Petersburg
State: Florida
Zip: 33704

Email Address: rajeev.scher@yahoo.com

Additional Contact Person: Ralph Radke

Phone: 727-461-0111
Cell Phone: 941-448-0999
Day Phone: 941-400-8680

What month/year were you incorporated as nonprofit?

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

Creative City, Inc

Name of the for-profit entity?

Design O'Fresco dba Chillouge Night

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

Chillouge Night is a classy, social event in Downtown St. Pete.

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

The local community / visitors benefit from over 2000 guests. Many guests visit from other cities like St. Pete and Tampa.

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

Does your group presently have liability insurance? 

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

Will there be an admission / registration fee?

Please provide the website address for your event.

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

What is the estimated attendance for this event?

Spectators 7000 Participants 80 Last Year's Total Attendance 1600

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 [NO]
- Tables (6 ft) # needed [NO] Chairs # needed [NO]
- Public Address System [NO]

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

Which Location? [N. Straub Pk]

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.
- POLICE: Public Safety Personnel, Marine Services
- TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
- FIRE: Paramedics, Inspectors
- PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
- RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

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

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

Name: [Signature] Title: [Position] Date: [12-20-17]
Co-Sign: [Signature] Title: [Position] Date: 

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

PLEASE ATTACH THE FOLLOWING

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

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org
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>Require Street Closure</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>VIP Area</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Security</td>
<td>Other</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Performers</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td></td>
<td>Overnight - Private</td>
</tr>
<tr>
<td></td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td></td>
<td>Regular Units</td>
</tr>
<tr>
<td></td>
<td>Disabled Units</td>
</tr>
<tr>
<td></td>
<td>Hand Washing</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- Invitations
- 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.

Generators will provide power lighting sound and LED walls.

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

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

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

Yes, the ability to sell distilled spirits on the park (alcohol warm)

for the day of event.

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

Name: Designers Inc.

Address (including zip): 8901 Gay Dr. 16, Holmdel, N J. 07733

Phone: 973-488-0999

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

Stage, 2 live bands, easy listening

List Vending Products. Name & Provider.

No vending

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

TOD

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

Not Applicable

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

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

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

Name: [Signature]  Title: [President]  Date: 12-20-17
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Creative Clay, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Kim Dohrman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO - Exe Dir</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>114 Central Ave, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-822-0515</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:kdm@creativeclay.org">kdm@creativeclay.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>56-JCC85-95</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>Drizis O'Fresco Corp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Rainer Jocher</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4505 Gulf Dr. 16 Holmes Biol, FL 34217</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>941-468-0595</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:rainer@dizinsforesco.com">rainer@dizinsforesco.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>76-07220-23</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: 10th Annual Ch. House Night
Date(s) of Event: 11-18-17

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash Sponsorship</td>
<td>16,500</td>
</tr>
<tr>
<td>2. Ticket Sale Office</td>
<td>48,400</td>
</tr>
<tr>
<td>3. Ticket-gate sale</td>
<td>4,700</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>TOTAL GROSS REVENUE</td>
<td>69,600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. City Services</td>
<td>7,500</td>
</tr>
<tr>
<td>2. Staging - Tent - Tables</td>
<td>9,500</td>
</tr>
<tr>
<td>3. Products - Lighting - Sound</td>
<td>8,800</td>
</tr>
<tr>
<td>4. Equipment - Rentals - Catering - Restrooms etc</td>
<td>5,400</td>
</tr>
<tr>
<td>5. Entertainment</td>
<td>7,200</td>
</tr>
<tr>
<td>6. Signage - Promotion - Advertising</td>
<td>2,000</td>
</tr>
<tr>
<td>7. Music - Security</td>
<td>2,000</td>
</tr>
<tr>
<td>8. Trucks - Transportation - Loading</td>
<td>2,600</td>
</tr>
<tr>
<td>9. Labor, day - night</td>
<td>2,000</td>
</tr>
<tr>
<td>10. Food costs</td>
<td>5,500</td>
</tr>
<tr>
<td>11. Venue etc.</td>
<td>1,000</td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>54,800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Junior Retail - Rossmar Jew</td>
<td>15,000</td>
</tr>
<tr>
<td>2. Chapey - Catering - Dig</td>
<td>2,000</td>
</tr>
<tr>
<td>3. Junior - Banquet - Closing</td>
<td>1,000</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>TOTAL ALLOCATION OF NET INCOME</td>
<td>Low!!!</td>
</tr>
</tbody>
</table>

Prepared by: Raina Siever Date: 12/01/17
December 15, 2017

City Council City of St. Petersburg
PO Box 2842
St. Petersburg, FL 33731

Dear City Council Members:

Please use this letter as Chillounge Night’s formal request to allow the sale of distilled spirits/hard liquor at the Eleventh Annual St. Petersburg Chillounge Night scheduled on Saturday, November 17, 2018 to be held at North Straub Park.

As the City has provided for in the ten previous St Petersburg Chillounge Nights, we respectfully request an exemption (or other appropriate action) to the ordinance prohibiting the sale of distilled spirits in N. Straub Park.

Chillounge Night is proud to come back to St. Petersburg again this year and we look forward to another wonderful event. We greatly appreciate the support we have received from the City and the community.

Should you have any questions, or if I can be of further assistance, please feel free to contact me at 941-448-0995.

Best regards,

[Signature]
Rainer Scheer
Founder
Chillounge Night
Contract #: 22418
Date: 03 Jan 2018

DESIGN O' FRESCO
RAINER SCHEER
4909 GULF DR STE 1B
HOLMES BEACH FL 34217 USA

User: JSBENNIN
Status: Firm

Purpose of Use: CHILLOUNGE NIGHT

Expected: 2,000

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: Sat 17 Nov 2018 06:00 am
Ending: Sat 17 Nov 2018 12:00 pm

Facility/Equipment

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Straub Park</td>
<td>Sat 17 Nov 2018</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

Facility/Equipment

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Straub Park</td>
<td>Sat 17 Nov 2018</td>
<td>12:00 PM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

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

Charges:
- Co-Sponsored Application Fee: $30.00
- Co-Sponsored Park Permit Fee: $200.00

Balance of rental due and payable immediately.

Payments:
Date: 03 Jan 2018
Amount: $30.00
Payment Type: Check
Reference: Rental
Receipt Number: 2955110

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): RAINER SCHEER
Name of User Organization, If Applicable:

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 03 Jan 2018, 12:41 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
### City of St. Petersburg

**DESIGN O' FRESCO**  
RAINER SCHEER  
4909 GULF DR STE 1B  
HOLMES BEACH, FL 34217 USA  

**Receipt #: 2955110**  
User: JSBENNIN  
Issued: Wed 03 Jan 18 12:41 pm

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
</tr>
<tr>
<td>Applied To: 22418 - CHILLOUNGE NIGHT</td>
<td>$30.00</td>
</tr>
<tr>
<td>North Straub Park - Park</td>
<td></td>
</tr>
<tr>
<td>November 17, 2018 6:00 am to November 17, 2018 12:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**APPROVED REFUNDS ARE BY CHECK ONLY**
**Detail by Entity Name**

Florida Profit Corporation  
DESIGN OFRESCO CORP.

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

**Principal Address**

4909 GULF DRIVE  
#1B  
HOLMES BEACH, FL 34217

Changed: 04/25/2011

**Mailing Address**

4909 GULF DRIVE  
#1B  
HOLMES BEACH, FL 34217

Changed: 04/25/2011

**Registered Agent Name & Address**

Scheer, Rainer  
4909 Gulf Dr  
Apt 1b  
Holmes Beach, FL 34217

Name Changed: 04/29/2013

Address Changed: 04/29/2013

**Officer/Director Detail**

**Name & Address**

Title PD

SCHEER, RAINER  
4909 GULF DRIVE #1B  
HOLMES BEACH, FL 34217
### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>01/28/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/29/2016</td>
</tr>
<tr>
<td>2017</td>
<td>03/17/2017</td>
</tr>
</tbody>
</table>

### Document Images

- 03/17/2017 -- ANNUAL REPORT [View image in PDF format]
- 03/29/2016 -- ANNUAL REPORT [View image in PDF format]
- 01/28/2015 -- ANNUAL REPORT [View image in PDF format]
- 04/22/2014 -- ANNUAL REPORT [View image in PDF format]
- 04/29/2013 -- ANNUAL REPORT [View image in PDF format]
- 04/30/2012 -- ANNUAL REPORT [View image in PDF format]
- 04/25/2011 -- ANNUAL REPORT [View image in PDF format]
- 04/27/2010 -- ANNUAL REPORT [View image in PDF format]
- 04/24/2009 -- ANNUAL REPORT [View image in PDF format]
- 05/14/2008 -- ANNUAL REPORT [View image in PDF format]
- 03/19/2007 -- ANNUAL REPORT [View image in PDF format]
- 01/29/2007 -- ANNUAL REPORT [View image in PDF format]
- 04/28/2006 -- ANNUAL REPORT [View image in PDF format]
- 07/18/2005 -- ANNUAL REPORT [View image in PDF format]
- 09/13/2004 -- ANNUAL REPORT [View image in PDF format]
- 01/21/2003 -- Domestic Profit [View image in PDF format]
Event Title: Getaway 5K/10K  
Entity Name: Corrigan Sports Enterprises  
Location: Albert Whitted Park  
Event Date(s): November 4, 2018 (set up 11/03/18)

Day 1 of Event:  
Day 2 of Event:  
Day 3 of Event:  

Application Prepared by: Mary Kreke  
Title: Assistant Race Director  
Address: 6725 Santa Barbara Ct, Ste 114  
Email Address: mary@corrigansports.com  
Additional Contact Person: Matt Florio  
Phone: 410-605-9381 x 233  
Cell Phone: 202-306-2387  
Day Phone: 410-605-9381 x 245  

What month/year were you incorporated as nonprofit? n/a  
List all 501(c)3 entities that will benefit from this event. AARP, Feeding Tampa Bay  
Name of the for-profit entity? Corrigan Sports Enterprises  

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.  
The Getaway 5K/10K is a family event that aims to promote health and wellness through running and walking. We want to bring the community together while displaying some of the most beautiful areas of St. Petersburg near Albert Whitted Park.

Describe what economic benefit and impact this event will bring to St. Petersburg.  
Our participants to come out to the park and enjoy the event, and we encourage them to stay and explore the downtown St. Petersburg area after the event. As much as possible, we work with local vendors and sponsors to bring a local flare to the event, to show off the businesses in the area.

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

Does your group presently have liability insurance? ☒ YES ☐ NO  
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: $15-$35  
Day of: $15-$55

Please provide the website address for your event. http://www.getaway5k.com/  
Please provide a phone number that can be advertised to the public. 410-605-9381  
What is the estimated attendance for this event? Spectators 100  
Participants 600  
Last Year's Total Attendance 500
Please check the equipment and/or facilities you are requesting.

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

<table>
<thead>
<tr>
<th>Which Location?</th>
</tr>
</thead>
</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:** Mary Kreke  
**Co-Sign:** Matt Florio  
**Title:** Assistant Race Director  
**Date:** 1/5/18

**Title:** Race Director  
**Date:** 1/5/18

**Note:**

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

**PLEASE ATTACH THE FOLLOWING**

- ✔ Route map for parade, run, walk, and/or bike event.
- ✔ Site map of event and detail schedule of each day's events including open and close times.
- ✔ Complete Appendix B and Appendix C.
- 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) - N/A

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

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

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

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

- [ ] Professional
- [ ] Showmobile
- [ ] Other
- [x] Performers
- [ ] Announcement Only
- [x] Daytime - Private
- [x] Overnight - Private
- [ ] Event Time Frame - SPPD


### Marketing: Please check all that apply.
- [x] Invitations
- [x] Posters / Flyers
- [x] Newspaper / Internet
- [ ] Radio
- [ ] Television
- [ ] Remote Broadcast

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

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

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

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

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: Corrigan Sports Enterprises

Address (including zip): 6725 Santa Barbara Ct, Ste 114, Elkridge, MD 21075

Phone: 410-605-9381

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

Top 40 hits, cover band (Groove Knight) - 1 band

List Vending Products. Name & Provider.

TBD

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

Creative Catering Company (727) 550-0732

1001 4th Ave N
St. Pete, FL 33707

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

None

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

We will need limited parking along Albert Whitted Park beginning 11/03/2018, with the entirety of the Albert Whitted Park parking spaces being reserved 11/04/2018 during the event for event staff and volunteers. Limited parking on 11/03/2018 will be for our 16' box truck and staff vehicles loading in. We would like load in to begin 11/03/2018 at 9:00a.

We will need to be able to park our 16' box truck either at the park or nearby beginning 11/01/2018.
Other Comments: Please describe your fee structure.

10K - $35 from open-1/31/18, $45 from 2/1/18-2/28/18, $55 from 3/1-event date
5K - $25, $35, $45 for same dates
Kids Run - $15 only

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: Mary Kreke  Title: Assistant Race Director  Date: 1/5/2018
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: | Corrigan Sports Enterprises is authorized to do business in the State of Florida |
| Name of Responsible Party (President or CEO ONLY): | |
| Title of Responsible Party: | |
| Physical Address of Responsible Party: | |
| Phone Number of Responsible Party: | |
| Email Address of Responsible Party: | |
| Nonprofit (Employee Identification Number): | |

| Name of the For-profit Corporation: | Corrigan Sports Enterprises |
| Name of Responsible Party (President or CEO ONLY): | Lee Corrigan |
| Title of Responsible Party: | President |
| Physical Address of Responsible Party: | 6725 Santa Barbara Ct, Ste 114, Elkridge, MD 21075 |
| Phone Number of Responsible Party: | 410-605-9381 x223 |
| Email Address of Responsible Party: | lee@corrigansports.com |
| For-profit (Employee Identification Number): | 52-2265529 |

Please include a copy of 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: mary@corrigansports.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)

<table>
<thead>
<tr>
<th>Name of Event</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race Registration Fees</td>
<td>$15,700.50</td>
</tr>
<tr>
<td>Merchandise</td>
<td>$300.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$16,000.50</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Event</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Petersburg City Services</td>
<td>$12,000</td>
</tr>
<tr>
<td>Event Marketing</td>
<td>$10,000</td>
</tr>
<tr>
<td>Food / Beverage</td>
<td>$5,000</td>
</tr>
<tr>
<td>Merchandise</td>
<td>$5,000</td>
</tr>
<tr>
<td>Event Equipment (Rentals)</td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$35,000</td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td>-$18,999.50</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Prepared by: [Signature]
Date: 1/5/18
State of Florida
Department of State

I certify from the records of this office that CORRIGAN SPORTS ENTERPRISES, INC. is a Maryland corporation authorized to transact business in the State of Florida, qualified on October 12, 2010.

The document number of this corporation is F1000004538.

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on November 1, 2017, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of November, 2017

[Signature]
Secretary of State

Tracking Number: CR2261228461

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

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication
W-9

Request for Taxpayer Identification Number and Certification

Give Form to the requestor. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Corrigan Sports Enterprises, Inc.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:

□ Individual
□ Individual or proprietor or
□ C Corporation
□ S Corporation
□ Partnership
□ Trust/estate
□ Single-member LLC
□ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)

Note. For a single-member LLC that is disregarded, do not check LLC, check the appropriate box in the line above for the tax classification of the single-member owner.

□ Other (further instructions)

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exemption from FATCA reporting code (if any)
Exempt payee code (if any)

Note: For a single-member LLC that is disregarded, do not check LLC, check the appropriate box in the line above for the tax classification of the single-member owner.

5. Address (number, street, and apt. or suite no.)
6725 Santa Barbara Ct Ste 114

6. City, state, and ZIP code
Elkridge, MD 21075

7. List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For Individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an Individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Social security number

Employer identification number

5 2 2 6 5 5 2 9

Sign Here

Signature of U.S. person

Data

1/13/17

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

• Form 1099-INT (Interest earned)
• Form 1098-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1098-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1098-S (proceeds from real estate transactions)
• Form 1098-K (merchant card and third party network transactions)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing this filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding.
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.
Getaway 5K – ST. PETERSBURG

Event Schedule

**Saturday**

Albert Whitted:

*fencing set up prior*

9 AM – Begin marking courses with tape and A-frame signs

12 – 2 PM – Deliveries arrive: tents, portable toilets, tables, chairs, generators, ice chests, stage, bounce house, kids games

12 PM – set up begins

- Prep arch
- Water stops
- Signage and flags
- Tents, tables, chairs
- Finish line prep:
  - Finisher food, medals, water, pop ups for medical and timing
  - Finisher chute with cones
  - Timers arrive to set up all mats

3 PM – security team arrives

**Packet Pickup:**

8:30 AM – Arrive at packet pickup location (Fit2Run) and set up

10 – 5PM – Packet Pickup open: runners receive premium and bib
Event Schedule

Sunday

Albert Whitted:

5:30 AM – CSE staff arrive to set up
- Pop up pop ups, turn on generators, ice chests, kids games, decorations
- Ice in medical tent
- Put out water stops
- Stage giveaway items near Kids Zone
- Registration area with shirts, bibs, and race day registration
- Timers arrive early to set up start/finish mats
- Finish line food and water covered until race start

5:30 AM – Parking at Mahaffey opens ($10/car) / Feeding Tampa Bay Crew arrives

6:00 AM – Security leaves

6 – 7:15 AM – Registration and bib pick up open

6:30 AM – Volunteers begin arriving

7:00 AM – Medical crew arrives (ambulance too)

7 AM – 12 PM – Festival open to participants and spectators
  Food and beer available

7:00 AM – Course Marshals and water stop volunteers in place

7:30 AM – 10K Run Start

7:40 AM – 5K Start

8:00 AM – Band starts playing

8:30 AM – Kids Fun Run Start

8:40 AM – Start clearing 10K and 5K courses (signs, tape, water stops)

9:00 AM – Awards Ceremony, Donation to local non-profit (TBD), & All courses clear

12:00 PM – Breakdown begins / parking at Mahaffey closes

2:00 PM – Venue clear of all supplies and participants (unless they stay in the park)
Medical Plan

- If Emergency, call 911 immediately
- Medical Staff: TBD
  o On-site: 7:00a-12:00p
  o Providing: ambulance, with AED and first aid supplies, one EMT, one paramedic
  o 10x10 red tent by finish line, ice, in information/registration area when last runner finishes
- All medical issues on-site should be brought to the attention of the medical tent
- On course issue call Matt Florio to send Medical crew to pick up runner
  o Matt Florio: (410) 916-8609

Security Plan

- Overnight security will be on-site Saturday evening through Sunday morning: 3:00p-7:00a
- Will monitor supplies left in park
- Security Crew: TBD

Parking Plan

- Street parking
- Mahaffey Theater - $10
  o 6:30a-12:00p
  o Alex: (727) 239-2890
- Al Lang Paved Lot – public lot $5
  o (727) 896-2256
- South Core Garage - $6/day
  o (727) 896-2256
Venue Map
10K Course Map

Turn by Turn Directions:

- Start on pedestrian pathway in Albert Whitted Park
- Right turn onto Bay Shore Dr SE
- Continue on Bay Shore Dr NE
- Right turn onto 5th Ave NE
- Left turn onto Bayside Dr NE
- Left turn onto 7th Ave NE
- First right turn onto N Shore Dr NE
- Slight right to remain on N Shore Dr NE
- Continue left onto Coffee Pot Blvd NE
- Turnaround point at intersection of Coffee Pot Blvd NE, 20th Ave NE, Walnut St, NE
- Continue east on Coffee Pot Blvd NE
- Road curves right onto N Shore Dr NE
- Slight left to remain on N Shore Dr NE
- Left turn onto 7th Ave NE
- Right turn onto Bay Shore Dr NE
- Right turn onto 5th Ave NE
- Left turn onto Bay Shore Dr NE
- Continue right, past Albert Whitted Park, as Bayshore Dr SE become Dali Blvd
- Left onto 1st St SE
- First right turn onto 6th Ave S
- Left turn onto 3rd St S, continue about 2/10 of a mile
- Turnaround point at southern-most edge of Poynter Institute for Media Studies building
- Continue north on 3rd St S
- Right turn onto 6th Ave S
- Left turn onto 1st St SE
- Right turn onto Dali Blvd
- Right turn onto pedestrian walkway in Albert Whitted Park / finish line
5K Course Map

Turn by Turn Directions:

- Start on pedestrian pathway in Albert Whitted Park
- Right turn onto Bayshore Dr SE
- Continue on Bay Shore Dr NE
- Right turn onto 5th Ave NE
- Left turn onto Bay Shore Dr NE
- Left turn onto 7th Ave NE
- First right turn onto N Shore Dr NE
- Slight right to remain on N Shore Dr NE
- Turnaround point at intersection of N Shore Dr NE and 10th Ave NE
- Continue south on N Shore Dr NE
- Slight left to remain on N Shore Dr NE
- Left turn onto 7th Ave NE
- Right turn onto Bay Shore Dr NE
- Right turn onto 5th Ave NE
- Left turn onto Bay Shore Dr NE
- Continue right, past Albert Whitted Park, as Bayshore Dr SE become Dali Blvd
Contract/Permit

Contract #: 22560
Date: 17 Jan 2018

User: JSBENNIN
Status: Firm

CORRIGAN SPORTS ENTERPRISES
MARY KREKE
601 E ST
WASHINGTON DC 20049 USA

Primary #: (410) 605-9381
Secondary #: (727)
Other #: ()

Purpose of Use: GETAWAY 5K/10K
Expected: 600 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: Sat 03 Nov 18 06:00 am
Ending: Sun 04 Nov 18 09:00 pm

Facility/Equipment | Day | Date | Time | Fee | Extra Fee | Tax | Total
--- | --- | --- | --- | --- | --- | --- | ---
Albert Whitted Park | Sat | 03 Nov 2018 | 06:00 AM | $0.00 | $200.00 | $0.00 | $200.00
Park | 04 Nov 2018 | 09:00 PM

Additional Fees:
---
Extra Fee
Co-Sponsored Application Fee | 1 | $30.00 | $0.00 | $30.00
Extra Fee - Bookings
Co-Sponsored Park Permit Fee | Hours | 39:00 | Quantity | 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 | $0.00 | Contract Balance | $230.00 | Account Balance | $230.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Sign Name):

(Print Name) MARY KREKE
CORRIGAN SPORTS ENTERPRISES
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

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

Foreign Profit Corporation
CORRIGAN SPORTS ENTERPRISES, INC.

**Filing Information**

Document Number: F10000004538  
FEI/EIN Number: 52-2265529  
Date Filed: 10/12/2010  
State: MD  
Status: ACTIVE  
Last Event: REINSTATEMENT  
Event Date Filed: 11/01/2017

**Principal Address**
6725 SANTA BARBARA CT.  
SUITE 114  
ELKRIDGE, MD 21075

Changed: 11/01/2017

**Mailing Address**
6725 SANTA BARBARA CT.  
SUITE 114  
ELKRIDGE, MD 21075

Changed: 11/01/2017

**Registered Agent Name & Address**

Corrigan, Richard Lee, Jr.  
6725 Santa Barbara Ct  
Suite 114  
Elkridge, FL 21075

Name Changed: 11/01/2017

Address Changed: 01/10/2018

**Officer/Director Detail**

Name & Address

Title: CP

CORRIGAN, RICHARD L
6725 Santa Barbara Ct
Elkridge, MD 21075

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>11/01/2017</td>
</tr>
<tr>
<td>2017</td>
<td>11/01/2017</td>
</tr>
<tr>
<td>2018</td>
<td>01/10/2018</td>
</tr>
</tbody>
</table>

### Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>View Image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/2018</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>11/01/2017</td>
<td>RENSTATEMENT</td>
<td></td>
</tr>
<tr>
<td>06/29/2011</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>05/01/2011</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>03/07/2011</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>10/12/2010</td>
<td>Foreign Profit</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
<td></td>
</tr>
<tr>
<td>Applied To: 22560 - GETAWAY 5K/10K</td>
<td>$230.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($230.00)</td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>
Event Title: Life Without Lupus Walk–Tampa Bay
Entity Name: Lupus Foundation of Florida, Inc.
Event Date(s): Saturday, November 3, 2018
Location: Crescent Lake Park (north east corner)
Day 1 of Event: 11/03/18, Time Gates Open: 7:00am, Ending Time: 12 Noon
Day 2 of Event: , Time Gates Open: , Ending Time: 
Day 3 of Event: , Time Gates Open: , Ending Time: 

Application Prepared by: Sharon Jackson
Title: Board Chair
Address: 535 Central Avenue, Suite 304
Email Address: sjackson@lupusflorida.org
Additional Contact Person: Maggi McQueen

What month/year were you incorporated as nonprofit? October 1979
List all 501(c)3 entities that will benefit from this event. Lupus Foundation of Florida, Inc.
Name of the for-profit entity? N/A

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
Attendees come from throughout the Tampa Bay area as well as the entire state of Florida to participate in our walk to support family members affected by I. This gives them an excellent opportunity to see our wonderful city.

Describe what economic benefit and impact this event will bring to St. Petersburg.
People who attend the walk usually dine at our local restaurants and browse the unique shops. Some stay for the weekend at local hotels.

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

Does your group presently have liability insurance? ☒ YES ☐ NO
Are there plans to sell or distribute beer/wine at your event? ☒ YES ☐ NO
Will there be an admission / registration fee? ☐ YES ☒ NO

Advanced Fee: Day of: 

Please provide the website address for your event. http://lupusflorida.kintera.org/lupuswalk2018stpete
Please provide a phone number that can be advertised to the public. 727-447-7075
What is the estimated attendance for this event? Spectators 25, Participants 125, Last Year’s Total Attendance 80
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) No

Special Events Facilities

- Non-City Locations
  - None

Which Location?

- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

# Bleacher(s) needed. Each bleacher approx. 180 people None

Tables (6 ft) # needed 4-6
Chairs # needed 8-12

Public Address System None

# of portable risers needed (4 in. x 8 in. x 16 in. sections) None

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: Sharon Jackson
Title: Board Chair
CO-Sign: 
Title: 
Date: January 9, 2018

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>Additional Insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Security</td>
<td>Other</td>
</tr>
<tr>
<td>Other Structures - Port-O-Lets</td>
<td>Performers</td>
</tr>
<tr>
<td>Pyrotechnics</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>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

☐ YES ☑ NO

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

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

Will you supply your own generators? ☐ YES ☐ NO

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

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

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

Name: Lupus Foundation of Florida, Inc. Phone: 727-447-7075

Address (including zip):

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

No stages or bands. Only use of portable battery operated Block Rocker sound system.

List Vending Products. Name & Provider.

N/A at present time.

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

N/A

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

How to live well with a chronic illness like lupus.

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

None. Parking in provided space to unload water, literature, information items, etc.
Other Comments: Please describe your fee structure.

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

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: Sharon Jackson  Title: Board Chair  Date: January 9, 2018
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>Lupus Foundation of Florida, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Sharon Jackson</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Board Chair</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>535 Central Avenue, Suite 304, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-447-7075</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:sjackson@lupusflorida.org">sjackson@lupusflorida.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1950191</td>
</tr>
</tbody>
</table>

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

**Please include a copy of the 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: sjackson@lupusflorida.org
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Corporate Sponsors</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>2. Donations raised by walkers online</td>
<td>$12,600.00</td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE** $14,600.00

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On-line fundraising software</td>
<td>$1,580.00</td>
</tr>
<tr>
<td>2. Park fee and permit fee</td>
<td>$230.00</td>
</tr>
<tr>
<td>3. Walk flyers</td>
<td>$200.00</td>
</tr>
<tr>
<td>4. Walk supplies (includes port-a-let)</td>
<td>$500.00</td>
</tr>
<tr>
<td>5. Walk t-shirts</td>
<td>$700.00</td>
</tr>
<tr>
<td>6. Advertising (newspaper, radio, etc.)</td>
<td>$800.00</td>
</tr>
<tr>
<td>7. City of St. Pete, Parks &amp; Recreation Dept. Services-day of walk</td>
<td>$230.00</td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $4,240.00

**TOTAL NET INCOME** $10,360.00

<table>
<thead>
<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Educational materials for physicians and health professionals</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>2. Educational materials for patients and their families</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>3. Local Lupus Educational Seminars</td>
<td>$7,000.00</td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

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

Prepared by: Sharon Jackson

Date: 01/09/2018
LUPUS FOUNDATION OF FLORIDA INC
535 CENTRAL AVE # 304
ST PETERSBURG FL 33701-3703

This certifies that

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

Important Information for Exempt Organizations

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

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

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

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

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

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select “Registration of Taxes,” then “Registration Information,” and finally “Exemption Certificates and Nonprofit Entities.” The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.
Application for Facility Use
Parks and Recreation Department
1400 19th Street North • St. Petersburg, FL 33713
(727) 893-7441

Receipt of the application is not a guarantee of facility use. Application will not be finalized until approved and executed by the Parks and Recreation Superintendent or designee.

Today's Date 1/9/18

Name of Applicant Sharon K. Jackson

Organization (if applicable) Lupus Foundation of Florida, Inc.
All paperwork, including refunds, will be made out in the organization's name.

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

Address 535 Central Avenue, Suite 304
City St. Petersburg State FL Zip Code 33701
Phone numbers Main 447-7075 Work _ Fax 823-6189
Email Address sjackson@lupusflorida.org
Secondary Contact Maggi McQueen Phone 447-7075

Event Details

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

Name of Complex Crescent Lake Park
Name of Facility

Event Name Life Without Lupus Walk--St. Petersburg 2018 Estimated Attendance 125

Event Description
Walk to raise lupus awareness and funds to support programs of the organization. Fundraising is done online.

Special requests or additional information
Use of tables and chairs

Event Dates and Times

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Date (mm/dd/yy)</th>
<th>Start Time</th>
<th>End Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>11/03/2018</td>
<td>7:00 am/11:00 am</td>
<td>12:00 pm</td>
</tr>
</tbody>
</table>

Dates to be excluded or further details regarding times
Additional Information

☐ Alcohol Use
✓ Teen Use
✓ Participant Ages 8-75+
✓ Chaperones/Supervising Adults Parents and Foundation staff and volunteers
☐ Admission/Donations Charged Registration is free. We accept donations.
✓ Public/Advertised Event Newspaper ad; radio; social media.
✓ Liability Insurance Yes—will provide COI upon February renewal. Phone
☐ Concessions/Merchandise Sold
✓ Refreshments Consumed (not sold) Bottled water and snack bars.
✓ Event Time (not including setup and takedown) 7am set-up; 8am registration/check-in; 9am walk start.

Additional Information for Park/Shelter Use

✓ Restrooms Will provide port-o-let
☐ Electricity no
☐ Generator no
☐ Inflatable no
☐ Loud Speaker no
✓ Amplified Music block rocker, battery powered
☐ DJ Service no
☐ Tents no
☐ Fencing no
☐ Banners/Signs Banners with lupus logo and direction signs with lupus facts.
☐ Public Speech no

Event Setup Description

Tables for check-in/registration, t-shirts and educational materials.

Additional Information for Field Use

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

3/2017
**Detail by Entity Name**

**Florida Not For Profit Corporation**

LUPUS FOUNDATION OF FLORIDA, INC.

<table>
<thead>
<tr>
<th>Filing Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Document Number</strong></td>
</tr>
<tr>
<td>749221</td>
</tr>
<tr>
<td><strong>FEI/EIN Number</strong></td>
</tr>
<tr>
<td>59-1950191</td>
</tr>
<tr>
<td><strong>Date Filed</strong></td>
</tr>
<tr>
<td>10/08/1979</td>
</tr>
<tr>
<td><strong>State</strong></td>
</tr>
<tr>
<td>FL</td>
</tr>
<tr>
<td><strong>Principal Address</strong></td>
</tr>
<tr>
<td>535 CENTRAL AVENUE</td>
</tr>
<tr>
<td>STE 304</td>
</tr>
<tr>
<td>ST. PETERSBURG, FL 33701</td>
</tr>
</tbody>
</table>

**Changed:** 03/29/2012

**Mailing Address**

535 CENTRAL AVENUE
STE 304
ST. PETERSBURG, FL 33701

**Changed:** 03/29/2012

**Registered Agent Name & Address**

Jackson, Sharon K
535 CENTRAL AVENUE
STE 304
ST. PETERSBURG, FL 33701

**Name Changed:** 09/29/2017

**Address Changed:** 02/23/2015

**Officer/Director Detail**

**Name & Address**

Title VC

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

Title DT

LARUE LARSON, JOYCE
1925 BRIGHTWATERS BLVD N.E.
ST PETERSBURG, FL 33704

Title Director, Board Chair

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

Title Director

Weinstein, Patricia
500 Manor Road
Maitland, FL 32751

Title Director

Davis, Gabrielle
535 CENTRAL AVENUE
STE 304
ST. PETERSBURG, FL 33701

Title Director

Haigler Nevin, Samantha
535 CENTRAL AVENUE
STE 304
ST. PETERSBURG, FL 33701

Title Director

Hendon, Sharon, Esq.
535 CENTRAL AVENUE
STE 304
ST. PETERSBURG, FL 33701

Title Director

Larkin, Joseph, Phd
535 CENTRAL AVENUE
STE 304
ST. PETERSBURG, FL 33701

Title Director

Norman, Robert, Dr.
535 CENTRAL AVENUE
STE 304
ST. PETERSBURG, FL 33701

Title Director

Robinson, Marshon, Esq.
535 CENTRAL AVENUE
STE 304
ST. PETERSBURG, FL 33701

Title Director

Wangelin, Brad
535 CENTRAL AVENUE
STE 304
ST. PETERSBURG, FL 33701

Title Director

Wangelin, Debra
535 CENTRAL AVENUE
STE 304
ST. PETERSBURG, FL 33701

Title Director

Webb, Danielle
535 CENTRAL AVENUE
STE 304
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>02/23/2015</td>
</tr>
<tr>
<td>2016</td>
<td>02/01/2016</td>
</tr>
<tr>
<td>2017</td>
<td>09/29/2017</td>
</tr>
</tbody>
</table>

Document Images

- 09/20/2017 - REINSTATEMENT
- 02/01/2016 - ANNUAL REPORT
- 02/22/2015 - ANNUAL REPORT
- 01/07/2014 - ANNUAL REPORT
- 01/14/2013 - ANNUAL REPORT
- 03/29/2012 - ANNUAL REPORT
- 04/26/2011 - ANNUAL REPORT
- 03/30/2010 - Name Change
- 03/26/2010 - ANNUAL REPORT
- 04/13/2009 - ANNUAL REPORT
- 02/23/2008 - ANNUAL REPORT
- 04/26/2007 - ANNUAL REPORT

http://search.sunbiz.org/Inquiry/corporationsearch/SearchResultDetail?inquirytype=Entity...
LUPUS FOUNDATION OF FLORIDA INC  
SHARON JACKSON  
535 CENTRAL AVE STE 304  
ST PETERSBURG FL 33701 USA

Purpose of Use: LIFE WITHOUT LUPUS WALK  
Expected: 200  
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:  
Starting: Sat 03 Nov 18 06:00 am  
Ending: Sat 03 Nov 18 02:00 pm

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crescent Lake Park</td>
<td>Sat</td>
<td>03 Nov 18</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td>02:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Total: $60.00

Balance of rental due and payable immediately.

Payments:
- Date: 17 Jan 2018  
  Amount: $30.00  
  Payment Type: Check  
  Reference: Rental  
  Receipt Number: 2963600

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): SHARON JACKSON  
(Part Name): LUPUS FOUNDATION OF FLORIDA INC  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Approved or Rejected  
Date:

Supervisor II / Foreman

Manager

Printed: 17 Jan 2018, 03:22 PM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$60.00</td>
</tr>
<tr>
<td>Applied To: 22573 - LIFE WITHOUT LUPUS WALK</td>
<td>$30.00</td>
</tr>
<tr>
<td>Crescent Lake Park - Park</td>
<td></td>
</tr>
<tr>
<td>November 3, 2018     6:00 am to November 3, 2018 2:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$30.00</td>
</tr>
</tbody>
</table>
**CITY OF ST. PETERSBURG**  
PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION

<table>
<thead>
<tr>
<th>Event Title:</th>
<th>Ribfest</th>
<th>Phone No.:</th>
<th>727-528-3828</th>
<th>Fax No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entity Name:</td>
<td>Northeast Exchange Club of St Petersburg, FL Inc.</td>
<td>Federal I.D. Number:</td>
<td>59-2741305</td>
<td></td>
</tr>
<tr>
<td>Event Date(s):</td>
<td>November 9th, 10th, and 11th, 2018</td>
<td>Location:</td>
<td>Vinoy Park</td>
<td></td>
</tr>
<tr>
<td>Day 1 of Event:</td>
<td>November 9th</td>
<td>Time Gates Open:</td>
<td>11AM</td>
<td>Ending Time:</td>
</tr>
<tr>
<td>Day 2 of Event:</td>
<td>November 10th</td>
<td>Time Gates Open:</td>
<td>11AM</td>
<td>Ending Time:</td>
</tr>
<tr>
<td>Day 3 of Event:</td>
<td>November 11th</td>
<td>Time Gates Open:</td>
<td>11AM</td>
<td>Ending Time:</td>
</tr>
</tbody>
</table>

Application Prepared by: Doug Bartholomew  
Title: Exchange Club Member  
Address: 5447 Haines Road, No. PMB 461  
City: St Petersburg  
State: FL  
Zip: 33714  
Email Address: info@twolabs.net  
Additional Contact Person: John Ullrich  
Day Phone: 727-798-8555

What month/year were you incorporated as nonprofit? Founded 1972, Incorporated 1986

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

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.

Ribfest is a well known event in the Tampa Bay Area and the greater region. This event is organized and operated by an ALL volunteer organization which donates the proceeds of the event to local charities. This signature community event adds to the quality of life for the citizens and visitors of St Petersburg. Ribfest has raised in excess of $5M over the last 28 years which has improved the quality of services afforded by many organizations.

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

Research Data Services, Inc. of Tampa completed a study in 2014 estimating the economic impact of Ribfest to exceed $7,000,000. This signature event brings many visitors along with the Citizens of St Pete to the waterfront. These citizens and visitors spend monies on shopping, restaurants, and lodging. There is a substantial amount of money spent on city services which leads directly to increased employment. The economic impact continues to benefits our community well beyond the event days due to the financial multiplier effect.

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? Amount as required by the City [ ]

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

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

Advanced Fee: $25  
Day of: $30

Please provide the website address for your event. [ ]

Please provide a phone number that can be advertised to the public. 727-528-3828

What is the estimated attendance for this event? Spectators 30,000  
Participants 300  
Last Year’s Total Attendance 20,000

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

Recreation Equipment

Showmobile (Yes/No) [ ] No

# Bleachers needed. Each bleacher approx. 180 people

Tables (6 ft) # needed

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?

[ ] Vinoy Park

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: [Signature]

Title: VP of Operations

Date: 01/12/2018

Co-Sign: [Signature]

Title:

Date:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td></td>
</tr>
<tr>
<td>Fence Installation</td>
<td></td>
</tr>
<tr>
<td>Other Structures</td>
<td></td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td></td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>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>Other</td>
<td></td>
</tr>
<tr>
<td>Performers</td>
<td></td>
</tr>
<tr>
<td>Announcement Only</td>
<td></td>
</tr>
<tr>
<td>Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>Event Time Frame - SPPD</td>
<td></td>
</tr>
<tr>
<td>Regular Units 110</td>
<td></td>
</tr>
<tr>
<td>Disabled Units 8</td>
<td></td>
</tr>
<tr>
<td>Hand Washing 10</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:
Does your event require any power needs using more than the standard 110/20amp located in the parks?  [X] YES  [ ] NO
If YES, check all that apply.  [X] 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.

Typically 50 AMP 240 Volt Single Phase

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

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

No

If City permits, licenses, or services are required for event, who will pay for them?
Name: Northeast Exchange Club of St Petersburg, FL Inc.  Phone: 727-528-3828
Address (including zip): 5447 Haines Rd., No. PMB 461, St Peters burg, FL 33714

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

Classic and Contemporary Rock, and Country. Two Stages; Main Stage - approximately 8 band/performers throughout the weekend. South Stage - Approximately 8 to 10 band/performers throughout the weekend.

List Vending Products. Name & Provider.

Ribs, Soft Drinks, Salads, Corn, Ice Cream, etc. - Various vendors

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

We are the sponsoring entity.

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

N/A

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

Park Set up will begin on Sunday, November 4, 2018. Vendors will be permitted to load in the park on Thursday, November 8, 2018. During the events vehicle will be allowed in the park but must exit the park by 11AM when the gates open. Parking in needed for vendors by the North Shore Pool and parking lots along Bay Shore are used by volunteers and vendors. We will vacate the park by Wednesday, November 14, 2018.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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

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

Name: [Signature]  Title: VP of Operations  Date: 01/12/2018
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

**President or CEO**

**Responsible Party Information**

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Northeast Exchange Club of St Petersburg, FL Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Brian Ceras</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>200 Central Avenue, Suite 220, St Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-824-8714</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:bceras@sabaltrust.com">bceras@sabaltrust.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th></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
- [ ] BY EMAIL

Contact Name: Todd Rosenberg

Address: 5447 Haines Road, No. PMB 461

City, State, Zip: St Petersburg, FL 33714

Email Address: [bceras@sabaltrust.com](mailto:bceras@sabaltrust.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)

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. See Attached</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</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. See Attached</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**Total Operating Expenses**

**Total Net Income**

### 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. See Attached</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**Total Allocation of Net Income**

Prepared by: Doug Bartholomew

Date:
**NORTHEAST EXCHANGE CLUB OF ST. PETERSBURG, FLORIDA, INC.**

**STATEMENT OF CASH RECEIPTS & DISBURSEMENTS**

**RIBFEST FUND**

**FISCAL YEAR END JULY 1, 2017 TO JUNE 30, 2018**

### Statement of Cash Receipts & Disbursements

#### Ribfest Fund

<table>
<thead>
<tr>
<th></th>
<th>2017 To 2018</th>
<th>2016 To 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disbursements</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gates

<table>
<thead>
<tr>
<th>Day</th>
<th>Revenue</th>
<th>Disbursements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday</td>
<td>10,095.00</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td>31,685.00</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>12,410.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>PEPSI, CORN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gates</td>
<td>130,157.00</td>
<td></td>
</tr>
</tbody>
</table>

#### Other

<table>
<thead>
<tr>
<th>Day</th>
<th>Revenue</th>
<th>Disbursements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday</td>
<td>32,674.00</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td>61,637.00</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>35,746.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Revenue</th>
<th>Disbursements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendors</td>
<td>33,100.00</td>
<td>81,950.00</td>
</tr>
<tr>
<td>Interest Income</td>
<td>181.87</td>
<td>3,137.87</td>
</tr>
<tr>
<td>Quarters For Kids</td>
<td>17,427.00</td>
<td>29,280.00</td>
</tr>
<tr>
<td>Pre-tickets</td>
<td>124,034.00</td>
<td>176,742.04</td>
</tr>
<tr>
<td>Pre-tickets - Circle K</td>
<td>174,922.00</td>
<td>178,795.68</td>
</tr>
<tr>
<td>Grants - Visit St Pete</td>
<td>-</td>
<td>100,000.00</td>
</tr>
<tr>
<td>Merchandise, etc</td>
<td>31,929.67</td>
<td>31,725.72</td>
</tr>
</tbody>
</table>

#### Total Revenue

<table>
<thead>
<tr>
<th></th>
<th>2017 To 2018</th>
<th>2016 To 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Revenue</strong></td>
<td>769,431.54</td>
<td>1,355,052.31</td>
</tr>
</tbody>
</table>

#### Direct Bands

<table>
<thead>
<tr>
<th>Type</th>
<th>Revenue</th>
<th>Disbursements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales Tax &amp; Licenses</td>
<td>5,349.87</td>
<td>50,856.86</td>
</tr>
<tr>
<td>Insurance</td>
<td>28,219.00</td>
<td>28,147.00</td>
</tr>
<tr>
<td>Vendor Expense</td>
<td>18,755.22</td>
<td>3,500.00</td>
</tr>
<tr>
<td>Beer, Wine &amp; Spirits</td>
<td>26,217.00</td>
<td>46,195.00</td>
</tr>
<tr>
<td>PEPSI &amp; Corn</td>
<td>10,150.35</td>
<td>11,241.00</td>
</tr>
<tr>
<td>Ticket Costs &amp; Commissions</td>
<td>12,279.95</td>
<td>36,876.81</td>
</tr>
<tr>
<td>RENTALS</td>
<td>59,099.81</td>
<td>76,572.46</td>
</tr>
<tr>
<td>Patches, Shirts &amp; Merchandise</td>
<td>8,116.22</td>
<td>9,820.96</td>
</tr>
<tr>
<td>Volunteer &amp; VIP Food &amp; Other Costs</td>
<td>37,063.27</td>
<td>24,712.03</td>
</tr>
<tr>
<td>Event Day Expense</td>
<td>15,202.82</td>
<td>37,318.06</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>4,272.92</td>
<td>18,308.53</td>
</tr>
<tr>
<td>Security, Park Cost &amp; Other Government Fees</td>
<td>7,000.00</td>
<td>84,958.68</td>
</tr>
<tr>
<td>Advertising, Commissions &amp; Printing</td>
<td>72,567.78</td>
<td>115,631.30</td>
</tr>
</tbody>
</table>

#### Total Disbursements

<table>
<thead>
<tr>
<th></th>
<th>2017 To 2018</th>
<th>2016 To 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Disbursements</strong></td>
<td>745,655.25</td>
<td>1,185,617.75</td>
</tr>
</tbody>
</table>

#### Estimated Excess Revenue (Disbursements) With Net Payables

<table>
<thead>
<tr>
<th></th>
<th>2017 To 2018</th>
<th>2016 To 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Disbursements - Donations</strong></td>
<td>0.00</td>
<td>170,350.00</td>
</tr>
</tbody>
</table>

#### Estimated Excess Revenue (Disbursements)

<table>
<thead>
<tr>
<th></th>
<th>2017 To 2018</th>
<th>2016 To 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>23,576.29</td>
<td>24,915.44</td>
</tr>
<tr>
<td><strong>Beginning Balance</strong></td>
<td>548,141.12</td>
<td>573,056.56</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017 To 2018</th>
<th>2016 To 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ending Balance</strong></td>
<td>571,717.41</td>
<td>548,141.12</td>
</tr>
</tbody>
</table>

#### Checking Accounts

<table>
<thead>
<tr>
<th>Beginning Bal</th>
<th>Change</th>
<th>Ending</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUNTRUST #9512</td>
<td>495,814.03</td>
<td>(122,643.81)</td>
<td>373,170.22</td>
</tr>
<tr>
<td>SUNTRUST #5387</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>SUNTRUST #3867</td>
<td>0.00</td>
<td>30,229.56</td>
<td>0.00</td>
</tr>
<tr>
<td>SUNTRUST MMK</td>
<td>11,136.85</td>
<td></td>
<td>11,136.85</td>
</tr>
<tr>
<td>SUNTRUST#5445</td>
<td>54,969.14</td>
<td>77,372.00</td>
<td>132,332.14</td>
</tr>
<tr>
<td>SUNTRUST #3667</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>HOME BANK</td>
<td>80,132.47</td>
<td>(46.98)</td>
<td>80,085.49</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017 To 2018</th>
<th>2016 To 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>684,407.18</td>
<td>(13,842.02)</td>
</tr>
<tr>
<td><strong>Outstanding Checks</strong></td>
<td>670,565.16</td>
<td>604,101.43</td>
</tr>
</tbody>
</table>

#### Ribfest Deposits (Sponsors/Vendors)

<table>
<thead>
<tr>
<th></th>
<th>2017 To 2018</th>
<th>2016 To 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning Balance</strong></td>
<td>-</td>
<td>(64,800.00)</td>
</tr>
<tr>
<td><strong>Outstanding Checks</strong></td>
<td>(98,847.75)</td>
<td>(1,160.31)</td>
</tr>
<tr>
<td><strong>Deposit in Transit</strong></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017 To 2018</th>
<th>2016 To 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estimated Net Payables</strong></td>
<td>571,717.41</td>
<td>548,141.12</td>
</tr>
</tbody>
</table>

**JUNE 30, 2018 (thru November 30, 2017)**

<table>
<thead>
<tr>
<th></th>
<th>2017 To 2018</th>
<th>2016 To 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Beginning Balance</strong></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017 To 2018</th>
<th>2016 To 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ending Balance</strong></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
January 8, 2018

Charlie Gerdes – Cosponsored Committee Chair
City of St Petersburg Florida
P.O. Box 2842
St. Petersburg, Florida 33731

Re: Request to sell “Hard Liquor” at Ribfest 2018

Dear Mr. Gerdes:

On November 9th, 10th and 11th of this year, the Northeast Exchange Club of St. Petersburg, Florida, Inc. (NEX) will be putting on its 30th Ribfest. NEX is in the process of obtaining the necessary permits to put on this event in the Vinoy Park.

As we did at Ribfest 2017, NEX is planning to sell “Hard Liquor” provided we can once again obtain sponsors for their products. On July 22, 2010 the City Council approved NEX to sell liquor product at Ribfest 2010 and subsequently allowed NEX to sell liquor products at Ribfest 2011, 2012, 2013, 2014, 2015, 2016 and 2017.

For the city, if there is anything else we need to do in order to sell “Hard Liquor” at Ribfest 2018, please do not hesitate to contact me. Thank you for your help in this matter.

Sincerely,

Lisa Hood, Vice President, Ribfest Chair
Northeast Exchange Club of St. Petersburg Florida, Inc.

cc: Doug Bartholomew
    John Ullrich
    Tom Whiteman
    Chris Taylor

5447 Haines Road No. PMB 461, St. Petersburg, FL 33714
Dear Sir or Madam:

We are pleased to tell you that as a result of our examination for the above period(s) we will continue to recognize your organization as tax-exempt.

We have indicated below whether there is a change in your liability for the unrelated business income tax as provided by sections 511 through 515 of the Internal Revenue Code.

[X] There is no change.

Thank you for your cooperation.

Sincerely,

[Signature]

R. C. Johnson
Director, EO Operations
Internal Revenue Service
District Director

- 1130
LANTA, GA 30301-

Date: MAY 21 1987

HE EXCHANGE CLUB OF NORTHEAST ST
PETERSBURG FLORIDA INC
D BOX 10942
T PETERSBURG, FL 33733

Employer Identification Number: 59-2741305
Contact Person: LILLIAN MCINTOSH
Contact Telephone Number: (404) 331-0196

Internal Revenue Code
Section 501(c)(4)
Accounting Period Ending: August 31
Form 990 Required: Yes
Caveat Applies: Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under the provisions of the Internal Revenue Code section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay $100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay $50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of $1,500 or more in any calendar quarter. If you have any questions about excise employment or other Federal taxes, please address them to this office.

If your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. Also you should inform us of all changes in your name and address.

The heading of this letter indicates whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is indicated, you are only required to file Form 990 if your gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law provides for a penalty of $10 a day, up to a maximum of $5,000; when a return is filed late, unless there is reasonable cause for the delay. This penalty may also be charged if a return is not

Letter 948(00/CQ)
May 15, 2017

Northeast Exchange Club of St. Petersburg, Florida, Inc.
5447 Haines Rd N Pmb 461
Saint Petersburg, FL 33714-1954

Dear Northeast Exchange Club of St. Petersburg, Florida, Inc.,

Johns Hopkins All Children’s Hospital is strengthened by the community’s good will. Thank you for your recent gift to further our mission of compassionate care for all children.

We are proud to stand at the forefront of discovery, innovative research and medical education. Johns Hopkins All Children’s continues to expand its reach and is evolving to fit the needs of children and families in our community. Through our four institutes and a focus on the most acute cases, we are making care safer and cures achievable for the sickest kids. We also partner with other health care organizations throughout a 17-county radius to build a treatment continuum for families to experience our brand of care closer to home.

It is our promise to provide intentional, personalized and preventative care, regardless of costs. Through your generous support we can pursue every avenue of excellence, evolve to fit the needs of acute patient populations and make an impact in the lives of thousands.

Leadership in child health through treatment, education, advocacy and research is the inspiration behind all we do. Thank you for sharing in our vision to create healthy tomorrows for all children.

Sincerely,

Taylor Traviesa

Thank you to all the generous members of Northeast Exchange Club!
ACKNOWLEDGEMENT OF CONTRIBUTION

5447 Haines Rd N Pmb 461
Saint Petersburg, FL 33714-1954

DATE: May 15, 2017

DESCRIPTION: Donation to All Children's Hospital Foundation, a 501(c)(3) non-profit organization.

Federal Tax ID number 59-2481738.

VALUE OF CONTRIBUTION: $5,000.00
LESS VALUE OF GOODS OR SERVICES RECEIVED:

TAX-DEDUCTIBLE PORTION OF CONTRIBUTION: $5,000.00

All Children’s Hospital Foundation
500 Seventh Avenue South, 4th Floor
P.O. Box 3142
Saint Petersburg, FL 33731-3142
www.givetoallkids.org

The IRS requires a receipt or other acknowledgement for each gift of $250 or more is on file to support charitable deductions. The charitable deduction is limited to the excess, if any, of the contribution over the value of goods and services provided. Please note that your Tax-Deductible Portion of Contribution is deductible to the fullest extent of the law. We retain no professional solicitors and our Foundation receives 100% of each contribution (Florida Solicitation of Contributions Act Registration Number SC-01106). Please keep a copy of this letter for your tax files. No other letter will be sent. If you have any questions or concerns, call 727-767-4199.

Your Children's Miracle Network Hospital
January 31, 2017

Northeast Exchange Club of St. Petersburg, Florida
100 2nd Ave S Ste 800
Saint Petersburg, FL 33701-4336

Hi there,

Happy New Year and many thanks from all of us at Clothes To Kids. We are grateful to you for your continued support. Because of people like you we provided more than 11,000 wardrobes to children in our community in 2016.

Since 2003, we have provided 118,240 total wardrobes. That’s more than 2 million articles of clothing and fun accessories going out into our community to kids who need us. We owe so much of this success to donors like you. Thank you!

We are excited about the year ahead and all that is planned:

- Our Clothes Matter Fundraising Luncheon will be held again at the St. Pete Coliseum on March 30 from 12 noon to 1 pm. This year it’s called “This kid.” Tickets begin at $50 (the cost of a weekly wardrobe) and table sponsorships begin at $400 (which provides wardrobes to 8 kids) for you and seven friends.

- Drop (off) Your Drawers 2017 will be held the month of July – a collection month for new, unopened packages of underwear.

- And finally... a new and exciting event called Sneakers in the Dark which will be held on Thursday, October 26. Sneakers in the Dark will be a fun filled evening to shine a “light” on how much we need shoes for our kids. It’s a shoe-raiser! 😊

Clothes matter. Because of you we are able to make sure the kids who shop with us have what they need. Your gifts really make a difference!

With gratitude,

Jennifer Jacobs
Development Director

Patti Hanks
Executive Director

Thank you for your gifts totaling $5,000.00 for the 2016 calendar year.

No goods or services were provided for this contribution. Retain this letter for tax purposes. 100% of each contribution supports Clothes To Kids, Inc. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION FOR CLOTHES TO KIDS, INC. (CH306) MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.
Hi there our friends at the NE Exchange Club,

Thank you for your recent donation of $2,500.00 on 5/24/2017. We are grateful to you for your support. Because of people like you we provided more than 11,000 wardrobes to children in our community in 2016.

Since 2003, we have provided more than 120,000 total wardrobes. That's more than 2 million articles of clothing and fun accessories going out into our community to kids who need us. We owe so much of this success to donors like you. Thank you!

We are excited about the year ahead and all that is planned:

- Drop (off) Your Drawers 2017 will be held the month of July -- a collection month for new, unopened packages of underwear.

- And finally . . . a new and exciting event called KICK ONE BACK which will be held on Thursday, October 26. Sneakers in the Dark will be a fun filled evening to shine a "light" on how much we need shoes for our kids. It's a shoe-raiser!

Clothes matter. Because of you we are able to make sure the kids who shop with us have what they need. Your gifts really make a difference!

With gratitude,

Jennifer Jacobs
Development Director

May 24, 2017
Northeast Exchange Club of St. Petersburg, Florida
5447 Haines Rd N PMB 461
Saint Petersburg, FL 33714-1954

May 24, 2017
Northeast Exchange Club of St. Petersburg, Florida
5447 Haines Rd N PMB 461
Saint Petersburg, FL 33714-1954
June 8, 2017

Northeast Exchange Club of St. Petersburg, Florida, Inc.
5447 Haines Road No. PMB 461
St. Petersburg, FL 33714

Dear Northeast Exchange Club of St. Petersburg, Florida, Inc.,

On behalf of the kids and families served by Family Resources, we would like to thank you for your support. We are grateful for your generous donation of $1,600 which was received during May, 2017. Your contribution helps us serve youth who are in crisis, on the streets or experiencing issues that are preventing them from reaching their full potential. We do this free of charge to the youth and families in our community so that everyone has equal access to quality services. We are passionately committed to our vision that every child should be safe, that every troubled youth deserves help and that every family torn apart by crisis be given the opportunity to mend. So we thank you in helping us meet these needs of those less fortunate.

Everything you do and all that you give MATTERS! Just to give you an idea of the work we are doing with the help of folks like you; here is just a small sample of our impact last year:

- Our three SafePlace2B shelters provided shelter to 720 youth, totaling 7475 days of care for these youth.
- Our LGBTQ Transitional Living Program provided safe housing and services to 15 transitional aged youth for up to 18 months.
- 360 children and teens were provided individual and family counseling to find solutions and hope in times of need and crisis.
- Our Street Outreach staff made 895 contacts with homeless youth to provide food, shelter, laundry and clothing.
- Our After-school programs provided academic enrichment activities and homework assistance to 128 children and teens.

With your support, we are able to provide these integral services year after year and will continue to build a stronger, safer community one family at a time. We sincerely thank you for your contribution and ongoing confidence in Family Resources.

Kind regards,

Dr. Lisa M. Davis
President / CEO

No goods or services were received in exchange for this donation.
Our Tax ID# is 23-7146873.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. FAMILY RESOURCES RETAINS 100% OF ALL CONTRIBUTIONS RECEIVED. CHARITABLE CONTRIBUTION NUMBER: CH30031.

Inspiring minds, finding solutions, and giving hope... for a better tomorrow.
May 15, 2017

Peggy Deal
Office Manager
Good Life Games
1262 Brookside Drive
Clearwater, FL 33764

Northeast Exchange Club of
St. Petersburg, Florida, INC.

Dorothy Tadder
Club Secretary/Northeast Exchange Club

Dear Dorothy,

Another successful year of our Good Life Games have been completed and I wanted to let you know how much we appreciate your contribution to our success. We are able to continue functioning mainly through the contributions of our sponsors and supporters.

We used your gift card to purchase snacks that were appreciated by participants in both the Archery and Shooting events at the Wyoming Antelope club. Your assistance helped to make our events more successful and we wanted you to know that your actions are acknowledged as contributing to the success of our games.

Thank you,

Peggy Deal

The Good Life Games, Inc. promotes healthy lifestyles and encourages 50+ adults to enhance the value and quality of their lives through athletic and recreational competition, social events and related activities. 501(c)3 Non-Profit Organization • Registered Florida Charitable Organization CH22531
Dear Friends,

We are writing to thank the Northeast Exchange Club for the generous support and assistance you have provided this year. Thank you for your donation of $5,000.00.

Your support has been instrumental in allowing us to continue to donate services to our community each year through free museum access for groups such as Ronald McDonald House and foster families, educational outreaches in at-risk neighborhoods, free field trips for Title 1 schools and need-based summer camp scholarships.

We are proud of the contributions we have been able to make to our community; however, our contributions to surrounding areas could not have been possible without the help of donors such as you. Thank you for supporting Great Explorations, the place where St. Petersburg comes to learn and play!

Sincerely Yours,

Candace Hulcher, MA
Director of Development
727-331-7486
chulcher@greatex.org
Tax ID #59-2763359

Northeast Exchange Club of St. Petersburg
100 Second Ave. S, #600
St. Petersburg, FL 33701-4336

Our mission is to stimulate learning through creativity, play, and exploration.

Home of the Jeanne and Bill Heller Early Explorations Preschool
Dear Jeanette,

We are most appreciative of your continued support to the Rent Mouse.

Thank you so much.

Yours and
All the Dicks

Jeanette Smai
Northeast Exchange
P.O. Box 10942
St. Petersburg, FL
33733
June 8, 2017

Northeast Exchange Club of St. Petersburg FL., Inc.
5447 Haines Rd. N PMB 461
Saint Petersburg, FL 33714

Dear Friends of PACE,

On behalf of the more than 2,000 girls who will walk through the doors of a PACE Center this year, and the 450 team members who work every day to support them, please allow me this opportunity to say thank you for your generosity to PACE Center for Girls.

Your recent contribution will help us with our mission to provide girls and young women an opportunity for a better future through education, counseling, training and advocacy. We rely on gifts of time, talent, and treasure from individuals like you to improve the lives girls and young women across the state of Florida and beyond. Thank you again for your support.

Gratefully yours,
PACE Center for Girls Gift Processing Team

Gift Receipt
PACE Center for Girls, Inc.
Thank You for Your Gift and for Believing in Girls!

Gift Date: 5/11/2017
Gift Amount: $1,400.00
Deductible Amount: $1,400.00
Non-Deductible Amount:

Name: Northeast Exchange Club of St. Petersburg
FL., Inc.
Address: 5447 Haines Rd. N PMB 461
Saint Petersburg, FL 33714

Gift directed to:
PACE Center for Girls, Pinellas
www.pacecenter.org

Gifts are tax deductible to the extent provided by law.

PACE CENTER FOR GIRLS, INC. IS A 501 (c)(3) TAX-EXEMPT ORGANIZATION, WITH TAX ID NUMBER 59-2414492. PACE CENTER FOR GIRLS, INC. IS REGISTERED WITH THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES TO SOLICIT CONTRIBUTIONS (REGISTRATION NO. CH-432). 100% OF THIS CONTRIBUTION IS RETAINED BY PACE CENTER FOR GIRLS, INC. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE OR BY VISITING WWW.800HELPFLA.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.
May 8, 2017

Ms. Lisa Hood
The Northeast Exchange Club of St. Petersburg
PO Box 10942
St. Petersburg, FL 33733

Dear Ms. Hood:

Thank you for your generous contribution of $8,000.00 to the Pinellas Education Foundation and St. Pete's Promise. St. Pete's Promise is a partnership of the Pinellas Education Foundation, the City of St. Petersburg, and Pinellas County Schools whose aim is to improve student achievement in St. Petersburg through scholarships, mentorship, grants, business partnerships, and community engagement in education.

Aligned with the America's Promise Alliance, this St. Petersburg program was recognized recently by Colin Powell as the most successful community-based program to improve graduation rates in the United States.

If you have suggestions, or we can help in any way, please don't hesitate contact Rich Engwall, the Director of St. Pete's Promise, at (727) 893-7087.

Together, we are changing lives through learning.

Sincerely,
Stacy Carlson, Ph.D.
President

Donation Details for your tax records.
No goods or services were received in consideration for this contribution.

Gift Date: 5/5/2017
St. Pete's Promise / Take Stock In Children $8,000.00
Total Contribution $8,000.00
Dear Mr. Hood,

Your gift gives hope and changes lives – thank you!

GIFT RECEIPT
Mr. David S. Hood
Northeast Exchange Club of St. Petersburg, FL

<table>
<thead>
<tr>
<th>DESIGNATION</th>
<th>DATE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>We Help Services</td>
<td>5/9/2017</td>
<td>$15,000.00</td>
</tr>
</tbody>
</table>

PLEASE RETAIN THIS LETTER FOR TAX PURPOSES.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, WITHIN THE STATE, 1-800-435-7352, www.FloridaConsumerHelp.com. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. State registration #CH1823. No goods or services were provided. Therefore, your gift is tax deductible to the fullest extent permitted by law.

Thank you for caring about hungry children.

Julie Bostick

St. Petersburg
Free Clinic
863 3rd Ave. North  St. Petersburg, FL 33701-2703
727-821-1200
May 11, 2017

Northeast Exchange Club of
St. Petersburg, Florida
5447 Haines Road N. PMB 461
St. Petersburg, FL 33714

Dear Northeast Exchange Club Board,

On the behalf of Shepherd Village, I would like to extend my most heartfelt thank you for your gracious donation of $2,500. Your gift will be used towards kitchen cabinets for our final two bedroom/two bath remodel. The need for affordable housing for single mothers and their children is great and your generous gift helps to make this dream possible for another single-mother family as they journey from crisis to stability.

Thank you again for approving the funds for this project and for making a difference “Two Generations at a Time!”

God bless,

Dr. Phyllis Alderman
Founder & Director

Shepherd's Village is a 501-C-3 not for profit organization. Shepherd's Village Inc. registers annually under Florida Statute 496. Statute 496.775 reads as follows: "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE." The State of Florida Solicitation number for Shepherd’s Village is CH10301.
May 9, 2017

Lisa Hood, President
Northeast Exchange Club of St. Petersburg
P.O. Box 10942
St. Petersburg, FL 33733

Dear Ms. Hood,

I wanted to thank you for your generous donation of $65,000 from the 2016 RibFest!

We are so grateful to have a group like Northeast Exchange Club in our community that makes such a tremendous difference in the lives of families and children with your volunteer support and philanthropy.

On behalf of Suncoast Center I want to express my sincerest appreciation for your generosity and commitment to helping the Parent Aide Program.

Each year we continue to advance our mission through the use of our programs and have seen many lives changed for the better. We consider Northeast Exchange Club to be a vital partner in our ongoing battle against child abuse within our community. Without the Northeast Exchange’s contribution the Parent Aide Program could not continue to make positive changes in families across Pinellas County.

We are indeed grateful for your willingness to help. Please extend my thanks to everyone involved. Your generosity is greatly appreciated.

Kindest Regards,

Barbara Daire, LCSW
President/CEO
May 24, 2017

Northeast Exchange Club of St. Petersburg, FL, Inc.
5447 Haines Road No. PMB 461
St. Petersburg, FL 33714

Dear Northeast Exchange Club of St. Petersburg, FL, Inc.,

On behalf of Suncoast Voices for Children, I would like to thank you for your support and donation of $10,000.00. Your gift will truly make a difference in the lives of abused, abandoned and neglected children here in our local area.

Most people are not aware, but the number of state-dependent children in Pasco and Pinellas Counties has reached a critical level. Currently, there are over 3,000 children in the system and the State only provides for their basic necessities.

Thanks to donors like you, Suncoast Voices is helping to provide normalcy for this special group of underserved children. Our goal is for every child in the child dependency system to have everything required to meet their physical, psychological, social and educational needs so they will develop the skills necessary to transition to a productive adulthood. Our vision is that every child has that opportunity.

On behalf of the children we serve, thank you for sharing and promoting our vision through your support. Please use this letter as your gift receipt.

Sincerely,

Cynthia B. Faulhaber
President

No goods or services were received in consideration for this contribution. FEDERAL ID 26-1139518 A COPY OF THE OFFICIAL REGISTRATION (CH17978) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800) 435-7352, WITHIN THE STATE, OR THE WEBSITE www.flrulesforflorida.com. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

Please remember us in your will.
May 23, 2017

Northeast Exchange Club
C/O John Ullrich
300 1st Avenue South, Fifth Floor
St. Petersburg, Fl. 33701

Dear John,

On behalf of Tampa Bay Watch, I would like to thank you for the generous $5,000 grant, received on 5/5/2017 and paid by check 9014. The Northeast Exchange Club’s support enables us to continue our mission to restore and protect Tampa Bay through Tampa Bay Watch’s Estuary EDventures program.

The goal of the Estuary EDventures program is to develop the students’ commitment to their local environment by increasing their understanding of the function of the Tampa Bay estuary. Estuary EDventures empowers students to act as stewards of the Tampa Bay estuary by providing field experiences that combine classroom resources with hands-on environmental field experiences at the Tampa Bay Watch Marine Education Center in Tierra Verde. The field experiences give the students and teachers the opportunity to learn about the critical issues that face the Tampa Bay estuary. By creating lessons that engage the students in critical thinking, we help generate the thought processes that encourage minimizing impact on the watershed.

We are honored that you have chosen to invest in Tampa Bay Watch in this significant way. Thank you for sharing our commitment to protecting and restoring our spectacular bay waters and to engaging our youth in hands-on environmental education to ensure our bay is protected for many generations to come.

Sincerely,

Peter A. Clark
President

No goods or services were provided for this contribution. Retain this letter for tax purposes. 100% of each contribution supports Tampa Bay Watch, Inc. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION FOR TAMPA BAY WATCH, INC. (CH4738) MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 800-435-7352 WITHIN THE STATE OR VISITING WWW.FLORIDACONSUMERHELP.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.
Northeast Exchange Club
5447 HAINES RD N PMB 461
Saint Petersburg, FL 33714

Northeast Exchange Club,

You have been a good friend to the USO and its greatly appreciated! We realize that everyone who is kind enough to participate with this support should also have good contact info for actual people!

What can we help with? Manage correspondence from the USO, keep you updated on local or national events and answer any questions on global or local programs. We enjoy meeting with our supporters so we can thank you for your support and we welcome hearing your own USO story.

We’re also planning a few trips to the Florida area to visit friends of the USO over the next several months and we’d welcome including time with you during the visit. Please contact either one of us via telephone or e-mail to discuss your availability or to simply talk about the USO and how your generous gifts have supported the mission.

In case we don’t get a chance to meet, here are a few recent USO updates:

- USO of Central Florida has a new Center Director! Linda Jorge Carbone started this year and brings a wealth of experience and that will only enhance the services to our military and families. *Let us know if you want to take a tour of the center at Orlando Airport or in Tampa and we will be happy to arrange that for you.*
- Aligned with our Fueling the Future campaign to expand over the next 4 years, new centers are planned for many areas to include: Fort Wainwright Alaska, Fort Stewart, GA, Qatar, Iraq and several others.
- New USO Center Openings: USO Yokota in Japan, USO Guam, USO Rota in Spain.

Thank you again for your support of the USO and helping us keep our service members connected to family, home and country! Our contact information is below and please consider us your personal USO representatives should you need anything now or in the future.

Sincerely,

Tonia White
Senior Director of Development
Cell: 210.473.6283
twhite@uso.org

Kyndele Rhudy
Regional Development Manager
Cell: 301.752.1726
kcooke@uso.org
NORTHEAST EXCHANGE CLUB OF ST PETERSBURG
DOUG BARTHOLOMEW
5447 JAINES RD, NO. PMB 461
ST PETERSBURG FL 33714 USA

Purpose of Use: RIBFEST

Conditional 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 06 Nov 18 06:00 am
- Ending: Tue 13 Nov 18 11:00 pm

Facility/Equipment: Vinoy Park
- Day: Tue
- Date: 06 Nov 2018
- Time: 06:00 AM
- Fee: $0.00
- Extra Fee: $900.00
- Tax: $0.00
- Total: $900.00

Facility/Equipment: Vinoy Park
- Day: 13 Nov 2018
- Time: 11:00 PM
- Fee: $0.00
- Extra Fee: $900.00
- Tax: $0.00
- Total: $900.00

Additional Fees:
- Extra Fee - Bookings: Co-Sponsored Park Permit Fee (Vinoy)
  - Hours: 185:00
  - Quantity: 3
  - Charge: $900.00
  - Tax: $0.00
  - Total: $900.00

Charges:
- Fees: $0.00
- Extra Fees: $930.00
- Tax: $0.00
- Total: $930.00

Balance of rental due and payable immediately.

Payments:
- Date: 18 Jan 2017
  - Amount: $900.00
  - Payment Type: Check
  - Reference: Rental
  - Receipt Number: 2710149
- Date: 17 Jan 2018
  - Amount: $30.00
  - Payment Type: Check
  - Reference: Rental
  - Receipt Number: 2963608

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.

Signed: DOUG BARTHOLOMEW
Name of User Organization, If Applicable

City of St. Petersburg, Florida

By: (Sign Name): Parks and Recreation Superintendent

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

NORTHEAST EXCHANGE CLUB OF ST PETERSBURG
DOUG BARTHOLOMEW
5447 JAINES RD, NO. PMB 461
ST PETERSBURG, FL 33714 USA

Receipt #: 2963608
User: JSBENNIN
Issued: Wed 17 Jan 18 03:37 pm

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$30.00</td>
</tr>
<tr>
<td>Applied To: 22574 - RIBFEST</td>
<td>$30.00</td>
</tr>
<tr>
<td>Vinoy Park - Vinoy Park</td>
<td></td>
</tr>
<tr>
<td>November 6, 2018  6:00 am to November 13, 2018 11:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($900.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($870.00)</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
Detail by Entity Name

Florida Not For Profit Corporation
NORTH EAST EXCHANGE CLUB OF ST. PETERSBURG, FLORIDA, INC.

Filing Information

Document Number: N18241
FEI/EIN Number: 59-2741305
Date Filed: 12/12/1986
State: FL
Status: ACTIVE
Last Event: NAME CHANGE AMENDMENT
Event Date Filed: 01/07/2010
Event Effective Date: NONE

Principal Address
5447 Haines Rd. N - PMB 461
SAINT PETERSBURG, FL 33714

Changed: 04/21/2015

Mailing Address
5447 Haines Rd. No - PMB 461
SAINT PETERSBURG, FL 33714

Changed: 04/21/2015

Registered Agent Name & Address
Wilsey, Steven M
1000 16th St. N.
SAINT PETERSBURG, FL 33704

Name Changed: 04/20/2015
Address Changed: 04/20/2015

Officer/Director Detail

Name & Address
Title President

Ceras, Brian
1801 49th Avenue N
SAINT PETERSBURG, FL 33714
Title S

TADDER, DOROTHY
7350 14TH STREET NE
ST. PETERSBURG, FL 33702

Title PRES ELECT

WRIGHT, KATHY
330 3rd Street S
#1716
ST. PETERSBURG, FL 33701

Title CFO

ROSENBERG, TODD
436 12TH AVENUE NE
ST. PETERSBURG, FL 33701

Title T

HAAS, KEN
678 TALLAHASSEE DR NE
SAINT PETERSBURG, FL 33702

Title VP

HALL, TELLIE
935 40th Avenue NE
St. Petersburg, FL 33703

Title VICE PRES. - ENTERTAINMENT

WHITEMAN, THOMAS
3700 SHORE ACRES BLVD NE
St. Petersburg, FL 33703

Title Vice Pres - Chair of Ribfest

Hood, David
1998 Iowa Ave. NE
St. Petersburg, FL 33703

Title Vice Pres - OPERATIONS

Ullrich, John
7641 16th St. N.
St. Petersburg, FL 33710

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>04/07/2016</td>
</tr>
</tbody>
</table>
Event Title: St. Pete Run Fest

Entity Name: Endorfun Sports LLC

Event Date(s): November 16-18, 2018

Location: Albert Whitted/Al Lang

Application Prepared by: Claire Jordan

Title: CFO/Business Manager

Address: 1200 Eden Isle Blvd NE

City: Saint Petersburg

State: FL

Zip: 33704

Email Address: claire@stpeterunfest.org

Additional Contact Person: Keith Jordan

Day Phone: 512-608-5857

What month/year were you incorporated as nonprofit? N/A

List all 501(c)3 entities that will benefit from this event.
St. Petersburg Free Clinic, Johns Hopkins All Children’s Hospital, Jump for Health

Name of the for-profit entity? Endorfun Sports LLC

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

The St Pete Run Fest will be a world-class event, bringing together the local community and visitors from outside the Tampa Bay area. By highlighting the local businesses and activities that make St. Pete unique, we will give our participants a one-of-a-kind St. Pete experience. We aim to encourage health/fitness by offering St. Pete residents the opportunity to participate in our running races, as well as our Health & Fitness Expo. (Health & Fitness Expo is free to all) The St. Pete Run Fest will be a great addition to the "Healthy St. Pete" initiative. Registration/Packet pick-up will be in the Mahaffey Theater Ballroom, which has been reserved with a rental deposit for 11/16 & 11/17, and will highlight St. Pete’s beautiful waterfront and arts facilities.

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

The St. Pete Run Fest will draw visitors from outside the Tampa Bay area, filling local hotels and restaurants, and providing an influx of outside money to local businesses. With a marketing campaign targeting areas outside a 100 mile radius, the St. Pete Run Fest will help raise awareness around the country of all the wonderful and unique amenities that St. Pete has to offer. Year 1 approximately1,000 hotel nights were utilized over the course of the Run Fest weekend.

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

Does your group presently have liability insurance? YES NO

How much? $1 million per occ/$2 million ag.

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

Will there be an admission / registration fee? YES NO

Advanced Fee: Varies Day of: Varies

Please provide the website address for your event: www.stpeterunfest.org

Please provide a phone number that can be advertised to the public: 727-592-8108

What is the estimated attendance for this event? Spectators 5,000+ Participants 5,000+ Last Year's Total Attendance 9,000+
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) Yes
# Bleacher(s) needed. Each bleacher approx. 180 people) 0
Tables (6 ft) # needed 0 Chairs # needed 0
Public Address System 1

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

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

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

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

Name: [Signature]
Co-Sign: [Signature]

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

PLEASE ATTACH THE FOLLOWING

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>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>
</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.

Specific power requirements will be determined based on final vendor mix.

Will you supply your own generators? □ YES □ NO

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

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

Yes, noise variance to all race announcer, national anthem and sensible music at start and at various spots throughout the course.

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

Name: Endorfun Sports LLC □ Phone: 727-592-8108

Address (including zip): 1200 Eden Isle Blvd NE, Saint Petersburg, FL 33704

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

DJ/announcer at finish line with music. Showmobile stage with live music/band at Albert Whitted. Musicians/entertainers along the course.

List Vending Products. Name & Provider.

Complete list to be added later. Products will include Running gear - clothing, shoes, accessories; health/fitness products.

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

Jump for Kids, 230 1st Street Southeast, St Petersburg, FL 33701- Phone- 727.512.5679

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

None

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

Health & Fitness Expo load in Friday, 11/16 morning starting at 6am at Al Lang Park, Albert Whitted Park along Bayshore Drive. Race start/finish line structure set-up on Bayshore Blvd. 11/16 (need road closed/blockl Friday) and open on 11/19.
Other Comments: Please describe your fee structure.

Half-marathon, 5K, and Kids Run have different entry fee prices ranging from $15-$105. Health & Wellness expo vendors price is $200 for a 10x10 booth space. Spectators watching the races and attending the expo are not charged to enter.

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: Claire Jordan  Title: CFO - Business Mgr  Date: 1/5/18
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Jump for Kids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Jeff Pope</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>230 1st Street Southeast, St Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727.512.5679</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:info@jumpforkids.info">info@jumpforkids.info</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>Endorfun Sports LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Keith Jordan</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President/CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1200 Eden Isle Blvd NE, Saint Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-592-8101</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:keith@stpeterunfest.org">keith@stpeterunfest.org</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>04-3590391</td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
I. **REVENUE SOURCES** (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Race Registration</td>
<td>$213,236</td>
</tr>
<tr>
<td>2. Sponsorship</td>
<td>$67,438</td>
</tr>
<tr>
<td>3. Expo</td>
<td>$10,391</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. Total</td>
<td>$291,065</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advertising/Marketing</td>
<td>$42,082</td>
</tr>
<tr>
<td>2. Race Amenities</td>
<td>$73,305</td>
</tr>
<tr>
<td>3. Race Expenses</td>
<td>$79,280</td>
</tr>
<tr>
<td>4. City Services</td>
<td>$58,066</td>
</tr>
<tr>
<td>5. Supplies and Set Up</td>
<td>$62,894</td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12. Total Operating Expenses</td>
<td>$315,633</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Net Income</td>
<td>($24,731)</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Ryan Jordan  
Date: 1/2/18
### Purpose of Use: ST. PETE RUN FEST

**Expected:** 9,000

**Co-Sponsored Event**

**Contract Balance**

$400.00

### Conditions of Use: Insurance Required

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

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

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Whitted Park</td>
<td>Thu</td>
<td>15 Nov 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>Park</td>
<td></td>
<td>19 Nov 2018</td>
<td>08:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Al Lang Park</td>
<td>Thu</td>
<td>15 Nov 2018</td>
<td>08:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td>19 Nov 2018</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Fees:

<table>
<thead>
<tr>
<th>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>2</td>
<td>$400.00</td>
<td>$0.00</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

### Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$400.00</td>
<td>$400.00</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>17 Jan 2018</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2963614</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): CLAIRE JORDAN

(Ptint Name) ENDORFUN SPORTS LLC

Name of User Organization, If Applicable:
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$430.00</td>
</tr>
<tr>
<td>Applied To: 22575 - ST, PETE RUN FEST</td>
<td>$30.00</td>
</tr>
<tr>
<td>Albert Whitted Park - Park</td>
<td></td>
</tr>
<tr>
<td>November 15, 2018  6:00 am to November 19, 2018 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$400.00</td>
</tr>
</tbody>
</table>
## Detail by Entity Name

Foreign Limited Liability Company  
ENDORFUN SPORTS, LLC

### Filing Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>M16000008985</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>04-3590391</td>
</tr>
<tr>
<td>Date Filed</td>
<td>11/07/2016</td>
</tr>
<tr>
<td>State</td>
<td>NH</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

### Principal Address

1200 EDEN ISLE BLVD. NE  
ST. PETERSBURG, FL 33704

### Mailing Address

1200 EDEN ISLE BLVD. NE  
ST. PETERSBURG, FL 33704

### Registered Agent Name & Address

JORDAN, CLAIRE  
1200 EDEN ISLE BLVD. NE  
ST. PETERSBURG, FL 33704

### Authorized Person(s) Detail

Name & Address  
Title CEO  
JORDAN, KEITH  
1200 EDEN ISLE BLVD. NE  
ST. PETERSBURG, FL 33704  
Title CFO  
JORDAN, CLAIRE  
1200 EDEN ISLE BLVD. NE  
ST. PETERSBURG, FL 33704

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>06/30/2017</td>
</tr>
</tbody>
</table>

### Document Images

- **06/30/2017 -- ANNUAL REPORT**  
  View image in PDF format

- **11/07/2016 -- Foreign Limited**  
  View image in PDF format

---

Florida Department of State, Division of Corporations

http://search.sunbiz.org/Inquiry/corporationsearch/SearchResultDetail?inquirytype=Entity...  1/17/2018
Detail by Entity Name

Florida Not For Profit Corporation
JUMP FOR KIDS, INC

Filing Information
Document Number: N13000003729
FEI/EIN Number: 46-2587239
Date Filed: 04/18/2013
Effective Date: 04/20/2013
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 01/19/2015

Principal Address
850 21 ave N
St Petersburg, FL 33704
Changed: 01/19/2015

Mailing Address
850 21 ave N
St Petersburg, FL 32225
Changed: 01/19/2015

Registered Agent Name & Address
POPE, JEFFREY M
850 21 ave N
St Petersburg, FL 33704
Name Changed: 01/19/2015
Address Changed: 01/19/2015

Officer/Director Detail
Name & Address
Title: President
POPE, JEFFREY
850 21 ave N
St Petersburg, FL 33704
Title Officer
MICOLUCCI, VICTOR
1707 strand st
Neptune Beach, FL 32266

Title Officer
WEBER, SUZIE M
13150 ANNANDLE DR S
JACKSONVILLE, FL 32225

Title VP
Burger, Andrew Vinh
341 14th avenue NE
St Petersburg, FL 33704

Title Officer
Hughes, Zachary
116 44th AVN NE
St Petersburg, FL 33703

**Annual Reports**

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>01/07/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/16/2017</td>
</tr>
<tr>
<td>2018</td>
<td>01/11/2018</td>
</tr>
</tbody>
</table>

**Document Images**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>View Image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/11/2018</td>
<td>- ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/16/2017</td>
<td>- ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/07/2016</td>
<td>- ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/19/2015</td>
<td>- REINSTATEMENT</td>
<td></td>
</tr>
<tr>
<td>11/06/2013</td>
<td>- Amendment</td>
<td></td>
</tr>
<tr>
<td>04/18/2013</td>
<td>- Domestic Non-Profit</td>
<td></td>
</tr>
</tbody>
</table>
Event Title: First Night St. Petersburg 2019

Entity Name: First Night St. Petersburg Inc.

Event Date(s): December 31, 2018

Location: 20 + venues in downtown St. Petersburg

Day 1 of Event: Dec. 31, 2018
Time Gates Open: 4pm
Ending Time: midnight

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

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

Application Prepared by: Allen Loyd
Title: Executive Director
Phone: 727-823-8906

Address: P.O. Box 1915
City: ST. PETERSBURG
State: FL
Zip: 33731

Email Address: Allen.Loyd@FirstNightStPete.com

What month/year were you incorporated as nonprofit? September, 1994

List all 501(c)3 entities that will benefit from this event. First Night St. Petersburg Inc.

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.
First Night provides a fun, safe creative way for all of the citizens of St. Petersburg to celebrate the coming of the New Year. We also promote the wonderful artists and performers in St. Petersburg and Tampa Bay and have for 25 years.

Describe what economic benefit and impact this event will bring to St. Petersburg.
First Night brings 15,000 visitors from the surrounding area, across the US and from other countries into St. Petersburg to celebrate New Years.

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: $12K5 Day of: A15 K10

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

Please provide a phone number that can be advertised to the public. 727-823-8906

What is the estimated attendance for this event? Spectators 18000 Participants 7000 Last Year's Total Attendance 115,000
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td># of portable risers needed</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: Allen Loyd  
Co-Sign:  
Title: Executive Director  
Date: 12/10/18

**Note:**

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

**PLEASE ATTACH THE FOLLOWING**

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

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org
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</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>How many?</td>
<td></td>
</tr>
<tr>
<td>What type?</td>
<td></td>
</tr>
<tr>
<td>What structure?</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td>Showmobile</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Performers</td>
<td></td>
</tr>
<tr>
<td>Announcement Only</td>
<td></td>
</tr>
<tr>
<td>Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>Event Time Frame - SPPD</td>
<td></td>
</tr>
<tr>
<td>Regular Units</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>

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- Radio
- Television
- Remote Broadcast
Electrical Requirements:

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

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

☑ Other:

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

sound and lighting system, possibly art projects.

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.

Probably not.

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

Name: First Night St. Petersburg Inc.  Phone: 727-823-8906

Address (including zip): P.O. Box 1915, St. Petersburg, FL 33731

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

We will hire a wide variety of musical, dance and artists for the evening.

List Vending Products. Name & Provider.

to be determined

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.

NA

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

Load-in Dec.28-31,2018
Load-out Jan1-4, 2019
Other Comments: Please describe your fee structure.

Predicted Pricing
Advance prices: Adult $12, Child 6-12 $5, Child 5 and under free
Dec 30 and 31: Adult $15, Child 6-12 $10, Child 5 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: [Signature] Title: Executive Director Date: 1/9/18
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: First Night St. Petersburg Inc.
Name of Responsible Party (President or CEO ONLY): Leslie Curran
Title of Responsible Party: Board Chair
Physical Address of Responsible Party: 1445 Central Ave St. Petersburg, FL 33701
Phone Number of Responsible Party: 727-898-6061
Email Address of Responsible Party: intmotives@gmail.com
Nonprofit (Employee Identification Number): 59-3204552

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

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

What method of invoicing would your organization prefer?

☐ BY Mail
Contact Name
Address
City, State, Zip

☐ BY EMAIL
Email Address: Allen.Loyd@FirstNightStPete.com

Page 7 of 8
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>First Night St. Petersburg 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>12/31/2018 - 01/01/2019</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Sponsors</td>
<td>$57,000</td>
</tr>
<tr>
<td>Button Sales (Estimate)</td>
<td>58,000</td>
</tr>
<tr>
<td>Vendor Fees</td>
<td>7,058</td>
</tr>
<tr>
<td>City of St. Petersburg - Non Departmental Funding</td>
<td>40,000</td>
</tr>
<tr>
<td>Misc.</td>
<td>500</td>
</tr>
<tr>
<td><strong>TOTAL GROSS REVENUE</strong></td>
<td><strong>$162,558</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracted Services</td>
<td>39,700</td>
</tr>
<tr>
<td>Program Expenses</td>
<td>31,788</td>
</tr>
<tr>
<td>City of St. Petersburg - Fees (estimated)</td>
<td>23,300</td>
</tr>
<tr>
<td>Logistics</td>
<td>24,000</td>
</tr>
<tr>
<td>Fireworks</td>
<td>13,750</td>
</tr>
<tr>
<td>Marketing and Buttons</td>
<td>15,000</td>
</tr>
<tr>
<td>Volunteers</td>
<td>3,000</td>
</tr>
<tr>
<td>Insurance</td>
<td>4,750</td>
</tr>
<tr>
<td>Dues, Fees and Permits</td>
<td>1,000</td>
</tr>
<tr>
<td>Phone Internet</td>
<td>406</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>1,125</td>
</tr>
<tr>
<td>Misc.</td>
<td>291</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>156,110</strong></td>
</tr>
</tbody>
</table>

**TOTAL NET INCOME** $4,448

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>Safety account</td>
<td>2,000</td>
</tr>
<tr>
<td>Next year's budget</td>
<td>2,448</td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td><strong>$4,448</strong></td>
</tr>
</tbody>
</table>

Prepared by: Allen Loyd

Date: 01/10/2018
Employer Identification Number: 59-3204552
Case Number: 584167075
Contact Person: ROBERTA VAN METER
Contact Telephone Number: (404) 321-0185
Accounting Period Ending: March 31
Foundation Status Classification: 501(a)(2)
Advance Ruling Period Begins: August 30, 1993
Advance Ruling Period Ends: March 31, 1998
Addendum Applies: Yes

Dear Applicant:

Based on information you supplied and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 501(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 501(a)(2).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 501(a)(1) or 501(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that no
First Night 2019 Processions Route Map
Monday Dec. 31st 7:15 pm
FIRST NIGHT ST PETERSBURG INC
ALLEN LOYD
PO BOX 1915
ST PETERSBURG FL 33731 USA

Purpose of Use: FIRST NIGHT ST PETERSBURG 2019
Expected: 15,000

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 29 Dec 2018 06:00 am
Ending: Tue 01 Jan 2019 12:00 pm

Facility/Equipment
South Straub Park
Park
North Straub 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 156:00
Quantity 2
Charge $400.00
Tax $0.00
Total $400.00

Total 2
Charge $400.00
Tax $0.00
Total $400.00

Fees $0.00
Extra Fees $430.00
Tax $0.00
Total $430.00

Deposit $0.00
Total Applied $430.00
Contract Balance $0.00
Account Balance $0.00

Balance of rental due and payable immediately.

Payments:
Date 17 Jan 2018 17 Jan 2018
Amount $30.00 $400.00
Payment Type Check Check
Reference Rental Rental
Receipt Number 2963622 2963623

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): ALLEN LOYD
(Print Name) FIRST NIGHT ST PETERSBURG INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 17 Jan 2018, 03:58 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
**City of St. Petersburg**

FIRST NIGHT ST PETERSBURG INC  
ALLEN LOYD  
PO BOX 1915  
ST PETERSBURG, FL 33731 USA

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$430.00</td>
</tr>
</tbody>
</table>

Applied To: 22577 - FIRST NIGHT ST PETERSBURG 2019  
South Straub Park - Park  
December 29, 2018 6:00 am to January 1, 2019 12:00 pm  

<table>
<thead>
<tr>
<th>Payment:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td>($30.00)</td>
</tr>
</tbody>
</table>

Balance  
$400.00

**APPROVED REFUNDS ARE BY CHECK ONLY**
# City of St. Petersburg

**FIRST NIGHT ST PETERSBURG INC**  
ALLEN LOYD  
PO BOX 1915  
ST PETERSBURG, FL 33731 USA

---

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

**Applied To:** 22577 - FIRST NIGHT ST PETERSBURG 2019  
South Straub Park - Park  
December 29, 2018 6:00 am to January 1, 2019 12:00 pm  

**Payment:** Check  
($400.00)  

**Balance:** $0.00  

---

**Receipt #: 2963623**  
**User:** JSBENNIN  
**Issued:** Wed 17 Jan 18 03:58 pm

---

**APPROVED REFUNDS ARE BY CHECK ONLY**
Detail by Entity Name

Florida Not For Profit Corporation
FIRST NIGHT ST. PETERSBURG, INC.

Filing Information
Document Number N93000004025
FEVEIN Number 59-3204552
Date Filed 08/31/1993
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 10/05/2011

Principal Address
100 2nd Ave N
#150
SAINT PETERSBURG, FL 33701

Changed: 02/17/2015

Mailing Address
PO BOX 1915
SAINT PETERSBURG, FL 33731

Changed: 02/24/2003

Registered Agent Name & Address
Loyd, Allen
151 20th Ave. S
ST PETERSBURG, FL 33705

Name Changed: 04/08/2013

Address Changed: 04/08/2013

Officer/Director Detail
Name & Address
Title D

Curran, Leslie
1445 Central Ave
ST. PETERSBURG, FL 33705
<table>
<thead>
<tr>
<th>Title D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jourdan, Judy</td>
</tr>
<tr>
<td>808 Monterey Blvd NE</td>
</tr>
<tr>
<td>SAINT PETERSBURG, FL 33704</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen, Lee</td>
</tr>
<tr>
<td>200 2nd Ave S #202</td>
</tr>
<tr>
<td>SAINT PETERSBURG, FL 33701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title D</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAVES, JULIE</td>
</tr>
<tr>
<td>336 18th Ave NE</td>
</tr>
<tr>
<td>ST. PETERSBURG, FL 33704</td>
</tr>
</tbody>
</table>

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>02/17/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/01/2016</td>
</tr>
<tr>
<td>2017</td>
<td>02/19/2017</td>
</tr>
</tbody>
</table>

### Document Images

- [View image in PDF format](http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity... 1/17/2018)
Event Title: Skyway 5 & 10 K  
Entity Name: Matthew Erickson  
Event Date(s): Saturday 10/20/2018  
Location: Bike lane parallel to I-275 towards Maximo Park (as 2017)  
Application Prepared by: Matthew Erickson  
Title: President of Skyway 5K and Race Director  
Address: 3742 Foster Hill Drive N  
Email Address: info@skyway5k.net  
Additional Contact Person: LeNard Cox  
Day 1 of Event: 10/20/2018  
Time Gates Open: 6:00 am  
Ending Time: 11:00 am  
Day 2 of Event:  
Time Gates Open:  
Ending Time:  
Day 3 of Event:  
Time Gates Open:  
Ending Time:  
Phone: 727-537-6048  
Cell Phone: 727-537-6048  
City: St. Petersburg  
State: FL  
Zip: 33704  
Day Phone: 727-482-2929  
What month/year were you incorporated as nonprofit? April 2017  
List all 501(c)3 entities that will benefit from this event. Officers Memorial Fund as part of the Sun Coast Law Enforcement Charities & PBA  
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 Skyway 5k allows all participants to enjoy the beauty of the Skyway trail with organized support in the running & walking community to benefit the officers' memorial fund of the Sun Coast Florida Police Benevolent Association (PBA). The proceeds of the entrance fees will directly benefit the families of the fallen police officers in Pinellas.  
Describe what economic benefit and impact this event will bring to St. Petersburg. All runners and walkers will patronizing all the retails restaurants and bars as well as hotels in the St. Petersburg Marina district  
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? NO  
Will there be an admission / registration fee? YES  
Advanced Fee: $30 / $40  
Day of: $50  
Please provide the website address for your event. www.skyway5k.net  
Please provide a phone number that can be advertised to the public. 727-537-6048  
What is the estimated attendance for this event? Spectators 75  
Participants 500  
Last Year's Total Attendance 150
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ]

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

Tables (6 ft) # needed [ ]

Chairs # needed [ ]

Public Address System [ ]

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

Special Events Facilities

[ ] Mahaffey Theater

[ ] Coliseum

[ ] Sunken Gardens

[ ] Boyd Hill

Non-City Locations

Which Location?

Maximo Park

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: [ ]

Title: [ ]

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

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></td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td></td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td></td>
</tr>
<tr>
<td>Fence Installation</td>
<td></td>
</tr>
<tr>
<td>Other Structures</td>
<td></td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td></td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-a-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></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>[X] Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

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

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

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

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.

Broadcast

List Vending Products. Name & Provider.

N/A

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

N/A

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

N/A

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

5-7 am on 10/20
Other Comments: Please describe your fee structure.

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

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

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

Name: [Signature] Title: Matt Erickson, President Date: 01/11/2018
Dear Applicant:

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

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

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

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

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

Letter 947
Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements
The race proceeds North starting from the island North of Cypress Breeze Beach Horse riding at pole 15CID7 in the bike lane. The bike lane spills east to Sunshine Skyway Lane. Runners stay on the west side until turning west on Pinellas Point Dr S. ending at the entrance to Maximo Park (south side). SPR was used the entire route.

MEASURED BY MATTHEW ERICKSON ON 01/30/2017 matt@eteamsp.com 239-269-7443
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>Skyway 5K Corp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Matthew Erickson</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Race Director &amp; President of Skyway 5K Corp</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>8742 Foster Hill Drive N</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>239-269-7443</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:info@skyway5k.net">info@skyway5k.net</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>82-0944042</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [X] BY EMAIL

Contact Name
Address
City, State, Zip
Email Address: info@skyway5k.net
I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Please see attachment</td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
</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></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>Please see attachment</td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES
TOTAL NET INCOME

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

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></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME

5000.00

Prepared by: Donation to Memorial Fund of PBA
Date: 12/16/2017
# SKyWAY 5K Overview

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/2017</td>
<td>$40.00</td>
<td>Seed Morning Breakfast</td>
</tr>
<tr>
<td>04/06/2017</td>
<td>$40.00</td>
<td>Dirt yoga on the trail</td>
</tr>
<tr>
<td>04/09/2017</td>
<td>$40.00</td>
<td>1st Birthday Breakfast</td>
</tr>
<tr>
<td>04/10/2017</td>
<td>$45.00</td>
<td>Sip &amp; Paint painted by the 5K organizers</td>
</tr>
<tr>
<td>04/11/2017</td>
<td>$19.50</td>
<td>1st Birthday Breakfast and all-you-can-eat after-</td>
</tr>
<tr>
<td>04/12/2017</td>
<td>$67.00</td>
<td>Dout of Town. Party. Poker of Compassion, application for the entry fee waiver. Cash 100.00</td>
</tr>
</tbody>
</table>

**Donations/Expenses**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11,297.55</td>
<td>Proceeds</td>
</tr>
<tr>
<td>$7,750.03</td>
<td>Expenses</td>
</tr>
<tr>
<td>$4,037.47</td>
<td>TOTAL</td>
</tr>
</tbody>
</table>
Event Name: SKYWAY 5 & 10K

Date(s): 

Event Location: MAXIMO PARK & SUNSHINE SKYWAY LANE

Event Representative: MATTHEW ERICKSON

Address: 2742 FOSTER HILL DRIVE N, ST. PETERSBURG, FL 33704

Phone: 727-537-6048 Fax: 727-896-1812 E-Mail: INFO@SKYWAY5K.NET

Event Website: WWW.SKYWAY5K.NET

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: \(\textit{NA}\)
   b. Total Number of Accessible Portable Units: \(\textit{NA}\)
   c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?
   \(\checkmark\) Yes  \(\square\) No  \(\square\) 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?
      \(\checkmark\) Open:  \(\square\) 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.
      \(\checkmark\) Yes  \(\square\) 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?
      \(\checkmark\) Yes  \(\square\) No  \(\square\) N/A
   
   d. Is the route of travel through the event stable, firm, free from obstructions, slip resistant and at least 36 inches wide?
      \(\checkmark\) Yes  \(\square\) 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?
      \(\checkmark\) Yes.  \(\square\) No
      *If no, please provide a necessary reason why they are not all located on an accessible pathway or do not have displays that conform to guidelines.
b. Will your food and other counters/vendors have accessible displays?
   - Yes ___ No ___ N/A __________

c. Is there any seating available for dining?
   - Yes ___ No __________

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

e. Do you plan to have any seating available for viewing concerts or other performances?
   - Yes ___ No ___ N/A __________

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

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

*If yes, please provide details about those below:

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

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

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

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

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

Yes [ ] No [ ] N/A [ ]

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

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

Contact Name: [ ]
Phone: [ ]
Email Address: [ ]

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

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

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

[ ]

Signature, Event Representative

[ ]

Date: [ ]

[ ]

Print Name, Event Representative

This event has been approved by the Community Affairs Division:

[ ]

ADA Coordinator

[ ]

Date

PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:

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

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

Page 4 of 4
Contract/Permit

Contract #: 22578
Date: 17 Jan 2018

SKYWAY 5K
MATTHEW ERICKSON
3742 FOSTER HILL DR
ST PETERSBURG FL 33704 USA

Purpose of Use: SKYWAY 5K/10K
Expected: 0
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 19 Oct 18 06:00 am
Ending: Sat 20 Oct 18 06:00 pm

Facility/Equipment
Day          Date          Time          Fee   Extra Fee   Tax   Total
Maximo Park
Fri          19 Oct 2018 06:00 AM
Park
20 Oct 2018 06:00 PM

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

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


Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$60.00</td>
<td>$0.00</td>
<td>$60.00</td>
<td>$0.00</td>
<td>$60.00</td>
<td>$0.00</td>
<td>($110.00)</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

Date                  Amount   Payment Type | Reference | Receipt Number
16 May 2017            $60.00   Check       Rental    2796654

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) MATTHEW ERICKSON
SKYWAY 5K
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name)
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

Printed: 17 Jan 2018, 04:14 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Detail by Entity Name

Florida Not For Profit Corporation
SKYWAY 5K CORP.

Filing Information
Document Number N17000005098
FEI/EIN Number NONE
Date Filed 05/12/2017
State FL
Status ACTIVE

Principal Address
3742 FOSTER HILL DRIVE N
ST. PETERSBURG, FL 33704

Mailing Address
3742 FOSTER HILL DRIVE N
ST. PETERSBURG, FL 33704

Registered Agent Name & Address
ERICKSON, MATTHEW
3742 FOSTER HILL DRIVE N
ST. PETERSBURG, FL 33704

Officer/Director Detail
Name & Address
Title PCEO
ERICKSON, MATTHEW
3742 FOSTER HILL DRIVE N
ST. PETERSBURG, FL 33704

Title VP
COX, LENARD
14141 46TH STREET N, #1205
CLEARWATER, FL 33762

Title T
ERICKSON, LEISA
3742 FOSTER HILL DR
ST. PETERSBURG, FL 33704

Annual Reports
No Annual Reports Filed

Document Images
05/12/2017 -- Domestic Non-Profit
View image in PDF format
City of St. Petersburg

SKYWAY 5K
MATTHEW ERICKSON
3742 FOSTER HILL DR
ST PETERSBURG, FL 33704 USA

Receipt #: 2863749
User: JSBENNIN
Issued: Thu 18 Jan 18 08:32 am

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>($110.00)</td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($140.00)</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>($140.00)</td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($200.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($340.00)</td>
</tr>
</tbody>
</table>
Event Title: The Florida Orchestra Pops in the Park
Entity Name: The Florida Orchestra
Event Date(s): 10.20.18
Location: Vinoy Park

Application Prepared by: Cori Lint
Title: Operations Manager
Address: 244 2nd Ave. North, Suite 420
City: St. Petersburg
State: FL
Zip: 33701
Email Address: clint@floridaorchestra.org

What month/year were you incorporated as nonprofit? 1967
List all 501(c)3 entities that will benefit from this event.
Tampa Bay Harvest, Keep St. Pete Lit, The Book Bus, Saturday Morning Market

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.
TFO’s Pops in the Park is a one-of-a-kind annual event that brings live symphonic music to the public for free in an outdoor concert.

Describe what economic benefit and impact this event will bring to St. Petersburg.
This cultural event unites the people and businesses of St. Petersburg, and helps St. Pete be a vibrant and attractive place to visit and live.

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

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

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

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

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

Please provide a phone number that can be advertised to the public. 7273625466

What is the estimated attendance for this event? Spectators 17500 Participants 150 Last Year's Total Attendance 17500
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)

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

Tables (6 ft) # needed

Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Cori Lint  Title: Operations Manager  Date: 1.15.18

Co-Sign:  Title:  Date: 1/16/2018

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

**Condition**

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

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
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></td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Security</td>
<td>Other</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Performers</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td></td>
<td>Overnight - Private</td>
</tr>
<tr>
<td></td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td></td>
<td>Regular Units</td>
</tr>
<tr>
<td></td>
<td>Disabled Units</td>
</tr>
<tr>
<td></td>
<td>Hand Washing</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
- Radio
- Television
- Remote Broadcast
Other Comments: Please describe your fee structure.

Free concert, no tickets, open seating.

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: Cori Lint  Title: Operations Manager  Date: 1.15.18
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>The Florida Orchestra, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Michael Pastreich</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President and CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>244 2nd Ave North, Suite 420, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>7273625454</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:mpastreich@floridaorchestra.org">mpastreich@floridaorchestra.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1223691</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer:

- [ ] BY Mail

Contact Name: Cori Lint
Address: 244 2nd Ave N, #420
City, State, Zip: St Pete, FL 33701

[ ] BY EMAIL

Email Address: clint@floridaorchestra.org
Name of Event: The Florida Orchestra Pops in the Park
Date(s) of Event: 10.20.18

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

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

**TOTAL GROSS REVENUE**

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

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

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Cori Lint
Date: 1.15.18
Consumer's Certificate of Exemption
Issued Pursuant to Chapter 212, Florida Statutes

<table>
<thead>
<tr>
<th>Certificate Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Exemption Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>85-8012557655C-5</td>
<td>01/31/2016</td>
<td>01/31/2021</td>
<td>501(C)(3) ORGANIZATION</td>
</tr>
</tbody>
</table>

This certifies that

THE FLORIDA ORCHESTRA INC
244 2ND AVE N STE 420
ST PETERSBURG FL 33701-3306

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.
The Florida Orchestra Pops in the Park

Event Name: ___________________________________________ Event Date(s): ____________

Event Location: ____________________________________________

Event Representative: _________________________________________________________________________

Address: ___________________________________________________________________________________

Phone: __________________ Fax: ______________________ E-Mail: ________________________________

Event Website: www.floridaorchestra.org

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 _X___

2. Portable Toilet Units:
**For single user portable toilet or bathing units clustered at a single location, at least five percent (5%) but no less than one accessible toilet unit shall be installed in each grouping and they should be placed on an accessible route. If only one is provided in a location, it should be accessible.**

a. Total Number of Portable Units: 26

b. Total Number of Accessible Portable Units: 4

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 X 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.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

3. If you have a passenger loading/unloading zone, is it accessible?
   Yes X No  N/A

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 counters/vendors have accessible displays?
c. Is there any seating available for dining?
   Yes ______ No ______ N/A _______

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

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

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

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?
   Yes ______ No ______ N/A _______
   *If yes, please provide details about those below:

   ____________________________

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

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

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

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

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

Yes  X       No       N/A

c. CL (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: Cori Lint
Phone: 330.780.7668

Email Address: clint@floridaorchestra.org
Fax: ____________________

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

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

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

Cori Lint  1/17/18
Signature, Event Representative  Date:

Cori Lint
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
FLORIDA ORCHESTRA
CORI LINT
244 2ND AVE N STE 420
ST PETERSBURG FL 33701 USA

Purpose of Use: THE FLORIDA ORCHESTRA POPS IN THE PARK  Expected: 18,000

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
- Starting: Thu 18 Oct 18 06:00 am
- Ending: Sun 21 Oct 18 11:00 pm

Facility/Equipment: Vinoy Park
- Thu 18 Oct 2018 06:00 AM
- 21 Oct 2018 11:00 PM

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

- Extra Fee - Bookings: Co-Sponsored Park Permit Fee (Vinoy)
  - Hours: 11:00 PM
  - Quantity: 1
  - Charge: $300.00
  - Tax: $0.00
  - Total: $300.00

Charges:
- Fees: $0.00
- Extra Fees: $330.00
- Tax: $0.00
- Total: $330.00
- Deposit: $0.00
- Total Applied: $0.00
- Contract Balance: $330.00
- Account Balance: $330.00

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

By:(Sign Name): CORI LINT
(Print Name): FLORIDA ORCHESTRA
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: 18 Jan 2018, 08:53 AM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
## Detail by Entity Name

Florida Not For Profit Corporation
THE FLORIDA ORCHESTRA, INC.

### Filing Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>713571</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>59-1223691</td>
</tr>
<tr>
<td>Date Filed</td>
<td>11/02/1967</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>AMENDMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>06/12/2017</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

### Principal Address

244 2ND AVENUE N
SUITE 420
ST PETERSBURG, FL 33701

Changed: 04/13/2009

### Mailing Address

244 2ND AVENUE N
SUITE 420
ST PETERSBURG, FL 33701

Changed: 04/13/2009

### Registered Agent Name & Address

GARCIA, MIGUEL ANGEL, CFO
244 2ND AVE N
SUITE 420
ST PETERSBURG, FL 33701

Name Changed: 01/12/2017

Address Changed: 04/13/2009

### Officer/Director Detail

Name & Address

Title: C

FARQUHAR, THOMAS

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity... 1/18/2018
1901 KANSAS AVENUE N.E.
SAINT PETERSBURG, FL 33703-3429

Title PCEO

PASTREICH, MICHAEL
244 2ND AVE N
SAINT PETERSBURG, FL 33701

Title Secretary

GILLESPIE, JAMES R
4804 WINDMILL PALM TERRACE
ST PETERSBURG, FL 33703

Title CFO

GARCIA, MIGUEL ANGEL, CFO
6219 GREENWICH DRIVE
TAMPA, FL 33647

Title Treasurer

PAROO, JANET
6126 KIPPS COLONY DRIVE W
GULFPORT, FL 33707

Title VC

GREG, YADLEY
2907 RUBIDEAUX STREET
TAMPA, FL 33629

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>03/10/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/12/2017</td>
</tr>
<tr>
<td>2017</td>
<td>10/31/2017</td>
</tr>
</tbody>
</table>

Document Images:

- 10/31/2017 -- AMENDED ANNUAL REPORT
- 06/02/2017 -- Amendment
- 01/12/2017 -- ANNUAL REPORT
- 09/07/2016 -- AMENDED ANNUAL REPORT
- 03/02/2016 -- ANNUAL REPORT
- 06/04/2015 -- AMENDED ANNUAL REPORT
- 01/30/2015 -- ANNUAL REPORT
- 02/08/2014 -- ANNUAL REPORT
- 10/04/2013 -- Amendment
- 02/04/2013 -- ANNUAL REPORT
- 01/30/2012 -- ANNUAL REPORT

View image in PDF format
**Event Title:** 95.7 The Beat's Beats By The Bay  
**Phone No.:** 813-832-1071  
**Fax No.:** 813-832-1090  
**Entity Name:** iHeartMedia Tampa Bay  
**Federal I.D. Number:** 74-2722883  
**Event Date(s):** Load-In 10/31/2018 | Event 11/3/2018  
**Location:** Vinoy Park  
**Day 1 of Event:** Concert  
**Time Gates Open:** 2:00pm  
**Ending Time:** 10:00pm  
**Day 2 of Event:**  
**Time Gates Open:**  
**Ending Time:**  
**Day 3 of Event:**  
**Time Gates Open:**  
**Ending Time:**  

**Application Prepared by:** Kim Cusmano  
**Phone:** 813-832-1071  
**Title:** Director of Marketing & Promotions  
**Cell Phone:** 813-695-4507  
**Address:** 4002 W Gandy Blvd  
**City:** Tampa  
**State:** FL  
**Zip:** 33611  
**Email Address:** kimcusmano@iheartmedia.com  
**Additional Contact Person:** Tommy Chuck  
**Day Phone:** 813-832-1444  

**What month/year were you incorporated as nonprofit?** N/A  
**List all 501(c)3 entities that will benefit from this event.** TBD  
**Name of the for-profit entity?** iHeartMedia Tampa Bay  

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.  
Entertainment event for local residents and will bring concert goers from outside St Pete & Tampa Bay area  

Describe what economic benefit and impact this event will bring to St. Petersburg.  
Financial & tourist benefit to local businesses and city services  

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

**Does your group presently have liability insurance?** YES  
**How much?** $1,000,000 per/2,000,000 aggregate  
**Are there plans to sell or distribute beer/wine at your event?** YES  
**Will there be an admission/registration fee?** YES  
**Advanced Fee:** TBD  
**Day of:** TBD  

Please provide the website address for your event.  
www.957TheBeat.com  

Please provide a phone number that can be advertised to the public.  
1-800-930-2328  

What is the estimated attendance for this event?  
**Spectators:** 8,000  
**Participants:** 6-8  
**Last Year's Total Attendance:** 6,500
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)  

| No | Yes |

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

| Tables (6 ft) # needed | Chairs # needed | | # of portable risers needed (4 in. x 8 in. x 16 in. sections) |

| TBD | TBD | TBD |

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: Kim Cusmano  

Title: Director of Marketing & Promotions  

Date: 1/17/2018

Co-Sign:  

Title:  

Date:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Production company will advance this later. We agree to stay within the legal restraints of the park.

Will you supply your own generators? 

☐ YES  ☐ NO

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

☐ YES  ☐ NO  If YES, who? 

TBD hired by production company.

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

Need to review policies.

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

Name: HeartMedia Tampa Bay

Address (Including zip): 4002 W Gandy Blvd - Tampa, FL 33611

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

Old school Hip Hop & R&B music with a few current big name artists

Artists from previous events: Ashanti & Ja Rule, Brandy, T-Pain, Mase, Mario, Frankie Beverly, Tyrese

List Vending Products. Name & Provider.

TBD

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

TBD - we will bid this out to a local vendor/catering company

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

N/A

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

Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name: Kim Cusmano
Title: Director of Marketing & Promotions
Date: 1/17/2018
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Contact Name
Address
City, State, Zip
Email Address: kimcusmano@heartmedia.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)

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

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

<table>
<thead>
<tr>
<th>Expense Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**  
**TOTAL NET INCOME**

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

<table>
<thead>
<tr>
<th>Allocation Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: __________________________ Date: ________________
January 17, 2018

Amy Foster, Chair
P.O. Box 2842
St Petersburg, FL 33731

Re: Request to sell “Hard Liquor” at 95.7 The Beat’s Beats by the Bay 2018

Dear Ms. Foster;

On November 3rd of this year, iHeartMedia Tampa Bay will be putting on its 4th annual 95.7 The Beat’s Beats by The Bay. iHeartMedia Tampa Bay is in the process of obtaining the necessary permits to put on this event in Vinoy Park.

iHeartMedia Tampa Bay is hoping to sell “Hard Liquor” if we can obtain approval from City Council to do so and sponsors to provide product. iHeartMedia Tampa Bay sold beer, wine and hard liquor at our 2017 95.7 The Beat’s Beats by the Bay without issue and hope to be able to do so again at our 2018 event.

If there is anything else we need to provide or do to obtain approval from the city to sell “Hard Liquor” at 95.7 The Beat’s Beats by the Bay 2018, please do not hesitate to contact me. Thank you in advance for your help.

Sincerely,

Kim Cusmano
Director of Marketing & Promotions
iHeartMedia Tampa Bay
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): KIM CUSMANO
(Print Name) IHEARTMEDIA ENTERTAINMENT 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: 18 Jan 2018, 10:21 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 Profit Corporation
IHEARTMEDIA + ENTERTAINMENT, INC.

Filing Information
Document Number: F94000006085
FEI/EIN Number: 74-2722883
Date Filed: 09/29/1994
State: NV
Status: ACTIVE
Last Event: NAME CHANGE AMENDMENT
Event Date Filed: 09/17/2014
Event Effective Date: NONE

Principal Address
200 East Basse Rd.
Ste. 100
San Antonio, TX 78209

Changed: 04/13/2017

Mailing Address
200 East Basse Rd.
Ste. 100
San Antonio, TX 78209

Changed: 04/13/2017

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 09/16/2011
Address Changed: 09/16/2011

Officer/Director Detail

Name & Address
Title Senior Vice President-Tax
Bick, Scott T.
200 East Basse Rd.
Ste. 100
San Antonio, TX 78209

Title EVP/Chief Financial Officer - IHM

Macri, Steven J.
200 East Basse Rd.
Ste. 100
San Antonio, TX 78209

Title EVP/General Counsel/Secretary/Director

Walls, Robert H., Jr.
200 East Basse Rd.
Ste. 100
San Antonio, TX 78209

Title EVP - Engineering/Systems Integration

Littlejohn, Jeff
200 East Basse Rd.
Ste. 100
San Antonio, TX 78209

Title VP/Associate General Counsel/Assistant Secretary

Dean, Lauren E.
200 East Basse Rd.
Ste. 100
San Antonio, TX 78209

Title SVP/Real Estate/Facilities/Capital Management

Davis, Stephen G.
200 East Basse Rd.
Ste. 100
San Antonio, TX 78209

Title SVP/Treasurer/Assistant Secretary

Coleman, Brian D.
200 East Basse Rd.
Ste. 100
San Antonio, TX 78209

Title President/CFO/Director

Bressler, Richard J.
200 East Basse Rd.
Ste. 100
San Antonio, TX 78209
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>04/16/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/31/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/13/2017</td>
</tr>
</tbody>
</table>

**Document Images**

- 04/13/2017 -- ANNUAL REPORT
- 03/31/2016 -- ANNUAL REPORT
- 04/16/2015 -- ANNUAL REPORT
- 04/17/2014 -- Name Change
- 04/14/2014 -- ANNUAL REPORT
- 04/12/2013 -- ANNUAL REPORT
- 04/12/2012 -- ANNUAL REPORT
- 04/18/2011 -- Reg. Agent Change
- 04/19/2011 -- ANNUAL REPORT
- 04/23/2010 -- ANNUAL REPORT
- 04/30/2009 -- ANNUAL REPORT
- 12/22/2008 -- Merger
- 04/29/2008 -- ANNUAL REPORT
- 04/17/2007 -- ANNUAL REPORT
- 11/17/2006 -- ANNUAL REPORT
- 03/02/2006 -- ANNUAL REPORT
- 04/03/2005 -- ANNUAL REPORT
- 03/22/2004 -- ANNUAL REPORT
- 03/17/2004 -- Reg. Agent Change
- 04/07/2003 -- ANNUAL REPORT
- 05/12/2002 -- ANNUAL REPORT
- 05/15/2001 -- ANNUAL REPORT
- 04/15/2000 -- ANNUAL REPORT
- 04/12/1999 -- ANNUAL REPORT
- 03/08/1999 -- Name Change
- 09/17/1998 -- ANNUAL REPORT
- 04/15/1997 -- ANNUAL REPORT
- 05/01/1996 -- ANNUAL REPORT
**Event Title:** BungalowFest 2018/
**Phone No.:** 727.877.8969
**Fax No.:**

**Entity Name:** Historic Kenwood Neighborhood Association
**Federal I.D. Number:** 57-0953652

**Event Date(s):** Saturday, 3 November 2018
**Location:** Seminole Park

**Day 1 of Event:** 11/03/18
**Time Gates Open:** 10:00 AM
**Ending Time:** 4:00 PM

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

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

**Application Prepared by:** Michelene Everett
**Phone:** 727.877.8969

**Title:** President - HKNA
**Cell Phone:** 727.877.8969

**Address:** PO Box 15134
**City:** St Petersburg
**State:** FL
**Zip:** 33733

**Email Address:** president@historickenwood.org

**Additional Contact Person:** Brenda Gordon
**Day Phone:** 813.712.0796

**What month/year were you incorporated as nonprofit?** March 1991, (501(c)(3) - October 2010

**List all 501(c)3 entities that will benefit from this event.** HKNA to support community projects in Historic Kenwood

**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 focuses on the ongoing home and neighborhood improvements in Historic Kenwood. BungalowFest attracts major media attention and attendance by people from throughout the Tampa Bay area and beyond, enhancing the neighborhood’s stature and the image of the City while enabling the neighborhood to continue funding local projects.

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

Last year’s BungalowFest netted HKNA approximately $15,141

---

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

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

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

**What is the estimated attendance for this event?**
- Spectators 600
- Participants 100
- Last Year’s Total Attendance 850

---

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  
No

Tables (6 ft) # needed  
No

Chairs # needed  
No

Public Address System  
No

# of portable risers needed (4 in. x 8 in. x 16 in. sections)  
No

Special Events Facilities

□ Non-City Locations

☐ Mahaffey Theater

☐ Coliseum

☐ Sunken Gardens

☐ Boyd Hill

Which Location?

Special Events Facilities

□ Mahaffey Theater

☐ Coliseum

☐ Sunken Gardens

☐ Boyd Hill

Non-City Locations

Special Events Facilities

□ Mahaffey Theater

☐ Coliseum

☐ Sunken Gardens

☐ Boyd Hill

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: meneverett@bstglobal.com  
Co-Sign: 
Title: President HKNA  
Date: 1/17/2018

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Marketing: Please check all that apply.

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

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

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

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

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

Will you supply your own generators? □ YES □ NO

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

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

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

Name: HKNA Phone: 727.877.8969

Address (Including zip): P.O. Box 15134 St. Petersburg, FL 33733

Type of music, # of stages, and # of bands. N/A

List Vending Products. Name & Provider. N/A

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

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

Discuss your load in/load out parking needs, include times and dates. N/A
Other Comments: Please describe your fee structure.

$15.00 early ticket sales
$20.00 day of event
Ad sales for Brochure

Other comments:

This event is an organized home tour through select Historic Kenwood homes. The selected homes demonstrate architecture unique to our neighborhood which is on the National Register of Historic Places. Renovations are highlighted as is comfortable living in these small, mostly 1920's homes. The event attracts media attention and good attendance from throughout Tampa Bay and beyond. Proceeds fund neighborhood projects including home repair and painting for infirm residents, Kenwood Kidz program, Crime watch signs, corner street sign maintenance, corner landscaping, Artist Enclave, and maintaining the Seminole Park Pavilion for which HKNA is responsible.

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: meverett@bstglobal.com  Title: President, HKNA  Date: January 17, 2018
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: Historic Kenwood Neighborhood Association
Name of Responsible Party (President or CEO ONLY): Brenda Gordon
Title of Responsible Party: President
Physical Address of Responsible Party: 2934 Burlington Ave N St. Petersburg FL 33713
Phone Number of Responsible Party: 727.877.8969
Email Address of Responsible Party: president@historickenwood.org
Nonprofit (Employee Identification Number): n/a

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

What method of invoicing would your organization prefer?

☐ BY Mail
Contact Name
Address
City, State, Zip

☐ BY EMAIL
Email Address:

Page 7 of 8
### Appendix C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

#### I. Revenue Sources (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ticket Sales</td>
<td>$15,641.00</td>
</tr>
<tr>
<td>2. Brochure Ad Sales</td>
<td>$6,717.00</td>
</tr>
<tr>
<td>3. Donations</td>
<td>$0.00</td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE** $22,358.00

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Volunteer T Shirts</td>
<td>$880.00</td>
</tr>
<tr>
<td>2. Printing (brochures, posters, postcards)</td>
<td>$2,717.00</td>
</tr>
<tr>
<td>3. Trolleys</td>
<td>$1,365.00</td>
</tr>
<tr>
<td>4. PortaPotties</td>
<td>$275.00</td>
</tr>
<tr>
<td>5. Social Media</td>
<td>$400.00</td>
</tr>
<tr>
<td>6. Homeowner Plaques</td>
<td>$420.00</td>
</tr>
<tr>
<td>7. Administrative (Permits, IT, armbands, copies)</td>
<td>$460.00</td>
</tr>
<tr>
<td>8. Volunteer Lunches</td>
<td>$250.00</td>
</tr>
<tr>
<td>9. Homeowner reception tour</td>
<td>$450.00</td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $7,217.00

**TOTAL NET INCOME** $15,141.00

#### III. Allocation of Net Income (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Historic Kenwood Project</td>
<td>$15,141.00</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>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME** $15,141.00

Prepared by: Michelene Everett

Date: January 17, 2018
Contract/Permit

HISTORIC KENWOOD NEIGHBORHOOD ASSOC
MICHELENE EVERETT
PO BOX 15134
ST PETERSBURG FL 33733 USA

Purpose of Use: BUNGALOWFEST

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
- Starting: Sat 03 Nov 2018 06:00 am
- Ending: Sat 03 Nov 2018 09:00 pm

Facility/Equipment
- Seminole Park

Fee: $0.00
Extra Fee: $0.00
Tax: $0.00
Total: $0.00

Additional Fees:
- Application Processing Fee - Parks: 1 x $30.00 = $30.00
- Co-Sponsored Application Fee: 1 x $30.00 = $30.00

Total: $60.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Sign Name): MICHELENE EVERETT
(Pin Name) HISTORIC KENWOOD NEIGHBORHOOD ASSOC
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Pin Name): Parks and Recreation Department

Approved or Rejected Date:

Supervisor II / Foreman

Manager

Printed: 18 Jan 2018, 10:33 AM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
### Detail by Entity Name

**Florida Not For Profit Corporation**

**HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.**

#### Filing Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>N38463</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>57-0953652</td>
</tr>
<tr>
<td>Date Filed</td>
<td>08/01/1990</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>AMENDMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>01/16/2011</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

**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**

Gordon, Brenda  
POST OFFICE BOX 15134  
ST. PETERSBURG, FL 33733-5134
Title VP
Harrill-Smith, Carrie
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title SEC
Baker, MJ
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title TRES
Kellett, Linda D.
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<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>

Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/09/2017</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/09/2016</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/10/2016</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/10/2014</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/19/2015</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/11/2015</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/18/2015</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/17/2014</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/04/2016</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/05/2016</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/18/2016</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/18/2015</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/15/2017</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/28/2016</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/08/2015</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>08/13/2004</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/21/2003</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/24/2002</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/03/2001</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/27/2001</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/22/2000</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/26/1999</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/10/1998</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
Event Title: Tampa Bay AIDS Walk & 5k Run

Entity Name: EPIC (Empath Partners in Care)

Date Received: 1-12-18
Check or Cash: 0003520
Application #: 12
Packet #: A
Permit #: 22591

Event Date(s): 12/15/2018
Location: Vinoy Park

Day 1 of Event: 12/15/2018
Time Gates Open: 8:00am
Ending Time: 2:00pm

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

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

Application Prepared by: Rachel Lewis
Phone: 727-523-3419

Title: Special Events Coordinator
Cell Phone: 727-433-2829

Address: 5771 Roosevelt Blvd.
City: Clearwater
State: Florida
Zip: 33760

Email Address: rachellewis@empathhealth.org

Additional Contact Person: Nicole Puccinelli
Day Phone: 727-523-3420

What month/year were you incorporated as nonprofit? 1987

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

Name of the for-profit entity?

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
This event will raise much needed funds for EPIC (Empath Partners in Care) - which in return assists the people of Pinellas County, including St. Petersburg. EPIC provides a myriad of support services and referrals for the HIV/AIDS community. Services include: case management, food and personal needs pantry, children's program, prevention, testing, counseling, monthly client dinners and much more.

Describe what economic benefit and impact this event will bring to St. Petersburg.
In past years, over 750 people have come out to our event. These participants get to enjoy the beautiful parks and waterfront of St. Petersburg and often linger afterwards to visit local stores and restaurants.

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

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

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

Will there be an admission / registration fee? ☒ YES ☐ NO
Advanced Fee: $25.00 Day of: $35.00

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

Please provide a phone number that can be advertised to the public. 727-523-3419

What is the estimated attendance for this event?
Spectators: 50
Participants: 800
Last Year's Total Attendance: 700
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Non-City Locations</td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>Mahaffey Theater</td>
</tr>
<tr>
<td>(# each approx. 180 people)</td>
<td>Coliseum</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Sunken Gardens</td>
</tr>
<tr>
<td>30</td>
<td>Boyd Hill</td>
</tr>
<tr>
<td>Chairs # needed</td>
<td></td>
</tr>
<tr>
<td>75</td>
<td></td>
</tr>
<tr>
<td># of portable risers</td>
<td></td>
</tr>
<tr>
<td>(4 in. x 8 in. x 16 in. sections)</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>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel Lewis</td>
<td>Special Events Coordinator</td>
<td>1/8/2018</td>
</tr>
<tr>
<td>Co-Sign:</td>
<td>Title:</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.

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

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

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

□ Other:

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

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: EPIC

Address (including zip): 5771 Roosevelt Blvd. Clearwater, FL 33760

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

Potential Radio Station on-site broadcast

List Vending Products. Name & Provider.

Will not be selling any product.

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

N/A

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

Any announcements that will be made will be to thank the public for their support and let them know how much was raised.

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

Load in - morning at 6am - will bring truck into park to unload and move truck into parking lot. Load out - will move truck back in to park to load all materials around 2pm.
Other Comments: Please describe your fee structure.

It is free to walk and the 5k has a $25 early bird admission and $35 regular admission rate.

Other comments:

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

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

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

Name: Rachel Lewis  Title: Special Events Coordinator  Date: 1/8/2018
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: EPIC

Name of Responsible Party (President or CEO ONLY): Rafael Sciullo

Title of Responsible Party: President and CEO of Empath Health

Physical Address of Responsible Party: 5771 Roosevelt Blvd., Clearwater FL 33760

Phone Number of Responsible Party: 727-586-4432

Email Address of Responsible Party: rafaelsciullo@empathhealth.org

Nonprofit (Employee Identification Number): 59-2862537

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number):

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name: Rachel Lewis

Address: 5771 Roosevelt Blvd.

City, State, Zip: Clearwater, FL 33760

☐ BY EMAIL

Email Address: [email]
# APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

<table>
<thead>
<tr>
<th>Event:</th>
<th>Tampa Bay AIDS Walk &amp; 5k</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>12/9/2016</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorships</td>
<td>$29,000.00</td>
</tr>
<tr>
<td>Donations</td>
<td>$41,095.57</td>
</tr>
<tr>
<td>5k Participation Fee</td>
<td>$3,345.00</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

$73,440.57

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printing</td>
<td>$583.13</td>
</tr>
<tr>
<td>Advertising</td>
<td>$8,055.25</td>
</tr>
<tr>
<td>Contract Services</td>
<td>$6,498.00</td>
</tr>
<tr>
<td>Other</td>
<td>$2,087.33</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

$17,223.71

**TOTAL NET INCOME**

$56,216.86

## 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>EPIC</td>
<td>$56,216.86</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

$56,216.86

Prepared by: Rachel Lewis

Date: 1/8/2018

Submit Application by Email
Tampa Bay AIDS Walk & 5k Run
Saturday, December 9, 2017
Friday

- Tent dropped by Rent-All City
- Portable Restrooms dropped
- Showmobile staged
- Power dropped

Saturday

- 6:00am - Set-up Begins
  - Route signs out
  - Parking spots saved
  - Vendor tents up
  - Registration area read
  - Shirts out
  - Quilt displayed
  - Sponsor signs out
- 7:00am - Vendors/Sponsors arrive
- 7:30am - Registration and Prizes ready to go
- 8:00am - Registration begins
  - All vendors must be ready at 8am
- 8:30am - Mobile Testing unit open
- 9:00am - Opening Ceremonies
- 9:15am - Run Begins
- 9:30am - Walk begins
- 11:00am - Walkers/Runners Return
- 1:30pm - Breakdown
APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G16000128924

Fictitious Name to be Registered: EPIC

Mailing Address of Business: 5771 ROOSEVELT BLVD.
                                      SUITE 610
                                      CLEARWATER, FL 33760

Florida County of Principal Place of Business: PINELLA

FEI Number:

Owner(s) of Fictitious Name:

AIDS SERVICE ASSOCIATION OF PINELLA, INC.
5771 ROOSEVELT BLVD., SUITE 610
CLEARWATER, FL 33760 US
Florida Document Number: N24229
FEI Number: 59-2862537

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

RAFAEL J. SCIUullo

Electronic Signature(s) 12/01/2016 Date

Certificate of Status Requested ( )       Certified Copy Requested ( )
Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in December 1988; granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.
Aids Service Association of Pinellas Inc
59-2862537

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization’s present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization’s annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization’s exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization’s exempt status and foundation status, you should keep it with the organization’s permanent records.

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

This letter affirms your organization’s exempt status.

Sincerely,

[Signature]
John E. Ricketts, Director, TE/GE
Customer Account Services
**Certification of Liability Insurance**

**Date (MM/DD/YYYY)**: 10/12/2016

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

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

**Producer:**

Stahl & Associates Insurance, Inc.
110 Carillon Parkway
St. Petersburg FL 33716

**Contact Name:** Sue Russell, CIC
**Phone:** (727) 391-9791
**Fax:** (727) 393-5623
**E-Mail:** sue.russell@stahlinsurance.com

**Insured:**

The Hospice of the Florida Suncoast, Inc.
dba Suncoast Hospice
5771 Roosevelt Blvd.
Clearwater FL 33760

**Certificate Number:** CL1693033841

**Cancelling Insurance:**

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

**Certificate Holder:**

City of St. Petersburg
PO Box 2842
St. Petersburg, FL 33731

**Authorized Representative:**

Kelly Petzold/RSUSS

© 1988-2014 ACORD CORPORATION. All rights reserved.

---

**Coverages**

<table>
<thead>
<tr>
<th>INSURER</th>
<th>INSURED</th>
<th>COVERAGE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>St.</td>
<td>Petersburg</td>
<td><strong>American Alternative Ins Corp</strong></td>
<td>1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>The Charter Oak Fire Ins Co</strong></td>
<td>2,561,500</td>
</tr>
</tbody>
</table>

**Description of Operations / Locations / Vehicles**

City of St. Petersburg is named as an additional insured for AIDS Walk St Pete to be held at Vinoy Park.

---

**Schedule**

**Policy Number:**

- A03050327
- V8HA105051003
- IX5350673
- U8R0894260
- H03050327

**Limits:**

- EACH OCCURRENCE: $1,000,000
- MED EXP (Any one person): $50,000
- PERSONAL & ADV INJURY: $1,000,000
- GENERAL AGGREGATE: $3,000,000
- PRODUCTS / COMMODITY: $3,000,000
- COMBINED SINGLE LIMIT (Per accident): $1,000,000
- MEDICAL INJURY (Per person): $1,000,000
- PROPERTY DAMAGE (Per accident): $1,000,000

**Coverages:**

- **Commercial General Liability:**
  - **EXCESS LIMITS:**
    - CLAIMS-MADE: X
    - OCCURRENCE: X
    - GENERAL AGGREGATE LIMIT APPLIES PER:
      - EACH OCCURRENCE: $1,000,000
      - MED EXP (Any one person): $50,000
      - PERSONAL & ADV INJURY: $1,000,000
      - GENERAL AGGREGATE: $3,000,000
      - PRODUCTS / COMMODITY: $3,000,000

- **Workers’ Compensation and Employers’ Liability:**
  - **INJURY:**
    - EACH OCCURRENCE: $100,000
    - E.L. EACH ACCIDENT: $100,000
    - E.L. DISEASE - EA EMPLOYER: $500,000
    - E.L. DISEASE - POLICY LIMIT: $500,000

- **Medical Professional Liability - Claims Made:**
  - **PER OCCURRENCE: $1,000,000**
  - **Aggregate: $3,000,000**
EMPATH HELTH, INC.
RACHEL LEWIS
5771 ROOSEVELT BLVD
CLEARWATER FL 33760 USA

Purpose of Use: TAMPA BAY AIDS WALK & 5K RUN
Expected: 800
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 14 Dec 18 06:00 am
Ending: Sat 15 Dec 18 09:00 pm

Facility/Equipment
Day Date Time Fee Extra Fee Tax Total
Vinoy Park Fri 14 Dec 18 06:00 AM $0.00 $300.00 $0.00 $300.00
Vinoy Park 15 Dec 18 09:00 PM

Additional Fees:
Extra Fee Quantity Charge Tax Total
Co-Sponsored Application Fee 1 $30.00 $0.00 $30.00
Extra Fee - Bookings
Co-Sponsored Park Permit Fee (Vinoy) Hours Quantity Charge Tax Total
39:00 1 $300.00 $0.00 $300.00
1 $300.00 $0.00 $300.00

Charges:
Fees Extra Fees Tax Total Deposit Total Applied Contract Balance Account Balance
$ 0.00 $330.00 $0.00 $330.00 $0.00 $330.00 $0.00 $300.00

Balance of rental due and payable immediately.

Payments:
Date Amount Payment Type Reference Receipt Number
18 Jan 2018 $330.00 Check Rental 2963841

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

EMPATH HELTH, INC.
RACHEL LEWIS
5771 ROOSEVELT BLVD
CLEARWATER, FL 33760 USA

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$330.00</td>
</tr>
</tbody>
</table>

Applied To: 22591 - TAMPA BAY AIDS WALK & 5K RUN  
Vinoy Park - Vinoy Park  
December 14, 2018 6:00 am to December 15, 2018 9:00 pm  

Payment: Check  
($330.00)

Balance  
$0.00

Receipt #: 2963841  
User: JSBENNIN  
Issued: Thu 18 Jan 18 10:45 am

APPROVED REFUNDS ARE BY CHECK ONLY
Detail by Entity Name

Florida Not For Profit Corporation
EMPATH HEALTH, INC.

Filing Information

- **Document Number**: N08000008790
- **FEI/EIN Number**: 26-3605761
- **Date Filed**: 09/19/2008
- **State**: FL
- **Status**: ACTIVE
- **Last Event**: NAME CHANGE AMENDMENT
- **Event Date Filed**: 02/11/2015
- **Event Effective Date**: NONE

**Principal Address**

5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

- **Changed**: 01/14/2014

**Mailing Address**

5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

- **Changed**: 01/14/2014

**Registered Agent Name & Address**

SCIULLO, RAFAEL J
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

- **Name Changed**: 02/27/2013
- **Address Changed**: 05/20/2013

**Officer/Director Detail**

**Name & Address**

Title Director
GAINES, MICHAEL (MIKE)
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Chairman

HANLEY-CRABB, KELLI
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Treasurer

WHETSTONE, CHARLES (CHAD)
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title President

SCIULLO, RAFAEL J
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Director

ETTEN, MARYJEAN
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Vice Chair, Director

HAYES, BENJAMIN (BEN)
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Director

BARMORE, PATRICK (PAT)
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Director, Secretary

Plaster, Linda J
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760
Title Director

NICKLAUS, DEBORAH
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

**Annual Reports**

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>01/29/2016</td>
</tr>
<tr>
<td>2017</td>
<td>03/21/2017</td>
</tr>
<tr>
<td>2018</td>
<td>01/15/2018</td>
</tr>
</tbody>
</table>

**Document Images**

<table>
<thead>
<tr>
<th>Filed Date</th>
<th>View image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/15/2016</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/21/2017</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/29/2016</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/16/2015</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/11/2015</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/14/2014</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>05/20/2013</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/27/2013</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/05/2012</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/05/2011</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/08/2010</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/13/2009</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>09/19/2008</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
**Event Title:** 2018 Tampa Bay Times Festival of Reading  
**Phone No.:** 727-421-4141  
**Entity Name:** Tampa Bay Times  
**Federal I.D. Number:** 59-0482470  
**Event Date(s):** November 17  
**Location:** USF St. Petersburg  
**Day 1 of Event:** Nov 17  
**Time Gates Open:** 7am  
**Ending Time:** 6pm  
**Day 2 of Event:**  
**Time Gates Open:**  
**Ending Time:**  
**Day 3 of Event:**  
**Time Gates Open:**  
**Ending Time:**  
**Application Prepared by:** Lara Shelton  
**Address:** PO Box 1211  
**City:** St. Petersburg  
**State:** FL  
**Zip:** 33731  
**Email Address:** lshelton@tampabay.com  
**Cell Phone:** 727-421-4141  
**Day Phone:** 727-892-2933  
**Name of the for-profit entity?** Tampa Bay Times  
**What month/year were you incorporated as nonprofit?** n/a  
**List all 501(c)3 entities that will benefit from this event.** n/a  

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

Beginning in 1993, The Times Festival of Reading has brought together hundreds of authors and thousands of readers in an annual celebration of books. It promotes literacy and strives to engage the community while making reading fun.

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

Each year the Times Festival of Reading bring 40 or more authors to St. Petersburg, approx 7,000 fans from all over Florida and the Southeast region travel to spend the day in downtown 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  
**How much?** 2,000,000  
**Are there plans to sell or distribute beer/wine at your event?** NO  
**Advanced Fee:** Day of:  
**Will there be an admission / registration fee?** YES  
**Please provide the website address for your event:** www.festivalofreading.com  
**Please provide a phone number that can be advertised to the public.** 727-892-8444  
**What is the estimated attendance for this event?** 
- Spectators 7000  
- Participants 100  
- Last Year's Total Attendance 8000
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>□ Mahaffey Theater</td>
</tr>
<tr>
<td></td>
<td>□ Coliseum</td>
</tr>
<tr>
<td>□ No</td>
<td>□ Sunken Gardens</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Boyd Hill</td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>Which Location?</td>
</tr>
<tr>
<td>Each bleacher approx. 180 people</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>Chairs # needed</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>□ No</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: Lara Shelton
Co-Sign: Title: Festival Director
Date: 1.9.18

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td></td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td></td>
</tr>
<tr>
<td>Fence Installation</td>
<td></td>
</tr>
<tr>
<td>Other Structures</td>
<td></td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td></td>
</tr>
<tr>
<td>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 | City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases. |
| Posters / Flyers | |
| Newspaper / Internet | |
| Radio | |
| Television | |
| Remote Broadcast | |
Electrical Requirements:

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

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

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

Will you supply your own generators?  
☐ YES  ☒ NO

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

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

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

Name:  Tampa Bay Times
Phone:  7278932933

Address (including zip):  PO BOX 1121 St. Petersburg, FL 33731

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

List Vending Products. Name & Provider.

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

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

Discuss your load in/load out parking needs, include times and dates.
Other Comments: Please describe your fee structure.

Other comments:

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: Lara Shelton  Title: Festival Director  Date: 1.9.2018
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

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

| Name of the **For-profit** Corporation: | Times Publishing Company |
| Name of Responsible Party (President or CEO ONLY): | Paul Tash |
| Title of Responsible Party: | President |
| Physical Address of Responsible Party: | 490 1st Ave South, St. Petersburg, FL 33701 |
| Phone Number of Responsible Party: | 727.893.8444 |
| Email Address of Responsible Party: | jkeeler@tampabay.com |
| For-profit (Employee Identification Number): | 59-0482470 |

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

Name of Event: [ ]
Date(s) of Event: [ ]

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: [ ]
Date: [ ]

Print Application
Page 8 of 8
Submit Application by Email
Event Name: ___________ Tampa Bay Times Festival of Reading
Event Date(s): ___________ November 17
Event Location: ___________ USF St. Petersburg
Event Representative: ___________ Lara Shelton
Address: ___________ PO Box 1211
Phone: ___________ 727-421-4141
Fax: ___________ E-Mail: timesfestivalofreading@gmail.com
Event Website: ___________ www.festivalofreading.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 ___________ x ___________

   b. If you are using private property for additional parking, you will need to follow the guidelines below:

      **The number of accessible parking spaces per lot or parking facility shall comply with the table 
      below:**

      | 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. ___________ x ___________ No. ___________ N/A ___________
2. **Portable Toilet Units:**
   **For single user portable toilet or bathing units clustered at a single location, at least five percent (5%) but no less than one accessible toilet unit shall be installed in each grouping and they should be placed on an accessible route. If only one is provided in a location, it should be accessible.**
   
   a. Total Number of Portable Units: 
   
   b. Total Number of Accessible Portable Units: 
   
   c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?
      Yes ______ No ______ N/A ____________

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

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

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

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

Yes ☑ No ☐ N/A ☐

c. Is there any seating available for dining?

Yes ☑ No ☐

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

Yes ☑ No ☐

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

Yes ☑ No ☐ N/A ☐

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

Yes ☑ No ☐

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

Yes ☑ No ☐ N/A ☐

*If yes, please provide details about those below:

reasonable accommodations will be provided with an early request.

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

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

5. ** Signage and Marketing:

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

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

Yes ☑ No ☐ N/A ☐

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

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

Yes ☒   No  ☐   N/A  ☐

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

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

Contact Name: Lara Shelton   Phone: 727-421-4141

Email Address: timesfestivalofreading@gmail.com   Fax: 

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

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

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

________________________________________  __________
Signature, Event Representative   Date:

________________________________________
Print Name, Event Representative

This event has been approved by the Community Affairs Division:

________________________________________  __________
ADA Coordinator   Date

PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:
City of St. Petersburg
Community Affairs Division
P.O. Box 2842, St. Petersburg, FL 33731-2842
Phone: 727-893-7345  Fax: 727-551-3247
E-Mail: Lendel.Bright@stpete.org

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

Page 4 of 4
December 11, 2017

Dear Event Promotor:

Thank you for your interest in holding a co-sponsored event in the city of St. Petersburg!

Please review the following guidelines and requirements prior to submitting your completed Application for Co-Sponsored Events.

• The City's co-sponsorship is in NAME ONLY; currently there is no financial assistance available for events.
• A completed Application for Co-Sponsored Events must be received by the Parks & Recreation Department no later than 5:00 p.m. on January 12, 2018. A $30 non-refundable application fee is due at the time of application submittal. The park permit Fee will be determined by staff, based on location of your event. The organizer will be contacted to discuss the fee determined. Applications received by the above deadline will be presented to the City Council Co-Sponsorship Committee for review and recommendation for approval by the full City Council in early August 2017.
• An application received less than six (6) months from the first day of the event must pay a non-refundable $1200 late fee at the time of application. AN APPLICATION WILL NOT BE CONSIDERED FOR APPROVAL IF THE LATE FEE IS NOT PAID.
• The applicant must be a non-profit or for-profit entity registered to do business in the state of Florida. If the applicant is a for-profit entity, the applicant must designate a non-profit beneficiary of the co-sponsored event at least 45 days prior to the event.
• Approved applicants will be required to sign a contract agreeing to pay the costs of City services and equipment. First-time events are required to pay an estimated amount for City services and equipment at least 15 days prior to the first day of the event.
• Approval of your event by City Council is not guaranteed. Any promotions, ticket sales, or entertainment bookings prior to approval are at the risk of the event promotor.
• Your preferred date, time, and location for your event is not guaranteed until your event has been approved. Returning events will have date and location priority over new events.
• Your Park Permit Fees will be do upon approval of our event by City Council.
• Incomplete applications will not be processed.
• All events are required to comply with applicable local ordinances and state laws.

Please remember that your original application, the $30 non-refundable application fee, and if applicable, the $1200 late fee must be received by January 12, 2018 in order to be considered for approval in January 2018. You may mail or hand deliver your application and fees to my attention at 1400 19th Street North, St. Petersburg, FL 33713.

If you have any questions, please contact Denis Burns at 727-892-5197 or Jade Benningfield at 893-7734.

Sincerely,

Lynn Gordon
Parks and Recreation Manager
Contract/Permit

**Contract #:** 22592  
**Date:** 18 Jan 2018  
**User:** JSBENNIN  
**Status:** Firm

**TIMES PUBLISHING COMPANY**  
LARA SHELTON  
PO BOX 1211  
ST PETERSBURG FL 33731 USA

**Purpose of Use:** TAMPA BAY TIMES FESTIVAL OF READING  
**Expected:** 7,000  
**Co-Sponsored Event:**

**Contract Balance:** $230.00

**Conditions of Use:** Insurance Required

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

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

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Starting</th>
<th>Ending</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>Poynter Park</td>
<td>Fri 16 Nov 2018 06:00 AM</td>
<td>Sun 18 Nov 2018 09:00 PM</td>
<td>Fri</td>
<td>16 Nov 2018</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>Fri 16 Nov 2018 06:00 AM</td>
<td>Sun 18 Nov 2018 09:00 PM</td>
<td>Fri</td>
<td>16 Nov 2018</td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**Additional Fees:**
- Extra Fee
  - Co-Sponsored Application Fee  
  - Quantity: 1  
  - Charge: $30.00  
  - Tax: $0.00  
  - Total: $30.00
- Extra Fee - Bookings
  - Co-Sponsored Park Permit Fee  
  - Hours: 63:00  
  - Quantity: 1  
  - Charge: $200.00  
  - Tax: $0.00  
  - Total: $200.00

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

Balance of rental due and payable immediately.

**Payments:**

**Additional Notes:**

---

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

By (Sign Name): LARA SHELTON  
(Print Name): TIMES PUBLISHING COMPANY  
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: 18 Jan 2018, 10:55 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.
Detail by FEI/EIN Number

Florida Profit Corporation
TIMES PUBLISHING COMPANY

Filing Information
Document Number: 111977
FEI/EIN Number: 59-0482470
Date Filed: 10/26/1904
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 02/13/1989
Event Effective Date: NONE

Principal Address
490 FIRST AVENUE S.
SAINT PETERSBURG, FL 33701

Changed: 03/18/2009

Mailing Address
490 FIRST AVENUE S.
SAINT PETERSBURG, FL 33701

Changed: 03/18/2009

Registered Agent Name & Address
JONES, JANA L
490 FIRST AVENUE SOUTH
ST. PETERSBURG, FL 33701

Name Changed: 11/04/2009

Address Changed: 03/04/2000

Name & Address
Title: CPD
TASH, PAUL C
490 FIRST AVENUE SOUTH
SAINT PETERSBURG, FL 33701
<table>
<thead>
<tr>
<th>Title VSD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CORTY, ANDREW P</td>
<td></td>
</tr>
<tr>
<td>490 FIRST AVENUE SOUTH</td>
<td>SAINT PETERSBURG, FL 33701</td>
</tr>
<tr>
<td>Title VD</td>
<td></td>
</tr>
<tr>
<td>BROWN, NEIL</td>
<td></td>
</tr>
<tr>
<td>490 FIRST AVENUE SOUTH</td>
<td>SAINT PETERSBURG, FL 33701</td>
</tr>
<tr>
<td>Title VD</td>
<td></td>
</tr>
<tr>
<td>DELUCA, JOE</td>
<td></td>
</tr>
<tr>
<td>490 FIRST AVENUE SOUTH</td>
<td>SAINT PETERSBURG, FL 33701</td>
</tr>
<tr>
<td>Title VD</td>
<td></td>
</tr>
<tr>
<td>FAULMANN, BRUCE</td>
<td></td>
</tr>
<tr>
<td>490 FIRST AVE S</td>
<td>SAINT PETERSBURG, FL 33701</td>
</tr>
<tr>
<td>Title VTD</td>
<td></td>
</tr>
<tr>
<td>JONES, JANA L</td>
<td></td>
</tr>
<tr>
<td>490 FIRST AVE S</td>
<td>SAINT PETERSBURG, FL 33701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Reports</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Year</td>
<td>Filed Date</td>
</tr>
<tr>
<td>2015</td>
<td>04/28/2015</td>
</tr>
<tr>
<td>2016</td>
<td>02/01/2016</td>
</tr>
<tr>
<td>2017</td>
<td>03/24/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document Images</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>03/04/2017 – ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/01/2016 – ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>

http://search.sunbiz.org/Inquiry/corporationsearch/SearchResultDetail?inquirytype=FeiNu... 1/18/2018
CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

Event Title: St. Petersburg Preservation's Oct. Movies in the Park 2018
Entity Name: St. Petersburg Preservation
Event Date(s): Oct. 4, 11, 18, 25
Location: N. Straub Park

Day 1 of Event: Time Gates Open: 5:30 pm Ending Time: 9:15 pm
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared: Peter Belmont
Address: 102 Fareham Pl N.
Email Address: pbranumbelmont@gmail.com

What month/year were you incorporated as nonprofit? 1977
List all 501(c)3 entities that will benefit from this event. St. Petersburg Preservation & Jump4Kids (from beer/wine sales only)
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.
October 2018 will be the 9th year for the event and we believe it has become one of the favorite downtown waterfront park events. It is the type of event that people point to for why living in St Pete is special. Our event space is typically full each movie night and people consistently ask us to offer Movies in the Park more often. As reflected in questionnaire answers, people love the atmosphere of the event and its waterfront location. Attendees to the event spend money downtown and money to purchase picnic supplies from local stores or from event vendors. In short, Movies in the Park is an event loved and enjoyed by many and one of the small economic generators for downtown that cumulatively, with other events, adds up to a successful downtown.

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

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

Does your group presently have liability insurance? YES NO
How much? 1 million

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

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

Day of:

Please provide the website address for your event. 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/night Participants 13000 Last Year's Total Attendance 3000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)  [ ] No

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

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

Public Address System [ ]

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

Special Events Facilities

[ ] Mahaffey Theater

[ ] Coliseum

[ ] Sunken Gardens

[ ] Boyd Hill

[ ] Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Peter Belmont

Co-Sign: [ ]

Title: Vice-President

Date: 1/10/18

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

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

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

PLEASE ATTACH THE FOLLOWING

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

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org
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 Addtional 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>✔ Performers</td>
<td></td>
</tr>
<tr>
<td>☐ Announcement Only</td>
<td></td>
</tr>
<tr>
<td>☐ Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>☐ Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>✔ Event Time Frame - SPPD</td>
<td></td>
</tr>
<tr>
<td>Regular Units 4</td>
<td></td>
</tr>
<tr>
<td>Disabled Units 1</td>
<td></td>
</tr>
<tr>
<td>Hand Washing 1</td>
<td></td>
</tr>
<tr>
<td>☐ Radio</td>
<td></td>
</tr>
<tr>
<td>☐ Television</td>
<td></td>
</tr>
<tr>
<td>☐ Remote Broadcast</td>
<td></td>
</tr>
<tr>
<td>☐ Invitations</td>
<td></td>
</tr>
<tr>
<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.


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 need to show pg 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. Each movie evening includes an hour of live music before the start of the movie with a solo or small group of musicians at one small stage (risers) area.

List Vending Products. Name & Provider.

Several food vendors will be on-site (list not final at this time). Vendors in the past have included kettle korn, cookies/desert food, veggie burgers & smoothies, turkey legs. St. Petersburg Preservation will have a booth with information and books, tee-shirts and posters for sale.

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

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

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

n/a

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

Set-up occurs approximately 1-2 hours before start of event and take down occurs immediately after event and is usually complete within 45 minutes of the end of the movie. We expect parking space use on Bayshore Dr for event use as in 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: 1/10/18
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>St. Petersburg Preservation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of 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>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1898534</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Allison Stribling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>P.O. Box 838</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>St. Petersburg, FL 33731</td>
</tr>
</tbody>
</table>

- [ ] BY EMAIL

<table>
<thead>
<tr>
<th>Email Address:</th>
<th></th>
</tr>
</thead>
</table>
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

---

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorships</td>
<td>24,250</td>
</tr>
<tr>
<td>Donations</td>
<td>1,387</td>
</tr>
<tr>
<td>Vendor Donations</td>
<td>458</td>
</tr>
<tr>
<td>Sales</td>
<td>225</td>
</tr>
<tr>
<td>Jump4Kids (estimated)</td>
<td>400</td>
</tr>
<tr>
<td><strong>TOTAL GROSS REVENUE</strong></td>
<td><strong>26,720</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td>580</td>
</tr>
<tr>
<td>Port-a-let</td>
<td>1,040</td>
</tr>
<tr>
<td>Music</td>
<td>1,100</td>
</tr>
<tr>
<td>Movie licensing</td>
<td>3,312</td>
</tr>
<tr>
<td>Permit fees</td>
<td>230</td>
</tr>
<tr>
<td>Promotion</td>
<td>2,265</td>
</tr>
<tr>
<td>SPP staff</td>
<td>1,100</td>
</tr>
<tr>
<td>City Services (estimated)</td>
<td>3,750</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>13,377</strong></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td><strong>13,343</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Petersburg Preservation</td>
<td>13,343</td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td><strong>13,343</strong></td>
</tr>
</tbody>
</table>

Prepared by: Peter Belmont  
Date: 1/10/18
This certifies that

SAINT PETERSBURG PRESERVATION INC
1935 BONITA WAY S
ST PETERSBURG FL 33712-4213

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.
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

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>02/11/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/25/2016</td>
</tr>
<tr>
<td>2017</td>
<td>03/20/2017</td>
</tr>
</tbody>
</table>

### Document Images

- 03/20/2017 -- ANNUAL REPORT
- 03/25/2016 -- ANNUAL REPORT
- 02/11/2016 -- ANNUAL REPORT
- 01/22/2014 -- ANNUAL REPORT
- 03/07/2013 -- ANNUAL REPORT
- 03/09/2012 -- ANNUAL REPORT
- 11/29/2011 -- Restated Articles
- 01/26/2011 -- ANNUAL REPORT
- 05/20/2010 -- ANNUAL REPORT
- 05/29/2009 -- ANNUAL REPORT
- 05/05/2008 -- ANNUAL REPORT
- 04/30/2007 -- ANNUAL REPORT
- 04/13/2006 -- ANNUAL REPORT
- 05/04/2005 -- ANNUAL REPORT
- 05/23/2004 -- ANNUAL REPORT
- 04/14/2003 -- ANNUAL REPORT
- 06/06/2002 -- ANNUAL REPORT
- 06/17/2001 -- ANNUAL REPORT
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Type</th>
<th>Link to PDF</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/16/2000</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/11/1999</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/28/1998</td>
<td>REINSTATEMENT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>09/14/1998</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/01/1995</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
Event Title: SPCA Tampa Bay Pet Walk
Phone No.: 727-586-3591
Fax No.: 727-581-3764

Entity Name: SPCA Tampa Bay
Location: Vinoy Park, St Pete

Event Date(s): October 6th, 2018
Location: Vinoy Park, St Pete

Day 1 of Event: Pet Walk
Time Gates Open: 8:30am
Ending Time: 12:00pm

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

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

Application Prepared by: Luan Dean
Phone: 727-586-3591 x122

Title: Director of Mission Advancement
Cell Phone: 815-289-0345

Address: 9099 130th Ave N
City: Largo
State: FL
Zip: 33773

Email Address: LDean@SPCATampabay.org

Additional Contact Person: Lisa Richardson
Day Phone: 727-586-3591 x113

What month/year were you incorporated as nonprofit? Oct 1940

List all 501(c)3 entities that will benefit from this event: SPCA Tampa Bay

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 Pet Walk is SPCA Tampa Bay's largest event of the year and one of the longest running walk in the state of Florida. We have consistently raised over $100,000 each year to benefit the rescue and protection of Pinellas County's homeless pets. Media sponsors heavily promote this event, including several pre-walk events that are held at established restaurants in downtown St Pete, which is a very "pet friendly" community. Pet lovers are enthusiastic about patronizing businesses that recognize this relationship.

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

This event, in its 28th year, attracts more than 1,500 people to the downtown area and generates high foot traffic to local businesses.

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

Does your group presently have liability insurance? ☒ YES ☐ NO

How much? $1,000,000

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

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

Advanced Fee: $25 Day of:

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

Please provide a phone number that can be advertised to the public. 727-586-3591 x122

What is the estimated attendance for this event? Spectators 700 Participants 1200 Last Year's Total Attendance 1500
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

### Condition

- [x] Public Invited
- [x] Located in Park
- [ ] Vending Product / Merchandise Sales
- [ ] Vending Food / Beverage
- [x] Vendors / Exhibitors
- [ ] 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
- [x] Staging
- [x] Amplified Sound
- [ ] Security
- [x] Sanitary Facilities - Port-O-Lets
- [ ] Off-site Parking / Shuttle
- [ ] Semitruck / Tractor Trailer

### Obligation

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

### Marketing: Please check all that apply.

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

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

$25 donation to participate in the walk. Park is not fenced off.
$100 vendor booth participation.
Sponsorships range from $10,000-$1,500

Other comments:

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

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

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

Name: Signature
Title: Mission Adv.
Date: 1-11-18
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th><strong>Name of the Nonprofit Corporation:</strong></th>
<th>SPCA Tampa Bay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Responsible Party (President or CEO ONLY):</strong></td>
<td>Martha Boden</td>
</tr>
<tr>
<td><strong>Title of Responsible Party:</strong></td>
<td>CEO</td>
</tr>
<tr>
<td><strong>Physical Address of Responsible Party:</strong></td>
<td>9099 130th Ave N, Largo FL 33773</td>
</tr>
<tr>
<td><strong>Phone Number of Responsible Party:</strong></td>
<td>727-586-3591</td>
</tr>
<tr>
<td><strong>Email Address of Responsible Party:</strong></td>
<td><a href="mailto:MBoden@spcatampabay.org">MBoden@spcatampabay.org</a></td>
</tr>
<tr>
<td><strong>Nonprofit (Employee Identification Number):</strong></td>
<td>59-0715928</td>
</tr>
</tbody>
</table>

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

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit
Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on July 29, 2005. We have updated our records to reflect the name change as indicated above.

In May 1974 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,

Janna K. Skufca, Director, TE/GE
Customer Account Services
SPCA Tampa Bay
26th Annual Pet Walk ~ Presented by Love My Dog
October 8, 2016 8:30 am – Noon

8:00 am – 10:30 am   Free IHOP Breakfast for Registered Walkers
8:30 am – 10:00 am   Pet Walk Registration Open
8:30 am – 12 Noon    Event Begins – all activities and festivities are open
8:45 am             Walkers to Stage
9:00 am             Creative Loafing Best Dressed Pet Costume Contest on Main Stage
9:30 am             Power Design Adoptable Pet Parade on Main Stage
9:50 am             Line up for Pet Walk Start
10:00 am            WALK STARTS
11:00 am            Announcements on Main Stage – Top Fundraising Team, Top Fundraising Individual Walker, Largest Team, Best Dressed Team
11:30 am            Closing Remarks on Main Stage

---

Kids Zone

VIP Parking

Parking Area “A” Ballfield Lot

Parking Area “C” Playground Lot

Bathrooms

Free Water Tent

Adoptable Dogs & Rescue Road
**Detail by FEI/EIN Number**

Florida Not For Profit Corporation  
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.

<table>
<thead>
<tr>
<th><strong>Filing Information</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>705975</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>59-0715928</td>
</tr>
<tr>
<td>Date Filed</td>
<td>08/02/1963</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>AMENDMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>04/05/2012</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

**Principal Address**  
9099 130TH AVENUE NORTH  
LARGO, FL 33773-1441  

Changed: 01/14/2009

**Mailing Address**  
9099 130TH AVENUE NORTH  
LARGO, FL 33773-1441  

Changed: 01/14/2009

**Registered Agent Name & Address**  
BODEN, MARTHA  
9099 130TH AVENUE NORTH  
LARGO, FL 33773-1441  

Name Changed: 03/03/2014

Address Changed: 03/13/2012

**Officer/Director Detail**

**Name & Address**  
Title Treasurer  
ALLEN, CHRIS  
204 37TH AVENUE NORTH #421  
ST PETERSBURG, FL 33704
Title Past President
Hulsey, Marilyn
2000 Michigan Ave NE
ST PETERSBURG, FL 33702

Title Secretary
O'BRIEN, CARRIE
2357 Woodlawn Circle E
St Petersburg, FL 33704

Title VP, Facilities Chair
Miller, Tara
7210 14th Street North
St Petersburg, FL 33702

Title President
Ralph, John F, Jr.
6850 Central Avenue
Suite B
St. Petersburg, FL 33707

Title VP, Governance Chair
Browy, Jonathan
12450 Roosevelt Blvd
Suite 400
St Petersburg, FL 33716

Title VP, Development Chair
Egerter, Michele
111 2nd Ave NE
Suite 1006
St Petersburg, FL 33701

Title CEO
Boden, Martha
9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Annual Reports
Report Year | Filed Date
--- | ---
2016 | 04/15/2016
2017 | 02/14/2017
2017 | 04/27/2017
<table>
<thead>
<tr>
<th>Date</th>
<th>Event/Description</th>
<th>View Image in PDF Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/27/2017</td>
<td>AMENDED ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/14/2017</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/16/2016</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/12/2015</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/03/2014</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/04/2013</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/03/2012</td>
<td>Amendment</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/13/2012</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/22/2011</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/22/2010</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/28/2010</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>12/14/2009</td>
<td>Amendment</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/14/2009</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/13/2009</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/25/2007</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/26/2006</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>07/26/2006</td>
<td>Amended/Restated Article/NC</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/24/2006</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/11/2004</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/30/2003</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/21/2001</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/27/2000</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/17/1999</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/16/1998</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>07/19/1987</td>
<td>NAME CHANGE</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/03/1987</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/27/1988</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/08/1986</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
**Contract/Permit**

**Contract #:** 22571  
**Date:** 17 Jan 2018  
**User:** RBMCCULL  
**Status:** Firm

---

**SPCA OF PINELLAS COUNTY**  
**LUAN DEAN**  
**9099 130TH AVE N**  
**LARGO FL 33773 USA**

---

**Purpose of Use:** SPCA TAMPA BAY PET WALK  
**Expected:** 1,500  
**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 06 Oct 2018 07:30 am
- **Ending:** Sat 06 Oct 2018 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>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td></td>
<td>Sat 06 Oct</td>
<td>07:30 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>06 Oct 2018</td>
<td>01:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Additional Fees:**

<table>
<thead>
<tr>
<th>Extra Fee - Bookings</th>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Park Permit Fee (Vinoy)</td>
<td>5:30</td>
<td>1</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

---

**Charges:**

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</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>17 Jan 2018</td>
<td>$300.00</td>
<td>Check</td>
<td>Rental</td>
<td>2963604</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]  
**LUAN DEAN**  
**SPCA OF PINELLAS COUNTY**  
Name of User Organization, if Applicable

---

CITY OF ST. PETERSBURG, FLORIDA

By: [Sign Name]  
Parks and Recreation Superintendent

[Sign Name]  
Parks and Recreation Department

---

**Manager**

---

Approved or Rejected  
Date: _

---

Printed: 17 Jan 2018, 03:33 PM  
User: rbmccull  
Page: 1
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Making Strides Against Breast Cancer

Entity Name: American Cancer Society

Event Date(s):
- 1st choice October 20, 2018
- 2nd choice 10/13/18

Day 1 of Event:
- October 19, 2018
- Time Gates Open: 8 AM
- Ending Time: 7 PM

Day 2 of Event:
- October 20, 2018
- Time Gates Open: 6 AM
- Ending Time: 12 PM

Day 3 of Event:
- Location: Vinoy Park Mole

Application Prepared by: Cindi Crisci

Title: Sr. Community Development Manager

Address: 3709 West Jetton Avenue

Email Address: cindi.crisci@cancer.org

What month/year were you incorporated as nonprofit? May/1913

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

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

Making Strides is our community’s opportunity to honor breast cancer survivors, educate women and men about breast cancer prevention and early detection, and raise funds and awareness for the fight against breast cancer. We are celebrating 20 years this year in downtown St. Petersburg.

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

Event participants pay to park, meet for breakfast and lunch, visit the Saturday Morning Market, and shop and utilize hotels in downtown St. Petersburg.

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

Does your group presently have liability insurance?  Yes  No

Are there plans to sell or distribute beer/wine at your event?  Yes  No

Will there be an admission/registration fee?  Yes  No

Advanced Fee:

Day of:

Please provide the website address for your event: www.makingstrideswalk.org/pinellas

Please provide a phone number that can be advertised to the public: 1-800-227-2345

What is the estimated attendance for this event? Spectators 6000  Participants 5600  Last Year's Total Attendance 5500
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>□ Professional</td>
<td></td>
</tr>
<tr>
<td>Showmobile</td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td></td>
</tr>
<tr>
<td>□ 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>□ Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</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>□ Regular Units</td>
<td>12 Disabled Units</td>
</tr>
<tr>
<td>Hand Washing</td>
<td>2</td>
</tr>
<tr>
<td>□ Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>□ Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>□ Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

<table>
<thead>
<tr>
<th>Invitations</th>
<th>Radio</th>
<th>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>
Other Comments: Please describe your fee structure.

Donation type event

Other comments:
We would like to be considered for the date of October 20th in 2018. We do not want to lose our spot, so will choose October 13th as a back up. We could also consider, October 27th, however, I think that is the SPIFFS weekend. This walk is in the 20th year and we are proud to say we have been in downtown St. Petersburg since 1999. Our walkers love the location. Thank you for your consideration and thank you for being a wonderful partner.

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

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

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

Name: Cynthia Crisci  Title: Sr. Community Dev. Manager  Date: 1/5/18
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: American Cancer Society
Name of Responsible Party (President or CEO ONLY): Gary Reedy
Title of Responsible Party: CEO
Physical Address of Responsible Party: 250 Williams Street NW, Atlanta, GA 30303
Phone Number of Responsible Party: 813-349-5080
Email Address of Responsible Party: cindl.crisci@cancer.org
Nonprofit (Employee Identification Number): 13-1788891

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

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

What method of invoicing would your organization prefer?

☐ BY Mail
Contact Name
Address
City, State, Zip

☐ BY EMAIL
Email Address: cindl.crisci@cancer.org
MSABC 2018—Route Map

Route Directions:
- Start at Vinoy Park Mole (5th Ave NE and Bayshore Dr NE)
- North through Vinoy and North Shore Park
- West at 18th Ave NE
- South on North Shore Drive NE
- East on 7th Ave NE
- South on Bayshore Dr NE
- End at Vinoy Park Mole

Parking Recommendations:
- North Shore Pool/Park
- Sundial Garage (1st NE and 2nd Ave N)
- Dolphin Parking Lot on Pier approach
- Plaza Tower (2nd Ave 1st St. NE)
2018 Making Strides Against Breast Cancer of Pinellas
8 AM Check in, 8:30 Opening, 9 AM Walk, Close Noon
**Consumer's Certificate of Exemption**

Issued Pursuant to Chapter 212, Florida Statutes

<table>
<thead>
<tr>
<th>Certificate Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Exemption Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>85-8018047816C-6</td>
<td>11/30/2017</td>
<td>11/30/2022</td>
<td>501(C)(3) ORGANIZATION</td>
</tr>
</tbody>
</table>

This certifies that

AMERICAN CANCER SOCIETY INC  
3709 W JETTON AVE  
TAMPA FL 33629-5111

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.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$0.00</td>
</tr>
<tr>
<td>Payment: Visa/MasterCard</td>
<td>($230.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($230.00)</td>
</tr>
</tbody>
</table>
Foreign Not For Profit Corporation
AMERICAN CANCER SOCIETY, INC.

Filing Information

- **Document Number**: F0100002790
- **FEI/EIN Number**: 13-1768491
- **Date Filed**: 05/24/2001
- **State**: NY
- **Status**: ACTIVE
- **Last Event**: CORPORATE MERGER
- **Event Date Filed**: 08/30/2012
- **Event Effective Date**: 09/01/2012

Principal Address

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 04/06/2016

Mailing Address

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 04/06/2016

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 12/13/2012

Address Changed: 12/13/2012

Officer/Director Detail

Name & Address

Title Secretary/Treasurer

Alfonso, John
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Crome, Patricia J.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Hamilton, John W.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Heist, Daniel P.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Henry, Susan
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Jackson, Carol
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Kean, Jeffrey L.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Lopez, Jorge Luis
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title President
Reedy, Gary M.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director
Armstrong, F. Daniel
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director
Dang, Leeann Chau
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director
Guerra, Carmen E.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director
Joyce, Gareth T.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director
Kumar, Amit
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director
Marlow, Brian A.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director
Naylor, Joseph M.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Novell, William D.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Pemberton, Gregory L.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title General Counsel and Assistant Secretary

Philips, Timothy B.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>03/30/2015</td>
</tr>
<tr>
<td>2016</td>
<td>04/06/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/07/2017</td>
</tr>
</tbody>
</table>

Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/07/2017</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/07/2016</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/30/2015</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/03/2014</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/22/2013</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>12/13/2012</td>
<td>Reg. Agent Change</td>
</tr>
<tr>
<td>03/30/2012</td>
<td>Merger</td>
</tr>
<tr>
<td>03/14/2012</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/03/2011</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>02/25/2010</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/07/2009</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/09/2008</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/06/2007</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/14/2006</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>08/10/2005</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>06/28/2005</td>
<td>Reg. Agent Change</td>
</tr>
<tr>
<td>11/05/2004</td>
<td>REINSTATEMENT</td>
</tr>
<tr>
<td>07/14/2003</td>
<td>ANNUAL REPORT</td>
</tr>
</tbody>
</table>
Purpose of Use: MAKING STRIDES AGAINST BREAST CANCER  

Expected: 6,000

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
- Starting: Fri 19 Oct 18 06:00 am
- Ending: Sat 20 Oct 18 05:00 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>Vinoy Park</td>
<td>Fri</td>
<td>19 Oct 2018</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Mole</td>
<td>20 Oct 2018</td>
<td>05:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Co-Sponsored Application Fee: Quantity 1, Charge $30.00, Tax $0.00, Total $30.00
- Extra Fee - Bookings - Co-Sponsored Park Permit Fee: Hours 35:00, Quantity 1, Charge $200.00, Tax $0.00, Total $200.00

Charges:

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

Balance of rental due and payable immediately.

Additional Notes:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: St. Petersburg AFSP Out of the Darkness Community Walk  
Phone No.: 407-415-8757  
Fax No.: N/A  
Entity Name: American Foundation for Suicide Prevention  
Federal I.D. Number: 13-3393329  
Event Date(s): Saturday, October 20, 2018  
Location: South Straub Park  
Day 1 of Event: 10/20/2018  
Time Gates Open: 7:00AM  
Ending Time: 1:00PM  
Day 2 of Event:  
Time Gates Open:  
Ending Time:  
Day 3 of Event:  
Time Gates Open:  
Ending Time:  
Application Prepared by: Tara Larsen  
Phone: 407-415-8757  
Title: Central and Southern Florida Area Director  
Cell Phone: 407-415-8757  
Address: PO Box 533754  
City: Orlando  
State: FL  
Zip: 32853  
Email Address: tsullivan@afsp.org  
Additional Contact Person: Thuy Huynh  
Day Phone: 727-403-2754  
What month/year were you incorporated as nonprofit? November 1991  
List all 501(c)3 entities that will benefit from this event. American Foundation for Suicide Prevention  
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.  
Funds raised from the walk will be used by AFSP both nationally and locally. AFSP is the leading non-profit organization dedicated to research, education, and advocacy for suicide prevention as well as support to those who have attempted suicide, as well as those who have lost someone to suicide.  
The local chapters offers Applied Suicide Intervention Skills Training which teaches individuals how to complete an intervention at the time of suicidal crisis. AFSP Tampa Bay also sponsors safeTALK trainings which are educate those 15 years of age older how to become suicide alert and how to help during a crisis.  
Describe what economic benefit and impact this event will bring to St. Petersburg.  
People from around the country will attend the walk. In the past, we had people from out of state and the surrounding Tampa Bay area counties who state at local hotels and visit many local restaurants. Many local business contribute prizes to the event, thus encourage the recipient to visit local establishments.

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

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

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

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

Please provide the website address for your event. www.afsp.org/stpete  

Please provide a phone number that can be advertised to the public. 407-415-8757  

What is the estimated attendance for this event?  
Spectators 74  
Participants 538  
Last Year's Total Attendance 612
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [YES]

# Bleacher(s) needed. Each bleacher approx. 180 people [1]

Tables (6 ft) # needed [35]

Chairs # needed [80]

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [1]

Special Events Facilities

[ ] Non-City Locations

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

Which Location? [South Straub Park]

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Tara Larsen
Title: Central and Southern Florida
Date: 11/27/17

Co-Sign: Thuy Huynh
Title: Walk Chair
Date: 11/27/17

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>[x] Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>[ ] Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[ ] Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[ ] Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[ ] Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[ ] Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>[ ] Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>[x] 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>Regular Units, Disabled Units, Hand Washing</td>
</tr>
<tr>
<td>[ ] Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>[ ] Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

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

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

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

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

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

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

Name: American Foundation for Suicide Prevention  Phone: 407-415-8757

Address (including zip): PO Box 533754, Orlando, FL 32853

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

DJ will play family friendly pop music, we will have 1 stage

List Vending Products. Name & Provider.

Koda Sound - Stage and Sound
Tampa Tents - Tents

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.

Speeches will include topic of suicide and suicide prevention.

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

Tents, stage will load in the afternoon of Friday, October 19, 2018.
We will set up at 6:00 am the morning Saturday, October 20, 2018, we will load out of the park at Noon.
There is no cost to attend the walk, it is open to the public. Individuals that raise $150 or more in donations will receive a free event t-shirt.

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

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

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

Name: Tara Sullivan Larsen Title: Central and Southern Florida Date: 11/27/17
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.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>American Foundation for Suicide Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Robert Gebbia</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>120 Wall Street - 29th Floor, New York, NY 10005</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>212-363-3500</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:rgebbia@afsp.org">rgebbia@afsp.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>13-3393329</td>
</tr>
</tbody>
</table>

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

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

Name of Event: Out of the Darkness Walk
Date(s) of Event: Oct 19, 2018 - 10/20/2018

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual Walkers</td>
<td>$55,000.00</td>
</tr>
<tr>
<td>2. Sponsorships</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$60,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Permit</td>
<td>$1,600.00</td>
</tr>
<tr>
<td>2. Tents</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>3. Stage and Sound</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>4. Advertising</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$6,100.00</td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td>$53,900.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>2. Research</td>
<td>$13,900.00</td>
</tr>
<tr>
<td>3. Survivor Programs</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$53,900.00</td>
</tr>
</tbody>
</table>

Prepared by: Tara Sullivan Larsen Date: Nov 27, 2017
Foreign Not For Profit Corporation
AMERICAN FOUNDATION FOR SUICIDE PREVENTION, INC.

Filing Information

- Document Number: F05000000628
- FEI/EIN Number: 13-3393329
- Date Filed: 02/03/2005
- State: DE
- Status: ACTIVE
- Last Event: REINSTATEMENT
- Event Date Filed: 06/20/2012

Principal Address

120 Wall Street, FL 29
New York, NY 10005

Changed: 01/09/2017

Mailing Address

120 WALL ST., FL 29
New York, NY 10005

Changed: 01/09/2017

Registered Agent Name & Address

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

Name Changed: 06/20/2012
Address Changed: 06/20/2012

Officer/Director Detail

Name & Address

Title Secretary

Killpack, Daniel
120 Wall Street, FL 29
New York, NY 10005

Annual Reports
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>01/12/2015</td>
</tr>
<tr>
<td>2016</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/09/2017</td>
</tr>
</tbody>
</table>

Document Images

- 01/09/2017 — ANNUAL REPORT
- 08/17/2016 — ANNUAL REPORT
- 01/12/2015 — ANNUAL REPORT
- 04/17/2014 — ANNUAL REPORT
- 02/24/2013 — ANNUAL REPORT
- 06/09/2012 — REINSTATEMENT
- 04/30/2009 — Reinstatement
- 02/03/2005 — Foreign Non-Profit

Florida Department of State, Division of Corporations

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=FeiN... 12/14/2017
# Contract/Permit

**Contract #**: 22415  
**Date**: 03 Jan 2018  
**User**: JSBENNIN  
**Status**: Firm

**American Foundation for Suicide Prevent**  
**Tara Larsen**  
**PO Box 533754**  
**Orlando FL 32853 USA**

---

### Purpose of Use: OUT OF THE DARKNESS COMMUNITY WALK  
**Expected**: 615  
**Co-Sponsored Event**

---

### Conditions of Use: Insurance Required

---

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

---

### Date(s) and Time(s) of Use:
- **Starting**: Sat 20 Oct 18 06:00 am  
- **Ending**: Sat 20 Oct 18 05:00 pm

---

### Facility/Equipment:
- **South Straub Park**
- Park

---

### Additional Fees:
- **Extra Fee - Bookings**
  - **Co-Sponsored Park Permit Fee**
    - **Hours**: 11:00
    - **Quantity**: 1
    - **Charge**: $200.00
    - **Tax**: $0.00
    - **Total**: $200.00

---

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

---

### Balance of rental due and payable immediately.

---

### Payments:

---

### Additional Notes:

---

---

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

**By (Sign Name):** Tara Larsen  
**Print Name**: American Foundation for Suicide Prevent  
**Name of User Organization, If Applicable**:  

---

**City of St. Petersburg, Florida**

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

---

**Printed**: 03 Jan 2018, 12:25 PM  
**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.
Event Title: CraftArt Festival 2018

Entity Name: Florida Craftsmen Inc., dba Florida CraftArt

Event Date(s): Nov. 17 & 18, 2018

Location: Central Ave. (4th to 6th Sts.) 5th St. (1st Ave N - 1st Ave. S)

Day 1 of Event: Nov. 17
Time Gates Open: 10 a.m.
Ending Time: 5 p.m.

Day 2 of Event: Nov. 18
Time Gates Open: 10 a.m.
Ending Time: 4 p.m.

Day 3 of Event: Nov. 18

Application Prepared by: Janie Lorenz
Title: Business Manager and Festival Coordinator
Address: 501 Central Ave.
City: St. Petersburg
State: FL
Zip: 33701
Email Address: janie.lorenz@floridacraftart.org

What month/year were you incorporated as nonprofit? May 1974

List all 501(c)3 entities that will benefit from this event: Florida Craftsmen Inc., dba Florida CraftArt

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 CraftArt Festival is celebrating its 21st Anniversary this year and 14th year in St. Petersburg. As one of the anchors in the Central Arts Districts, Florida CraftArt is a statewide organization that places St. Petersburg on the national arts scene through national calls to artists for participation. The CraftArt Festival continues to add to the growth of the cultural community in St. Petersburg, for which it has become well known. From data collected with our visitor surveys, we know that the CraftArt Festival has become an "annual" event for residents of downtown St. Petersburg and the Tampa Bay Area.

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

Hotel, restaurants and other cultural & business venues receive the benefit of the additional foot traffic that the CraftArt Festival brings to the city over the course of the 2-day event. As a result of having approximately 10,000 visitors at the festival, our neighboring restaurants, hotels and other businesses see an increase in revenue.

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

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

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

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

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

Please provide a phone number that can be advertised to the public. 727-821-7391

What is the estimated attendance for this event? Spectators 10,000 Participants 150 Last Year’s Total Attendance 10,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ] Yes [ ] No

# Bleachers needed. Each bleacher approx. 180 people [ ] No

Tables (6 ft) # needed [ ] tbd

Chairs # needed [ ] tbd

Public Address System [ ] No

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [ ] No

Special Events Facilities

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

Which Location? [ ] Non-City Locations

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: [ ]

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>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 Regular Units 39 Disabled Units 4 Hand Washing 30</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>☑ 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.
No

If City permits, licenses, or services are required for event, who will pay for them?
Name: Florida CraftArt  Phone: 727-821-7391
Address (including zip): 501 Central Ave., St. Petersburg, FL 33701

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

List Vending Products. Name & Provider.
tbd

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.
Florida CraftArt
501 Central Ave.
St. Petersburg, FL 33701

Explain subject/purpose of all speeches/demonstrations which will occur.
Artist demonstrations of fine craft, hands on, make & take activities

Discuss your load in/load out parking needs, include times and dates.
tent set-up, artist load in will take place on Friday afternoon after the streets are closed and cleared 3-7pm
breakdown begins at 4pm on Sunday and is completed by 8pm - the streets reopen
Other Comments: Please describe your fee structure.

- Participating artists pay a booth fee based on size and location of their tent:
  - 10 x 10 tent/booth space - $270
  - Corner tent/booth space - $370
  - Tents and tables are available to rent - pricing TBD

Other comments:

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

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

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

Name: [Signature]  
Title: Executive Director  
Date: 1/8/2018
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>Florida Craftsmen, Inc. dba Florida CraftArt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Kathryn Howd</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President, Board of Directors</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>842 36th Ave. N., St. Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-365-1718</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:khowd@icloud.com">khowd@icloud.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>23-7375994</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY MAIL
- [ ] BY EMAIL

Contact Name
Address
City, State, Zip

Email Address: janie.lorenz@floridacraftart.org
**APPENDIX C**
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>waiting for final P &amp; L will submit as soon as it is available</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL GROSS REVENUE</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>See attached P &amp; L</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Programming and exhibitions for Florida CraftArt</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: Janie Lorenz  
Date: 1/8/2018

Name of Event: CraftArt Festival 2017  
Date(s) of Event: Nov 18, 2017 - Nov 19, 2017
Detail by FEI/EIN Number

Florida Not For Profit Corporation
FLORIDA CRAFTSMEN, INC.

Filing Information
Document Number 740750
FEI/EIN Number 23-7375994
Date Filed 11/10/1977
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 12/27/2016
Event Effective Date NONE

Principal Address
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

Mailing Address
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

Registered Agent Name & Address
DEITS, KATIE
FLORIDA CRAFTSMEN INC
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Name Changed: 12/06/2016

Address Changed: 04/28/2009

Officer/Director Detail
Name & Address
Title Director
Butz, Sarah
1901 10th St. N
ST PETERSBURG, FL 33704
Title Director, President

Howd, Kathryn
842 36th Ave. N.
ST. PETERSBURG, FL 33704

Title Director

Miller, Alvina
2116 4th St. N.
ST. PETERSBURG, FL 33704

Title Director, Secretary

RUOFF, KELLY
4121 52ND AVE SO
ST PETERSBURG, FL 33711

Title CEO

DEITS, KATIE
430 3 AVE S
ST PETERSBURG, FL 33701

Title Director, Interim Treasurer

Graham, Michael
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Jones, Bob Devin
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Dunn, Trevor
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Jones, Tyler
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Maley, Dana
501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701  
Title Director  
McClellan, Duncan  
501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701  
Title Director  
McDonough, Casey  
501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701  
Title Director  
Routh, Michele  
501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701  
Title Director  
Shelton, Lara  
501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701  
Title Director  
Telfair, Mario  
501 CENTRAL AVENUE  
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>03/17/2015</td>
</tr>
<tr>
<td>2016</td>
<td>01/22/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/04/2017</td>
</tr>
</tbody>
</table>

Document Images  
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>View in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/04/2017</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>12/27/2016</td>
<td>Amendment</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>09/29/2016</td>
<td>Reg. Agent Change</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/22/2016</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>05/05/2015</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>11/02/2014</td>
<td>Amendment</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/12/2014</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/29/2013</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/18/2012</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/26/2011</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>09/02/2010</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
City of St. Petersburg

FLORIDA CRAFTSMAN
JANIE LORENZ
501 CENTRAL AVE
ST PETERSBURG, FL 33701 USA

Receipt #: 2963876
User: RBMCCULL
Issued: Thu 18 Jan 18 11:56 am

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$30.00</td>
</tr>
<tr>
<td>Applied To: 22597 - CRAFTART FESTIVAL 2018</td>
<td>$30.00</td>
</tr>
<tr>
<td>Special Programs - Special Event</td>
<td></td>
</tr>
<tr>
<td>November 17, 2018 9:00 am to November 18, 2018 6:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
</tbody>
</table>

Balance $0.00

APPROVED REFUNDS ARE BY CHECK ONLY
FLORIDA CRAFTSMAN
JANIE LORENZ
501 CENTRAL AVE
ST PETERSBURG FL 33701 USA

Purpose of Use: CRAFTART FESTIVAL 2018
Expected: 10,000

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 17 Nov 18 09:00 am
Ending: Sun 18 Nov 18 06:00 pm

Facility/Equipment | Day | Date       | Time    | Fee  | Extra Fee | Tax  | Total
--------------------|-----|------------|---------|------|-----------|------|-------
Special Programs    | Sat | 17 Nov 2018| 09:00 AM| $0.00| $0.00     | $0.00| $0.00
Special Event       |     | 18 Nov 2018| 06:00 PM|      |           |      |       

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

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

Balance of rental due and payable immediately.

Payments:
- Date: 18 Jan 2018
- Amount: $30.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 2963876

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) JANIE LORENZ
FLORIDA CRAFTSMAN
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Manager

Supervisor II / Foreman

Approved or Rejected Date:

Approved or Rejected Date:
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
**Event Title:** St. Petersburg Power & Sailboat Show  
**Phone No.:** 954-676-1858  
**Fax No.:** 954-676-1858

**Entity Name:** Yachting Promotions Inc.  
**Federal I.D. Number:** 59-1652459

**Event Date(s):**  
- **NOV 29 - DEC 2**  
  - **Day 1 of Event:** NOV 29  
    - **Time Gates Open:** 10:00AM  
    - **Ending Time:** 7:00PM  
  - **Day 2 of Event:** NOV 30  
    - **Time Gates Open:** 10:00AM  
    - **Ending Time:** 7:00PM  
  - **Day 3 of Event:** DEC 1 - DEC 2  
    - **Time Gates Open:** 10:00AM  
    - **Ending Time:** 7:00PM

**Location:** 400 1st Street South, St. Petersburg, FL 33701

**Application Prepared by:** Jacqueline Deffler  
**Title:** Executive Administrative Assistant  
**Address:** 1115 NE 9th Ave  
**City:** Ft. Lauderdale  
**State:** FL  
**Zip:** 33304  
**Phone:** 954-676-1858  
**Cell Phone:** 954-599-2126  
**Email Address:** jdeffler@showmanagement.com

**Additional Contact Person:** Chris Fleming  
**Day Phone:** 954-847-1563

**What month/year were you incorporated as nonprofit?** May 1978

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

**Name of the for-profit entity?** Yachting Promotions Inc.

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

To bring the best products and savings to the community to shop and buy and enjoy our best natural resource THE WATER.

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

There will be a 30 million dollar economic impact in services such as hotels, restaurants and taxes.

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

**Does your group presently have liability insurance?** YES  
**NO**  
**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.SHOWMANAGEMENT.COM](http://WWW.SHOWMANAGEMENT.COM)

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

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

<table>
<thead>
<tr>
<th>Spectators</th>
<th>Participants</th>
<th>Last Year's Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>20,000+</td>
</tr>
</tbody>
</table>

Page 1 of 8
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?
Albert Whitted Park

Bleacher(s) needed. Each bleacher approx. 180 people) NO

Tables (6 ft) # needed N/A Chairs # needed N/A

Public Address System NO

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

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

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

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

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

Name: Andrew Doole
Co-Sign:  Title: 
Date: 1/11/18

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

PLEASE ATTACH THE FOLLOWING

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

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org
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>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>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>
</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.

We use the existing transformers that are on site at Albert Whitted Park. They are 750KVA. Each has 400 amp disconnects.

Will you supply your own generators?  ☑ YES  ☐ NO

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

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

NO

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

Name:  Yachting Promotions Inc.  Phone:  954-764-7642

Address (including zip):  1115 NE 9th Avenue, Ft. Lauderdale, FL 33304

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

Light music on floating cocktail barge from Noon to 7:00PM.

List Vending Products. Name & Provider.

Marine accessories and boats on display

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

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

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

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

Name: [Signature] Title: [Title] Date: 1/1/18
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: 

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

Nonprofit (Employee Identification Number): 

Name of the For-profit Corporation: Yachting Promotions Inc.

Name of Responsible Party (President or CEO ONLY): Andrew Doole

Title of Responsible Party: Vice President/General Manager

Physical Address of Responsible Party: 1115 NE 9th Avenue, Ft. Lauderdale, FL 33304

Phone Number of Responsible Party: 954-764-7642

Email Address of Responsible Party: Addoole@showmanagement.com

For-profit (Employee Identification Number) 59-1652459

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 Yachting Promotions Inc. - A/P Dana Centifanti

Address 1115 NE 9th Avenue

City, State, Zip Ft. Lauderdale, FL 33304

☑ BY EMAIL

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

Name of Event: St. Petersburg Power & Sailboat Show  
Date(s) of Event: Nov 29, 2018 - Dec 2, 2018

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 x 10 booths</td>
<td>$49,667.63</td>
</tr>
<tr>
<td>Land Exhibits</td>
<td>$14,584.01</td>
</tr>
<tr>
<td>In Water</td>
<td>$48,232.20</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$112,483.84</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associations Fees</td>
<td>$53,045.00</td>
</tr>
<tr>
<td>Tent Rentals</td>
<td>$15,913.50</td>
</tr>
<tr>
<td>Electric Services</td>
<td>$7,956.75</td>
</tr>
<tr>
<td>Security</td>
<td>$12,067.74</td>
</tr>
<tr>
<td>Parking Attendants</td>
<td>$2,376.42</td>
</tr>
<tr>
<td>Forklifts Rentals</td>
<td>$7,187.60</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$98,547.01</td>
</tr>
</tbody>
</table>

TOTAL NET INCOME: $13,936.83

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel &amp; Lodging</td>
<td>$8,216.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$8,216.00</td>
</tr>
</tbody>
</table>

Prepared by: Jacqueline Deffler
Date: Jan 11, 2018
YACHTING PROMOTIONS, INC.
OFFICER’S CERTIFICATE

The undersigned, being the duly elected, qualified and acting Assistant Secretary of Yachting Promotions, Inc., a Florida corporation (the “Corporation”), and as such Assistant Secretary having knowledge of the corporate records of the Corporation, hereby certifies that attached hereto as Exhibit A is a true and correct copy of the resolution duly adopted by the Board of Directors of the Corporation, such resolution has not been amended or modified, has not been rescinded and is in full force and effect on the date hereof.

IN WITNESS WHEREOF, the undersigned has hereunto set her hand this 11th day of January, 2018.

Patricia Peter, Assistant Secretary
Exhibit A

Board of Directors Resolutions

RESOLVED, that Ricardo Strul, in his capacity as Vice President and Chief Financial Officer of the Corporation and Andrew Doole, in his capacity as Vice President and General Manager of the Corporation, be and they each are hereby authorized, in the name of, and on behalf of the Corporation, to sign, seal, acknowledge, and bind the Corporation in connection with any and all legal documents relating to the City of St. Petersburg.
Detail by FEI/EIN Number
Florida Profit Corporation
YACHTING PROMOTIONS, INC.

Filing Information
Document Number: 498855
FEI/EIN Number: 59-1652459
Date Filed: 03/15/1976
State: FL
Status: ACTIVE
Last Event: CORPORATE MERGER
Event Date Filed: 12/14/2006
Event Effective Date: 01/01/2007

Principal Address
1115 NE 9TH AVENUE
FORT LAUDERDALE, FL 33304

Mailing Address
101 Paramount Drive, Ste. 100
Sarasota, FL 34232

Changed: 04/03/2017

Registered Agent Name & Address
CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

Name Changed: 04/04/2017
Address Changed: 04/04/2017

Officer/Director Detail
Name & Address
Title Director, President
McCurdy, Charles
5 Howick Place
London SW1P 1WG GB

Title Director, VP, Secretary
Etter, Thomas C.
711 3rd Avenue, 8th Floor
New York, NY 10017

Title VP

Levine, Marc
101 Paramount Drive, Ste. 100
Sarasota, FL 34232

Title Asst. Secretary

Peter, Patricia
711 3rd Avenue, 8th Floor
New York, NY 10017

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>04/30/2015</td>
</tr>
<tr>
<td>2016</td>
<td>04/28/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/03/2017</td>
</tr>
</tbody>
</table>
City of St. Petersburg

YACHTING PROMOTIONS INC.  
JACQUELINE DEFFLER  
1115 NE 9TH AVENUE  
FORT LAUDERDALE, FL 33304 USA

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$630.00</td>
</tr>
</tbody>
</table>

Applied To: 22593 - ST. PETERSBURG POWER & SAILBOAT SHOW  
Albert Whitted Park - Park  
November 29, 2018  9:00 am to December 2, 2018  9:00 pm  
$630.00

Payment:  
Check  
($630.00)

Balance  
$0.00

Receipt #: 2963847  
User:  RBMCCULL  
Issued:  Thu 18 Jan 18 11:04 am

APPROVED REFUNDS ARE BY CHECK ONLY
YACHTING PROMOTIONS INC.
JACQUELINE DEFFLER
1115 NE 9TH AVENUE
FORT LAUDERDALE FL 33304 USA

Purpose of Use: ST. PETERSBURG POWER & SAILBOAT SHOW
Expected: 20,000

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: Thu 29 Nov 18 09:00 am
Ending: Sun 02 Dec 18 09:00 pm

Facility/Equipment | Day       | Date       | Time          | Fee | Extra Fee | Tax | Total  |
-------------------|-----------|------------|---------------|-----|-----------|-----|--------|
Albert Whitted Park| Thu       | 29 Nov 18  | 09:00 AM      | $0.00  | $600.00   | $0.00 | $600.00 |
                   |           | 02 Dec 18  | 09:00 PM      |     |           |     |        |

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Application Fee
    - Quantity: 1
    - Charge: $30.00
    - Tax: $0.00
    - Total: $30.00
  - Co-Sponsored Park Permit Fee
    - Hours: 84:00
    - Quantity: 3
    - Charge: $600.00
    - Tax: $0.00
    - Total: $600.00

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

Balance of rental due and payable immediately.

Payments:
- Date: 18 Jan 2018
- Amount: $630.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 2933847

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): JACQUELINE DEFFLER
(Print Name) YACHTING PROMOTIONS INC.
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 18 Jan 2018, 11:05 AM
User: rbmccull
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Girls on the Run 5k - 2018 Fall
Entity Name: Girls on the Run Greater Tampa Bay
Event Date(s): 12/8/18
Day 1 of Event: 12/8/18
Time Gates Open: 7 AM
Ending Time: 11 AM
Day 2 of Event:
Time Gates Open: 
Ending Time: 
Day 3 of Event:
Time Gates Open: 
Ending Time: 

Application Prepared by: Laura Moore
Phone: 813-832-2826
Title: Executive Director
Cell Phone: 314-359-9392
Address: 1550 N McMullen Booth, Suite F3 145
City: Clearwater
State: FL
Zip: 33759
Email Address: laura.moore@girlsontherun.org
Additional Contact Person: Jessica Crate, GOTR Board Chair
Day Phone: 321-626-1909

What month/year were you incorporated as nonprofit? 2008 (Previously under University of South Florida)
List all 501(c)3 entities that will benefit from this event. Girls on the Run Greater Tampa Bay
Name of the for-profit entity? n/a

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The Girls on the Run 5k will enhance the image of St. Petersburg by aligning it with an internationally recognized and celebrated organization. Our Girls on the Run (GOTR) Council is the local affiliate of GOTR International, which is made up of 225+ Council that have served over 1.4 million girls since 1996 (including 3,853 locally). In 2016, GOTR Councils hosted more than 350 5k events across the US, making the GOTR 5k series the largest in the country. GOTR has been featured in national news publications such as Runner’s World, Women’s Day, Parenting, NBC, NPR, ESPN and FOX Sports. Our local Council has been featured in the Tampa Bay Times, Tampa Tribune, Fox Sports SUN, ABC and local papers. Our 5k’s are featured on WFLA Leigh Spann’s Facebook Live and have garnered a total of 46,000 views! Our 5k will contribute to the quality of life in St. Pete by introducing more families to our program and showcasing the beautiful venue and route to participants.

Describe what economic benefit and impact this event will bring to St. Petersburg.
All funds raised from the 5k go into our Scholarship Program, so that all girls have the opportunity to be a Girl on the Run. In our 2017 Fall Season, over 52% of our 602 girls received financial aid. For our 2018 Spring Season, we anticipate serving 600+ girls with over 50% receiving financial aid. By providing scholarships, we remove the financial burden from participants, roughly half of which live in Pinellas County and include the following St. Pete schools: Jamerson, Midtown Academy, Sanderlin, Woodlawn, Admiral Farragut, and Canterbury. The GOTR 5k brings participants from 50+ program locations across Tampa Bay (Plant City to Wesley Chapel to New Port Richey to Venice) to St. Pete where many will stay overnight in hotels, eat in restaurants, shop in local stores, visit local attractions and pay for street parking. We intentionally promote families to support St. Pete by taking advantage of all the amenities pre and post 5k!

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 each occurrence
Are there plans to sell or distribute beer/wine at your event? ☐ YES ☐ NO
Will there be an admission / registration fee? ☐ YES ☐ NO Advanced Fee: $25 Day of: $25

Please provide the website address for your event. www.gotrtampa.org
Please provide a phone number that can be advertised to the public. 813-832-2826
What is the estimated attendance for this event? Spectators 400 Participants 1400 Last Year's Total Attendance 1400
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Yes/No</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Bleachers needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Special Events Facilities

<table>
<thead>
<tr>
<th>Facility</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahaffey Theater</td>
<td></td>
</tr>
<tr>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Boyd Hill</td>
<td></td>
</tr>
</tbody>
</table>

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: Laura Moore
Co-Sign: Title: Executive Director
Date: 12/14/17

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>☒ Professional</td>
<td>Professional</td>
</tr>
<tr>
<td>☒ Showmobile</td>
<td>Showmobile</td>
</tr>
<tr>
<td>☒ Other</td>
<td>Other</td>
</tr>
<tr>
<td>☒ Performers</td>
<td>Performers</td>
</tr>
<tr>
<td>☒ Announcement Only</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>☒ Daytime - Private</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td>☒ Overnight - Private</td>
<td>Overnight - Private</td>
</tr>
<tr>
<td>☒ Event Time Frame - SPPD</td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>☒ Regular Units</td>
<td>Regular Units</td>
</tr>
<tr>
<td>☒ Disabled Units</td>
<td>Disabled Units</td>
</tr>
<tr>
<td>☒ Hand Washing</td>
<td>Hand Washing</td>
</tr>
<tr>
<td>☒ City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

| Invitations                                                                   | ☒ Radio                                             |
| Posters / Flyers                                                            | ☒ Television                                        |
| Newspaper / Internet                                                        | ☒ Remote Broadcast                                   |

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

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

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

□ Other:

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

N/A

Will you supply your own generators? □ YES ☑ NO

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

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

No

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

Name: Girls on the Run Greater Tampa Bay Phone: 813-832-2826

Address (including zip): 1550 N McMullen Booth, Suite F3 145, Clearwater, FL 33759

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

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

List Vending Products. Name & Provider.

Tampa Bay Rays - Mascot Raymond, Tampa Bay Lightning - Street Team, MedExpress, Trader Joe's - Snacks, FOX Sports Sun, KIND Bar - Snacks, and others pending.

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

N/A

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

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

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

GOTR will set up our Race Village (including Registration, Packet Pick Up, etc.) beginning at 4:30 AM. We will have everything unloaded and ready for guests by 7 am, and will be cleaned/packed up by 12 pm.
Other Comments: Please describe your fee structure.

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

Other comments:

Girls on the Run inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Trained coaches lead small teams through our research-based curricula which includes dynamic discussions, activities and running games. Over the course of the ten-week season, girls in 3rd-5th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. Each season culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete the Girls on the Run 5k. Completing the 5k gives the girls a tangible sense of achievement as well as a framework for setting and achieving life goals - making the seemingly impossible, possible.

We have hosted our last 3 5k events in St. Petersburg (getting bigger each season!) and have been absolutely THRILLED with our experience! The venue consistently exceeds both ours and our participant highest expectations. As we work towards our goal of a Disney-caliber race, we believe that the City of St. Pete is our partner and the most incredible home for our event!

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

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

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

Name: Laura Moore Title: Executive Director Date: 12/14/17
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

## President or CEO

### Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Girls on the Run Greater Tampa Bay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Laura Moore</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1550 N McMullen Booth, Suite F3 145, Clearwater, FL 33759</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-832-2826</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:laura.moore@girisontherun.org">laura.moore@girisontherun.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>82-1793509</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [x] BY EMAIL

Contact Name: ________________________________

Address: ________________________________

City, State, Zip: ________________________________

Email Address: laura.moore@girisontherun.org
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR’S EVENT**

*(Must be completed)*

**Name of Event:** Girls on the Run 5k

**Date(s) of Event:** 12/8/18 and 5/4/19

---

### I. REVENUE SOURCES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fees</td>
<td>$15,000</td>
</tr>
<tr>
<td>Individual Donations</td>
<td>$700</td>
</tr>
<tr>
<td>Spirit Signs + T-Shirts</td>
<td>$2,000</td>
</tr>
<tr>
<td>In Kind Donations</td>
<td>$4,000</td>
</tr>
<tr>
<td>Sponsors</td>
<td>$8,000</td>
</tr>
<tr>
<td>In Kind Donations</td>
<td>$4,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$29,700</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

---

### II. EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race Village Supplies</td>
<td>$2,000</td>
</tr>
<tr>
<td>Shirts</td>
<td>$3,200</td>
</tr>
<tr>
<td>EMTs</td>
<td>$500</td>
</tr>
<tr>
<td>Medals</td>
<td>$2,000</td>
</tr>
<tr>
<td>Bibs</td>
<td>$110</td>
</tr>
<tr>
<td>DJ</td>
<td>$300</td>
</tr>
<tr>
<td>Rentals (UHaul, Generator, Barricades, Cones, etc.)</td>
<td>$3,000</td>
</tr>
<tr>
<td>Marketing</td>
<td>$2,000</td>
</tr>
<tr>
<td>Police/Permits</td>
<td>$7,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$20,110</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

---

### III. ALLOCATION OF NET INCOME

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls on the Run Scholarships</td>
<td>$9,590</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$9,590</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

---

**Prepared by:** Laura Moore

**Date:** 12/14/17
# GOTR 5k Event Timeline

<table>
<thead>
<tr>
<th>Time</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30 AM</td>
<td>Race Committee arrives</td>
</tr>
<tr>
<td>6:15 AM</td>
<td>Vendors arrive</td>
</tr>
<tr>
<td>6:30 AM</td>
<td>First shift of Volunteers arrive</td>
</tr>
<tr>
<td>6:50 AM</td>
<td>Volunteers stationed in Race Village</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>Race Village officially opens</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>Second shift of Volunteers arrive</td>
</tr>
<tr>
<td>8:15 AM</td>
<td>Course marshalls meet for placement on course and water stations readied</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Group Warm Up; Race Village closes</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>Final Course Marshalls stationed</td>
</tr>
<tr>
<td>8:50 AM</td>
<td>Executive Director welcomes participants</td>
</tr>
<tr>
<td>8:55 AM</td>
<td>Sponsor remarks</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>5 begins!</td>
</tr>
<tr>
<td>9:05 AM</td>
<td>Finish line readied (medals and food)</td>
</tr>
<tr>
<td>9:20 AM</td>
<td>First runner crosses</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Post race comments (after final runner) and street cleared</td>
</tr>
<tr>
<td>10:15 AM</td>
<td>Course marshalls check back to Race Village</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Participants leave, venue is cleaned up</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Clean up complete, exit venue</td>
</tr>
</tbody>
</table>
Our teams met twice each week for 10 weeks and our certified GOTR Coaches led girls through our research-based curriculum, which includes three amazing parts:

All About Me – In our first section, girls gain a better understanding of who they are and what’s important to them

My Team – Girls learn the value of teamwork and healthy relationships

My Community – Girls learn how they can have a positive impact on the world through a team-organized Community Impact Project

In addition, physical activity is woven into each lesson to inspire an appreciation for fitness and healthy habits and teach life critical skills including treating others with care, practicing gratitude and managing emotions.
Dance Warm Up – Led by Crunch Fitness!
Participants got loose and limber with a high energy Zumba warm up!
The Course
Our out-and-back course took runners through gorgeous downtown St. Petersburg and passed by many landmarks, including the Dali Museum, Al Lang Stadium and the downtown pier. GOTR had plenty of water stops, cheer stations and even a marching band to support runners!
Our results? Healthy, confident girls who CAN!

By the Numbers
Our 2017 Fall Season & 5k event was the biggest GOTR 5k yet!

- GOTR Girls: 602
- GOTR Locations: 40
- 5k Runners (not including GOTR Girls): 700+
- Volunteers: 130+
- Spectators: 300+
- 5k Attendance: 1,732+
- Funds Raised at 5k: $6,000+

In Their Own Words
From our GOTR Parents & Runners!

You guys are amazing and put on the best event!!

GOTR got my daughter up & exercising and spending time outside of school with other girls her age. She truly enjoyed it!!

Enjoyed being a part of the support and love that was shared with the beautiful young runners.

First time runner this year with my daughter an I will do it again. I loved it as a father being able to participate this year with my daughter!

Thanks for a fabulously empowering experience!! You can tell the event is well thought out and those who organize this event play close attention to details. Well done!!

We loved everything we where able to do before meeting with our group. My daughter now wants to do more 5ks.

I love that there is focus on kindness and good positive self esteem. My daughter loved making new friends and the 5k was such a great experience, loved the warm up!

Please continue the program. We absolutely love the experience our daughter has every year with it.
Another Amazing Season!

Thank You!!
October 23, 2017

Girls on the Run Greater Tampa Bay, Inc.
1550 North McMullen Booth Rd
Suite F3 #145
Clearwater, FL 33759

RE: EIN 82-1793509

To Whom It May Concern:

This letter is to verify that Girls on the Run Greater Tampa Bay, Inc. is a subordinate organization in good standing and is covered under Girls on the Run International’s Federal Group Tax Exemption Number 6150 as described in Section 501(c)(3) of the Internal Revenue Code. Detailed information regarding the group exemption process is available in IRS Publication 557 (entitled “Tax-Exempt Status for Your Organization” and is available on the IRS website at www.irs.gov/pub/irs-pdf/p557.pdf) and IRS Publication 4573 (entitled “Group Exemptions” and available on the IRS website at www.irs.gov/pub/irs-pdf/p4573.pdf).

How do donors verify that contributions are deductible under section 170 with respect to a subordinate organization in a section 501(c)(3) group exemption ruling? Donors should consult IRS Publication 78, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986, or obtain a copy of the group exemption letter from the central organization. The central organization’s listing in Publication 78 will indicate that contributions to its subordinate organizations covered by the group exemption ruling are also deductible, even though most subordinate organizations are not separately listed in Publication 78 or on the EO Business Master File. Donors should then verify with the central organization, by either of the methods indicated above, whether the particular subordinate is included in the central organization’s group ruling. The subordinate organization need not itself be listed in Publication 78 or on the EO Business Master File. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling. – Publication 4573, page 4

Enclosed is a copy of the IRS Letter of Determination for the Group Exemption Ruling.
Dear Sir or Madam:

This is in response to your request dated May 26, 2017, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in October 2000, and that you’re currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognize the subordinates on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

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

Because IRC Section 170(d) describes your subordinate organizations, donors can deduct contributions they make to them.

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don’t file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn’t file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

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

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements
### Florida Not For Profit Corporation
**GIRLS ON THE RUN GREATER TAMPA BAY, INC.**

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

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

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

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

#### Officer/Director Detail
**Name & Address**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIR.</td>
<td>CRATE, JESSICA</td>
<td>1550 NORTH MCMULLEN BOOTH ROAD SUITE F3 #1 CLEARWATER, FL 33759</td>
</tr>
<tr>
<td>DIR.</td>
<td>KREBS, STEPHANIE</td>
<td>1550 NORTH MCMULLEN BOOTH ROAD SUITE F3 #1 CLEARWATER, FL 33759</td>
</tr>
</tbody>
</table>
SHORTT, ANGLEA
1550 NORTH MCMULLEN BOOTH ROAD SUITE F3 #1
CLEARWATER, FL 33759

Annual Reports
No Annual Reports Filed

Document Images
07/06/2017 -- Domestic Non-Profit View image in PDF format
## Description of Receipt

**City of St. Petersburg**

**GIRLS ON THE RUN INTERNATIONAL - GOTR TA**

LAURA MOORE  
1550 N MCMULLEN BOOTH, SUITE F3 145  
CLEARWATER, FL 33759 USA

Receipt #: 2063753  
User: RBMCCULL  
Issued: Thu 18 Jan 18 08:44 am

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

Applied To: 22585 - GIRLS ON THE RUN 5K - 2018 FALL

- Poyntor Park - Park  
- December 8, 2018 6:00 am to December 8, 2018 12:00 pm

<table>
<thead>
<tr>
<th>Payment: Check</th>
<th>Amount ($200.00)</th>
</tr>
</thead>
</table>

Balance $0.00

---

APPROVED REFUNDS ARE BY CHECK ONLY
Contract/Permit

Contract #: 22585
Date: 18 Jan 2018

User: RBMCCULL
Status: Firm

Purpose of Use: GIRLS ON THE RUN 5K - 2018 FALL
Expected: 1,400
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 08 Dec 18 06:00 am
Ending: Sat 08 Dec 18 12:00 pm

Facility/Equipment
Day Date Time Fee Extra Fee Tax Total
Poynter Park Sat 08 Dec 18 06:00 AM $0.00 $200.00 $0.00 $200.00
Park 12:00 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 8:00 1 $200.00 $0.00 $200.00

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

Balance of rental due and payable immediately.

Payments:
Date Amount Payment Type Reference Receipt Number
18 Jan 2018 $30.00 Check Rental 2963752

Additional Notes:

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

By: (Sign Name) LAURA MOORE
(Print Name) GIRLS ON THE RUN INTERNATIONAL - GOTR TA
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 18 Jan 2018, 08:43 AM
User: rbmccull
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.
January 10, 2018

Dear Co-Sponsor Committee,

We are so excited to apply to host our Girls on the Run 5k event again in the gorgeous city of St. Petersburg! Enclosed are the following items:

- Co-Sponsor Event Application
- 5k Route
- Race Village Map
- Event Timeline
- Girls on the Run 5k (2017 Fall) Event Recap
- 501(c)3 Letter of Determination
- Application Fee Check
- Park Permit Fee Check

Thank you for being our Partner in inspiring girls to be joyful, healthy and confident.

Sincerely,

Laura Moore
Executive Director
Event Title: Boley Centers Jingle Bell Run
Entity Name: Boley Centers, Inc.
Event Date(s): 12-12-18
Location: Albert Whitted Park
Day 1 of Event: Time Gates Open: 6 PM Ending Time: 9 PM
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Jenine Thornley
Title: Executive Assistant
Address: 445 - 31st St. N, St. Petersburg, FL 33713
Email Address: Jenine.thomley@boleycenters.org
Additional Contact Person: Jeri Flanagan
Day Phone: 727-224-8325

What month/year were you incorporated as nonprofit? 1970
List all 501(c)(3) entities that will benefit from this event: Boley Centers, Inc.
Name of the for-profit entity? N/A

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
Enhances City quality and image as a sports/healthy entity.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Brings business throughout the downtown area and surrounding eating establishments.

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

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

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

Will there be an admission/registration fee? YES NO
Advanced Fee: $25.00 Day of: $30.00

Please provide the website address for your event: www.boleycenters.org
Please provide a phone number that can be advertised to the public: 727-821-4819, Ext. 5700

What is the estimated attendance for this event? Spectators 500 Participants 2,000 Last Year's Total Attendance 2,000
Please check the equipment and/or facilities you are requesting.

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

**Special Events Facilities**
- Mahaffey Theater [ ]
- Coliseum [ ]
- Sunken Gardens [ ]
- Boyd Hill [ ]

**Non-City Locations**
- Which Location?

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

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

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

**FIRE:** Paramedics, Inspectors

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

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

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

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

Name: [ ]
Co-Sign: [ ]
Title: Executive Vice President [ ]
Title: President/CEO [ ]
Date: [ ]
Date: [ ]

**NOTE:**

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

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

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

Please attach the following:

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit 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>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Security</td>
<td>Other</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Performers</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></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.

Sound system; lighting around tents.

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: Boley Centers, Inc.  

Phone: 727-821-4819

Address (including zip): 445 - 31st St. N, St. Petersburg, FL 33713

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

Approximately 15 bands playing holiday music along the course from 7 PM to 8:30 PM

List Vending Products. Name & Provider.

TBD

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

TBD

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

Discuss your load in/load out parking needs, include times and dates.

TBD & discussed with St. Petersburg Police Department
Other Comments: Please describe your fee structure.

Admission Fee: $25 Adults ($30 race night)
   $20 Children ($25 race night)

Other comments:

The Jingle Bell Run is a non-competitive one (1) and three (3) mile fun run from Albert Whitted Park, along the waterfront to the Northshore pool parking lot and returning to Albert Whitted.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: [Signature]  Title: Executive Vice President  Date: 10/16/2018
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>Boley Centers, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Gary MacMath</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President/CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>445 - 31st Street North, St. Petersburg, FL 33713</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-224-8289</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:gary.macmath@boleycenters.org">gary.macmath@boleycenters.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1290089</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
### I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Donations</td>
<td>$3,032.00</td>
</tr>
<tr>
<td>2. Sponsorships</td>
<td>$45,550.00</td>
</tr>
<tr>
<td>3. Registrations</td>
<td>$33,945.00</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>$82,527.00</strong></td>
</tr>
</tbody>
</table>

### II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advertising</td>
<td>$2,345.00</td>
</tr>
<tr>
<td>2. Entertainment</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>3. City of St. Petersburg (Estimate)</td>
<td>$9,575.00</td>
</tr>
<tr>
<td>4. Food</td>
<td>$2,175.00</td>
</tr>
<tr>
<td>5. Shirts</td>
<td>$13,101.00</td>
</tr>
<tr>
<td>6. Event equipment</td>
<td>$1,215.00</td>
</tr>
<tr>
<td>7. Glow Necklaces</td>
<td>$750.00</td>
</tr>
<tr>
<td>8. Printing</td>
<td>$1,675.00</td>
</tr>
<tr>
<td>9. Jingle Bells/Elastic</td>
<td>$1,073.00</td>
</tr>
<tr>
<td>10. Licenses/Permits</td>
<td>$630.00</td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$37,539.00</strong></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td><strong>$44,988.00</strong></td>
</tr>
</tbody>
</table>

### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: [Signature]  
Date: [Date]
January 10, 2018

Jade S. Benningfield  
Parks & Recreation Supervisor, Special Events  
City of St. Petersburg  
1400 19th St. N.  
St. Petersburg, FL 33713

Re: Co-Sponsored Event Application  
Boley Centers’ 2018 Jingle Bell Run

Dear Ms. Benningfield:

Please be advised that Boley Centers, Inc. is the recipient of the proceeds from the Jingle Bell Run and that such proceeds are used to support our Homeless Program for the Mentally Ill.

Per our 1-8-18 e-mail correspondence, I am attaching our signed co-sponsored event application for December 12, 2018 and the $30 application fee.

Thank you!

Sincerely,

Jenine Thornley  
Executive Assistant
Florida Not For Profit Corporation
BOLEY CENTERS, INC.

<table>
<thead>
<tr>
<th><strong>Filing Information</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Document Number</strong></td>
<td>718784</td>
</tr>
<tr>
<td><strong>FEI/EIN Number</strong></td>
<td>59-1290089</td>
</tr>
<tr>
<td><strong>Date Filed</strong></td>
<td>07/01/1970</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>FL</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td>ACTIVE</td>
</tr>
<tr>
<td><strong>Last Event</strong></td>
<td>AMENDED AND RESTATED ARTICLES</td>
</tr>
<tr>
<td><strong>Event Date Filed</strong></td>
<td>06/30/2015</td>
</tr>
<tr>
<td><strong>Event Effective Date</strong></td>
<td>NONE</td>
</tr>
</tbody>
</table>

**Principal Address**
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Changed: 01/19/2009

**Mailing Address**
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Changed: 01/19/2009

**Registered Agent Name & Address**
MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Name Changed: 01/19/2009

Address Changed: 01/19/2009

**Officer/Director Details**

**Name & Address**
Title President/CEO
MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713
Title COO, Corporate Secretary

NORDLINGER, MIRIAM
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

INCORVIA, SANDRA
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

MISIEWICZ, PAUL
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Chairman

ROSS, LORETTA
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

LOTT, MARTIN
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

POYNTER, SALLY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

HEBERT, JOHN T
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

BUSSEY, RUTLAND
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

STRINGER, JOSEPH
<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City, State Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECTOR</td>
<td>SMITH, JOSEPH L</td>
<td>445 31ST STREET NORTH</td>
<td>SAINT PETERSBURG, FL 33713</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>COLEY, LEONARD</td>
<td>445 31ST STREET NORTH</td>
<td>SAINT PETERSBURG, FL 33713</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>DR. WALLACE, ROBERT</td>
<td>445 31ST STREET NORTH</td>
<td>SAINT PETERSBURG, FL 33713</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>HUGHES, MARKUS, LIEUTENANT</td>
<td>445 31ST STREET NORTH</td>
<td>SAINT PETERSBURG, FL 33713</td>
</tr>
<tr>
<td>FIRST VICE CHAIRMAN</td>
<td>McQueen, Maggi</td>
<td>445 31ST STREET NORTH</td>
<td>SAINT PETERSBURG, FL 33713</td>
</tr>
<tr>
<td>SECOND VICE CHAIRMAN</td>
<td>Phares, Gail</td>
<td>445 31ST STREET NORTH</td>
<td>SAINT PETERSBURG, FL 33713</td>
</tr>
</tbody>
</table>

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>02/01/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/12/2017</td>
</tr>
<tr>
<td>2017</td>
<td>06/02/2017</td>
</tr>
</tbody>
</table>

### Document Images
- 06/02/2017 -- AMENDED ANNUAL REPORT
- 01/12/2017 -- ANNUAL REPORT
- 02/01/2016 -- AMENDED ANNUAL REPORT
- 06/02/2017 -- AMENDED ANNUAL REPORT
- 02/01/2016 -- ANNUAL REPORT
BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
JENINE THORNLEY
445 31ST ST N
ST PETERSBURG FL 33713 USA

Purpose of Use: BOLEY CENTERS JINGLE BELL RUN
Expected: 2,000
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: Wed 12 Dec 18 05:00 pm
Ending: Wed 12 Dec 18 10:00 pm

Facility/Equipment
Albert Whitted Park
Park

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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra Fee - Bookings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

Charges:
- Fees $0.00
- Extra Fees $230.00
- Tax $0.00
- Total $230.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
CITY OF ST. PETERSBURG  
PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION

Event Title: Rotary Club of St Petersburg Lighted Boat Parade  
Entity Name: Rotary Club of St Petersburg  
Event Date(s): December 22, 2018  
Location: Vinoy Basin and an adjacent park

Day 1 of Event:  
Day 2 of Event:  
Day 3 of Event:  

Application Prepared by: Troy Willingham  
Title: President 2018-2019  
Address: P.O. Box 40052  
City: St. Petersburg  
State: FL  
Zip: 33743  
Email Address: paula@sprotary.org  
Additional Contact Person: Paula Adams, executive secretary

What month/year were you incorporated as nonprofit? February 1963

List all 501(c)3 entities that will benefit from this event:  
Rotary International of St Petersburg Trust Fund Charities

Name of the for-profit entity?  
Desired economic benefit and impact this event will bring to St. Petersburg:  
The parade draws people from outside of the city limits to downtown.  
Parade viewers along the waterfront come early, stay later and make retail, food and beverage purchases.  
The experience is one that they will likely share with others.

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

For 31 years, the lighted boat parade has drawn people and activity to the downtown waterfront during the holiday season. With the boat parade as a central activity, the image of a friendly community to be be enjoyed by all its residents.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? 

Are there plans to sell or distribute beer/wine at your event?

Will there be an admission/registration fee?

Please provide the website address for your event: www.lightedboatparade.org

Please provide a phone number that can be advertised to the public: 727-822-3277

What is the estimated attendance for this event?  

Page 1 of 8
Please check the equipment and/or facilities you are requesting.

**Recreation Equipment**

Showmobile (Yes/No) no

# Bleacher(s) needed. Each bleacher approx. 180 people) 0

Tables (6 ft) needed 0  Chairs # needed 0

Public Address System 0

# 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?

- Vinoy Basin

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: Troy Willingham  Title: President-elect  Date: 1/11/2018

Co-Sign: Diane Cohrs  Title: Chair  Date:

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day’s events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit 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-a-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>How many?</td>
<td></td>
</tr>
<tr>
<td>What type?</td>
<td></td>
</tr>
<tr>
<td>What structure?</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td>Showmobile</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Performers</td>
<td></td>
</tr>
<tr>
<td>Announcement Only</td>
<td></td>
</tr>
<tr>
<td>Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>Event Time Frame - SPPD</td>
<td></td>
</tr>
<tr>
<td>Regular Units</td>
<td></td>
</tr>
<tr>
<td>Disabled Units</td>
<td></td>
</tr>
<tr>
<td>Hand Washing</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.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: Rotary Club of St. Petersburg
Address (including zip): P. O. Box 40052
Phone: 727-822-3277

Type of music, # of stages, and # of bands.

to be determined

List Vending Products. Name & Provider.

undetermined

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Rotary Club of St. Petersburg
P. O. Box 40052

Explain subject/purpose of all speeches/demonstrations which will occur.

not applicable

Discuss your load in/load out parking needs, include times and dates.

arrival times will vary up to event time and after
Other Comments: Please describe your fee structure.

Other comments:
We would like for city to donate police boat, promote the event. Details will continue to be developed over the next few months.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOM BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Troy Willingham
Title: president 2018-2019
Date: 1/11/2018
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 months prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non-refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Rotary Club of St Petersburg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Troy Willingham</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>president 2018-2019</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>P. O. Box 40052 St. Petersburg, FL 33743-0052</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-822-3277</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:paula@sprotary.org">paula@sprotary.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-6134319</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☑ BY Mail
Contact Name: Rotary Club of St Petersburg
Address: P. O. Box 40052
City, State, Zip: St. Petersburg, FL 33743-0052

☐ BY EMAIL
Email Address: 
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Rotary Club of St Pete Lighted Boat Parade
Date(s) of Event: Dec 9, 2017

I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
</tr>
</tbody>
</table>

II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
</tr>
</tbody>
</table>

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
</tr>
</tbody>
</table>

Prepared by: Troy Willingham
Date: January 11, 2018
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
LOCKTON COMPANIES
500 West Monroe, Suite 3400
CHICAGO IL 60661
(312) 609-6900

INSURED
1393456 All Active US Rotary Clubs & Districts
Rotary Club of St. Petersburg
Attn: Risk Management Department
1500 Sherman Ave.
Evanston, IL 60201-3698

INSURER(IES) AFFORDING COVERAGE
INHERENT RISK
NAC #

INSURER A: Lexington Insurance Company
19437

COVERAGES

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is included as Additional Insured where required by written contract or permit subject to the terms and conditions of the General Liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER
City of St. Petersburg
P. O. Box 2642
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

© 1982-2014 ACORD CORPORATION. All rights reserved.
5:45pm
Assemble due east of Albert Whitted Control Tower

6:00pm
Follow Galati Yacht and proceed due north

Judges Table
Exit Basin and come about for second lap
St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Procedures for Issuing Outdoor Assembly Permits

The Chief of Police or his/her designee shall be the authorized agent for issuing, tendering an alternative, rescinding or denying Outdoor Assembly Permits. Applications for such permits can be obtained at the St. Petersburg Police Department or electronically via email or online on the Department’s website. Applications must be submitted to the Special Events Unit of the St. Petersburg Police Department at least thirty (30) days prior to the scheduled event, but not more than 180 days prior to the event. This time is necessary as other City Departments are involved in the permitting process. Event organizers are encouraged to contact the Special Events Unit prior to completing this application to discuss the specifics of their event. A completed application should include the following:

1. The name or names of the person or organization sponsoring the event.
2. The date, time and duration of the event.
3. A check or money order in the amount of $30.00 made payable to “The City of St. Petersburg.” Cash will not be accepted as payment. This non-refundable application fee is required by Section 25-75 of the City Code and is to be paid at the time of the filing of this application. Actual event costs will be in addition to this application fee and shall be determined prior to the date of the event.
4. If alcoholic beverages are to be sold or served, proof of Liquor Liability Insurance will be required.

Applicants will provide adequate supervision for the event, ensuring the safety of all participants and the protection of any City property. Applicants are responsible for cleaning-up the affected area after the event. The applicant will also ensure that the event complies with all City Ordinances and Florida State Statutes and that there will be NO vending (sale of foods, beverages, etc.) without the proper City permits and/or licenses.

Should the location for the event be determined to be unsuitable, an alternate site may be recommended. If the permit is approved, the applicant will be provided a copy of the permit for their records. The applicant should retain this approved copy until the event has concluded. The original permit will be retained by the Special Events Unit. If the application is denied, the applicant will be notified of the denial and its justification.

The City may deny an application, tender an alternative permit or revoke an approved permit at any time. Reasons for denial may include, but are not limited to: submission after the 30 day limit, an incomplete application, traffic control and/or public safety concerns, failure of the applicant to secure adequate City services or another event which takes precedence. Reasons for tendering an alternative permit may include, but are not limited to: traffic control and/or public safety concerns or another event which takes precedence. Reasons for revocation may include, but are not limited to: falsification of the application, violation of one or more of the conditions or standards for issuance, or when a public emergency arises where the police resources are required for that emergency.

KEEP THIS SHEET FOR YOUR RECORDS
### Event Information

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Rotary Club of St Petersburg Lighted Boat Parade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Event:</td>
<td>December 22, 2018</td>
</tr>
<tr>
<td>Assembly Time:</td>
<td>4pm</td>
</tr>
</tbody>
</table>

### Event Specifics

Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:

- A parade of lighted boats in and around Vinoy Basin for the enjoyment of those onshore

Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.

- Map attached

Specify any Public Facilities, Parks and/or Equipment to be used:

- Undetermined

Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.

- Propose a vinyl banner in North Straub Park

Will alcoholic beverages be sold or consumed as part of this event?

- Yes | No

Estimated number of people taking part in the event.

- 300

Estimated number and type of animals taking part in the event.

- 0

Will this event take place in the roadway?

- Yes | No

If Yes, will the entire event be in the roadway or just a portion of the event?

Will this event take place on the sidewalks?

- Yes | No

If Yes, will the entire event be on the sidewalks or just a portion of the event?

Estimated number of volunteers or Parade Marshals that will be assisting with this event.

- 30

Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however, the responsibility for informing the public and affected commerce rests with the applicant.

What steps will the applicant(s) take to ensure the community is properly notified?

- Lighted boat parade does NOT interfere with normal automobile traffic
St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Fees, Costs and Insurance Requirements
A non-refundable application fee of Thirty Dollars ($30.00) is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

Waiver Request for Fees, Costs and Insurance Requirements
If the applicant is indigent and is engaged in public issue speech or conduct, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?

Yes  No

Organization Sponsoring Event Information

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Troy Willingham</td>
<td>Name: Rotary Club of St. Petersburg</td>
</tr>
<tr>
<td>Address: P. O. Box 40052 St. Petersburg, FL 33743-0052</td>
<td>Address: P. O. Box 40052 St. Petersburg, FL 33743-0052</td>
</tr>
<tr>
<td>Email: <a href="mailto:paula@sproty.org">paula@sproty.org</a></td>
<td>Email: <a href="mailto:paula@sproty.org">paula@sproty.org</a></td>
</tr>
<tr>
<td>Phone: Cell: 727-822-3277</td>
<td>Phone: Cell: 727-822-3277</td>
</tr>
<tr>
<td></td>
<td>Home: Work: 727-822-3277</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>President or Head of Organization</th>
<th>Person or Entity Responsible for Payment of City Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Troy Willingham</td>
<td>Name: Troy Willingham</td>
</tr>
<tr>
<td>Address: P. O. Box 40052 St. Petersburg, FL 33743-0052</td>
<td>Address: P. O. Box 40052 St. Petersburg, FL 33743-0052</td>
</tr>
<tr>
<td>Email: <a href="mailto:paula@sproty.org">paula@sproty.org</a></td>
<td>Email: <a href="mailto:paula@sproty.org">paula@sproty.org</a></td>
</tr>
<tr>
<td>Phone: Cell:</td>
<td>Phone: Cell:</td>
</tr>
<tr>
<td></td>
<td>Home: Work: 727-822-3277</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Responsible for Event Conduct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Diane Cohrs and Jim Fitton</td>
</tr>
<tr>
<td>Address: P. O. Box 40052 St. Petersburg, FL 33743-0052</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Phone: Cell: 727-822-3277</td>
</tr>
</tbody>
</table>
St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Signature and Notary:

I, Troy Willingham, for himself/herself and for the other persons, organizations, firms and corporations listed in the Organization Sponsoring Event Information section of this application, do hereby contract and agree that they will jointly and severally indemnify and hold the City of St. Petersburg, Florida harmless against liability for any and all claims for damage or injury to or death of persons arising out of or resulting from the issuance of this permit, or the conduct of the event or its participants.

The event and expected conduct of the participants will conform to all requirements of law, including all ordinances of the City of St. Petersburg.

Applicant Signature (Authorized Representative)

1/11/2018

Date

The foregoing instrument was acknowledged before me this 11 day of JANUARY, 2018, by Troy Willingham, who is personally known to me, who has produced FDLI as proper identification.

Notary Public

Permit Approval

The application for this Outdoor Assembly Permit is hereby granted subject to the applicant’s acknowledgement that they will abide by all laws of the State of Florida and all ordinances of the City of St. Petersburg and Pinellas County. Further the applicant acknowledges they are responsible for the conduct of ALL participants of the event they have sponsored.

Authorized Signature (Police Department)

Date of Approval
5:45pm
Assemble due east of Albert Whitted Control Tower

6:00pm
Follow Galati Yacht and proceed due north

Exit Basin and come about for second lap

Judges Table
Detail by Entity Name
Florida Not For Profit Corporation
ROTARY CLUB OF ST. PETERSBURG, INC

Filing Information
Document Number: N10000001140
FEI/EIN Number: 59-0428468
Date Filed: 02/04/2010
State: FL
Status: ACTIVE

Principal Address
6949 13th Avenue N
ST PETERSBURG, FL 33710

Changed: 03/02/2016

Mailing Address
P. O. Box 40052
ST PETERSBURG, FL 33743-0052

Changed: 03/02/2016

Registered Agent Name & Address
THOMPSON, JAMES BJR.
150 2ND AVENUE N
SUITE 1500
ST. PETERSBURG, FL 33701

Name Changed: 01/28/2011

Address Changed: 02/26/2014

Officer/Director Detail
Name & Address

Title Secretary
ROMIG, LEE F
12015 Major Turner Run
Parrish, FL 34219

Title VP
Williams, Mary Elizabeth  
3231 Masters Drive  
Clearwater, FL 33761

Title Director

West, Craig L.  
Bank of Tampa  
200 Central Avenue  
ST PETERSBURG, FL 33701

Title Treasurer

VanMiddlesworth-Banks, Jill  
678 4th Street N  
ST PETERSBURG, FL 33701

Title Director

Arnold, Chris  
624 Quintana Place NE  
ST PETERSBURG, FL 33703

Title President

Adams, H. Roy  
6949 13th Avenue N  
ST PETERSBURG, FL 33710

Title President-elect

Willingham, Troy  
753 Brightwaters Blvd NE  
St. Petersburg, FL 33704

Title Sergeant at Arms

Rutland, Melissa J  
214 38TH AVENUE NE  
ST. PETERSBURG, FL 33704

Title Director

Kingsford, Michael  
221 41st Avenue N  
St. Petersburg, FL 33703

Title Director

Burch, Julia  
5915 4th Avenue N  
St. Petersburg, FL 33710
### Title Director

Shorter, Michael D., Jr.
870 64th Avenue S
St. Petersburg, FL 33705

### Title Director

Heinkel, Elizabeth
c/o Coastal Properties Group
238 Beach Drive NE
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>02/02/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/02/2016</td>
</tr>
<tr>
<td>2017</td>
<td>03/22/2017</td>
</tr>
</tbody>
</table>

### Document Images

- [02/22/2017 – ANNUAL REPORT](#) View image in PDF format
- [03/02/2016 – ANNUAL REPORT](#) View image in PDF format
- [02/22/2015 – ANNUAL REPORT](#) View image in PDF format
- [02/26/2014 – ANNUAL REPORT](#) View image in PDF format
- [02/20/2013 – ANNUAL REPORT](#) View image in PDF format
- [02/08/2012 – ANNUAL REPORT](#) View image in PDF format
- [01/28/2011 – ANNUAL REPORT](#) View image in PDF format
- [02/11/2010 – ADDRESS CHANGE](#) View image in PDF format
- [02/04/2010 – Domestic Non-Profit](#) View image in PDF format
**City of St. Petersburg**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$200.00</td>
</tr>
<tr>
<td>Applied To: 22594 - ROTARY CLUB OF ST. PETERSBURG LIGHTED BOAT PARADE</td>
<td>$30.00</td>
</tr>
<tr>
<td>Vinoy Park - Mole</td>
<td></td>
</tr>
<tr>
<td>December 22, 2018 3:00 pm to December 22, 2018 10:00 pm</td>
<td></td>
</tr>
</tbody>
</table>

**Payment:** Check

**Balance** $170.00

*APPROVED REFUNDS ARE BY CHECK ONLY*
Contract/Permit

Contract #: 22594
Date: 18 Jan 2018

User: RBMCCULL
Status: Firm

Primary #: (727) 822-3277
Secondary #: (727)
Other #: ()

ROTARY CLUB OF ST PETERSBURG
TROY WILLINGHAM
P.O. BOX 40052
ST PETERSBURG FL 33743 USA

Purpose of Use: ROTARY CLUB OF ST. PETERSBURG LIGHTED BOAT PARADE
Expected: 1,500

Conditions of Use: Insurance Required

Other Information:
Use of beer and wine: Yes
Use of fencing: No
Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Sat 22 Dec 18 03:00 pm
Ending: Sat 22 Dec 18 10:00 pm

Facility/Equipment

Vinoy Park
Sat 22 Dec 2018 03:00 PM

Mole
10:00 PM

Additional Fees:

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Start Date/Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td>Sat 22 Dec 18</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Mole</td>
<td>10:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Extra Fee - Bookings

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Hours</th>
<th>Start Date/Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Park Permit Fee</td>
<td>7:00-10:00</td>
<td>Sat 22 Dec 18</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
<td></td>
</tr>
</tbody>
</table>

Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$60.00</td>
<td>$170.00</td>
<td>$170.00</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>12 Oct 2017</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2911394</td>
</tr>
<tr>
<td>18 Jan 2018</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2963863</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): TROY WILLINGHAM
(Print Name): ROTARY 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
<table>
<thead>
<tr>
<th>Supervisor II / Foreman</th>
<th>Approved or</th>
<th>Rejected</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>Approved or</td>
<td>Rejected</td>
<td>Date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>Approved or</td>
<td>Rejected</td>
<td>Date:</td>
</tr>
</tbody>
</table>

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
**Event Title:** Girls on the Run 5k - 2019 Spring  
**Phone No.:** 813-832-2826  
**Fax No.:** 
**Entity Name:** Girls on the Run Greater Tampa Bay  
**Location:** Poynter Park  
**L**ocation:  
<table>
<thead>
<tr>
<th>Event Date(s):</th>
<th>Time Gates Open</th>
<th>Ending Time</th>
<th>Time Gates Open</th>
<th>Ending Time</th>
<th>Time Gates Open</th>
<th>Ending Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/4/2019</td>
<td>7 AM</td>
<td>11 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 2 of Event</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 3 of Event</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Application Prepared by:** Laura Moore  
**Phone:** 813-832-2826  
**Title:** Executive Director  
**Address:** 1550 N McMullen Booth, Suite F3 145  
**City:** Clearwater  
**State:** FL  
**Zip:** 33759  
**Email Address:** laura.moore@girisontherun.org  
**Additional Contact Person:** Jessica Crate, GOTR Board Chair  
**Day Phone:** 821-626-1909  

**What month/year were you incorporated as nonprofit?** 2008 (Previously under University of South Florida)  
**List all 501(c)3 entities that will benefit from this event.** Girls on the Run Greater Tampa Bay  

**Name of the for-profit entity?** 

**Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.**  
The Girls on the Run 5k will enhance the image of St. Petersburg by aligning it with an internationally recognized and celebrated organization. Our Girls on the Run (GOTR) Council is the local affiliate of GOTR International, which is made up of 225+ Council that have served over 1.4 million girls since 1996 (including 3,853 locally). In 2016, GOTR Councils hosted more than 350 5k events across the US, making the GOTR 5k series the largest in the country. GOTR has been featured in national news publications such as Runner's World, Women's Day, Parenting, NBC, NPR, ESPN and FOX Sports. Our local Council has been featured in the Tampa Bay Times, Tampa Tribune, Fox Sports SUN, ABC and local papers. Our 5k's are featured on WFLA Leigh Spann's Facebook Live and have garnered a total of 46,000 views! Our 5k will contribute to the quality of life in St. Pete by introducing more families to our program and showcasing the beautiful venue and route to participants.  

**Describe what economic benefit and impact this event will bring to St. Petersburg.**  
All funds raised from the 5k go into our Scholarship Program, so that all girls have the opportunity to be a Girl on the Run. In our 2017 Fall Season, over 52% of our 602 girls received financial aid. For our 2018 Spring Season, we anticipate serving 600+ girls with over 50% receiving financial aid. By providing scholarships, we remove the financial burden from participants, roughly half of which live in Pinellas County and include the following St. Pete schools: Jamerson, Midtown Academy, Sanderlin, Woodlawn, Admiral Faragut, and Canterbury. The GOTR 5k brings participants from 50+ program locations across Tampa Bay (Plant City to Wesley Chapel to New Port Richey to Venice) to St. Pete where many will stay overnight in hotels, eat in restaurants, shop in local stores, visit local attractions and pay for street parking. We intentionally promote families to support St. Pete by taking advantage of all the amenities pre and post 5k!  

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 each occurrence  
**Are there plans to sell or distribute beer/wine at your event?** YES NO  
**Advanced Fee:** $25  
**Day of:** $25  
**Will there be an admission / registration fee?** YES NO  
**Advanced Fee:** $25  
**Day of:** $25  

**Please provide the website address for your event:** www.gottampa.org  
**Please provide a phone number that can be advertised to the public:** 813-832-2826  
**What is the estimated attendance for this event?**  
Spectators: 400  
Participants: 1400  
Last Year’s Total Attendance: 1400
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>Coliseum</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) #</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>needed</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td># needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable risers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>needed (4 in. x 8 in. x 16 in. sections)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Laura Moore  Title: Executive Director  Date: 12/14/17
Co-Sign:  Title:  Date: 

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit 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>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
<tr>
<td>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
<td></td>
</tr>
</tbody>
</table>
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? YES ☒ NO

If YES, check all that apply. ☒ RV'S ☒ Coffee Vendors ☒ Ice Bins ☒ Freezers ☒ Ice Cream Vendors ☒ Catering Trucks

Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

N/A

Will you supply your own generators? YES ☒ NO

Will your event have a licensed electrician on-site during the event? YES ☒ NO

If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: Girls on the Run Greater Tampa Bay

Phone: 813-832-2826

Address (including zip): 1550 N McMullen Booth, Suite F3 145, Clearwater, FL 33759

Type of music, # of stages, and # of bands.

We will have a DJ with speakers playing radio-friendly Top 40 hits

List Vending Products. Name & Provider.

Tampa Bay Rays - Mascot Raymond, Tampa Bay Lightning - Street Team, MedExpress, Trader Joe's - Snacks, FOX Sports Sun, KIND Bar - Snacks, and others pending.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

N/A

Explain subject/purpose of all speeches/demonstrations which will occur.

GOTR will make an opening speech to welcome participants to event, address them again at the 5k Start Line just before the race begins, and again at the close of the event to thank everyone for attending. We may also have 1-2 sponsors give a 30 second welcome to crowd.

Discuss your load in/load out parking needs, include times and dates.

GOTR will set up our Race Village (including Registration, Packet Pick Up, etc.) beginning at 4:30 AM. We will have everything unloaded and ready for guests by 7 am, and will be cleaned/packed up by 12 pm.
The GOTR 5k registration fee is $25, which includes entry, medal, shirt, and swag bag. We offer a $5 discount code to guardians/parents of girls currently enrolled in the GOTR program. Codes are not accepted on race morning.

Other comments:

Girls on the Run inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Trained coaches lead small teams through our research-based curricula which includes dynamic discussions, activities and running games. Over the course of the ten-week season, girls in 3rd-5th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. Each season culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete the Girls on the Run 5k. Completing the 5k gives the girls a tangible sense of achievement as well as a framework for setting and achieving life goals - making the seemingly impossible, possible.

We have hosted our last 3 5k events in St. Petersburg (getting bigger each season!) and have been absolutely THRILLED with our experience! The venue consistently exceeds both ours and our participant highest expectations. As we work towards our goal of a Disney-calibur race, we believe that the City of St. Pete is our partner and the most incredible home for our event!

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Laura Moore  Title: Executive Director  Date: 12/14/17
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first-time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Girls on the Run Greater Tampa Bay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Laura Moore</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1550 N McMullen Booth, Suite F3 145, Clearwater, FL 33759</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-832-2826</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:laura.moore@girisontherun.org">laura.moore@girisontherun.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>82-1793509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>N/A</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>N/A</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>N/A</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td>N/A</td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Email Address: laura.moore@girisontherun.org
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR’S EVENT**

(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Girls on the Run Sk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>12/8/18 and 5/4/19</td>
</tr>
</tbody>
</table>

### I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fees</td>
<td>$15,000</td>
</tr>
<tr>
<td>Individual Donations</td>
<td>$700</td>
</tr>
<tr>
<td>Spirit Signs + T-Shirts</td>
<td>$2,000</td>
</tr>
<tr>
<td>In Kind Donations</td>
<td>$4,000</td>
</tr>
<tr>
<td>Sponsors</td>
<td>$8,000</td>
</tr>
<tr>
<td>Kind Donations</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

| Total | $29,700 |

### II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race Village Supplies</td>
<td>$2,000</td>
</tr>
<tr>
<td>Shirts</td>
<td>$3,200</td>
</tr>
<tr>
<td>EMTs</td>
<td>$500</td>
</tr>
<tr>
<td>Medals</td>
<td>$2,000</td>
</tr>
<tr>
<td>Bibs</td>
<td>$110</td>
</tr>
<tr>
<td>DJ</td>
<td>$300</td>
</tr>
<tr>
<td>Rentals (UHaul, Generator, Barricades, Cones, etc.)</td>
<td>$3,000</td>
</tr>
<tr>
<td>Marketing</td>
<td>$2,000</td>
</tr>
<tr>
<td>Police/Permits</td>
<td>$7,000</td>
</tr>
</tbody>
</table>

| Total | $20,110 |

| Net | $9,590 |

### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls on the Run Scholarships</td>
<td>$9,590</td>
</tr>
<tr>
<td>Police/Permits</td>
<td>$7,000</td>
</tr>
</tbody>
</table>

| Total | $9,590 |

Prepared by: Laura Moore  
Date: 12/14/17
## GOTR 5k Event Timeline

<table>
<thead>
<tr>
<th>Time</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30 AM</td>
<td>Race Committee arrives</td>
</tr>
<tr>
<td>6:15 AM</td>
<td>Vendors arrive</td>
</tr>
<tr>
<td>6:30 AM</td>
<td>First shift of Volunteers arrive</td>
</tr>
<tr>
<td>6:50 AM</td>
<td>Volunteers stationed in Race Village</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>Race Village officially opens</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>Second shift of Volunteers arrive</td>
</tr>
<tr>
<td>8:15 AM</td>
<td>Course marshalls meet for placement on course and water stations readied</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Group Warm Up; Race Village closes</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>Final Course Marshalls stationed</td>
</tr>
<tr>
<td>8:50 AM</td>
<td>Executive Director welcomes participants</td>
</tr>
<tr>
<td>8:55 AM</td>
<td>Sponsor remarks</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>5 begins!</td>
</tr>
<tr>
<td>9:05 AM</td>
<td>Finish line readied (medals and food)</td>
</tr>
<tr>
<td>9:20 AM</td>
<td>First runner crosses</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Post race comments (after final runner) and street cleared</td>
</tr>
<tr>
<td>10:15 AM</td>
<td>Course marshalls check back to Race Village</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Participants leave, venue is cleaned up</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Clean up complete, exit venue</td>
</tr>
</tbody>
</table>
Girls on the Run
2017 Fall Recap Report To
st.petersburg
www.stpete.org
Our teams met twice each week for 10 weeks and our certified GOTR Coaches led girls through our research-based curriculum, which includes three amazing parts:

All About Me – In our first section, girls gain a better understanding of who they are and what’s important to them

My Team – Girls learn the value of teamwork and healthy relationships

My Community – Girls learn how they can have a positive impact on the world through a team-organized Community Impact Project

In addition, physical activity is woven into each lesson to inspire an appreciation for fitness and healthy habits and teach life critical skills including treating others with care, practicing gratitude and managing emotions.
Dance Warm Up – Led by Crunch Fitness!
Participants got loose and limber with a high energy Zumba warm up!
The Course
Our out-and-back course took runners through gorgeous downtown St. Petersburg and passed by many landmarks, including the Dali Museum, Al Lang Stadium and the downtown pier. GOTR had plenty of water stops, cheer stations and even a marching band to support runners!
Results

Our results? Healthy, confident girls who CAN!

By the Numbers
Our 2017 Fall Season & 5k event was the biggest GOTR 5k yet!

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOTR Girls</td>
<td>602</td>
</tr>
<tr>
<td>GOTR Locations</td>
<td>40</td>
</tr>
<tr>
<td>5k Runners (not including GOTR Girls)</td>
<td>700+</td>
</tr>
<tr>
<td>Volunteers</td>
<td>130+</td>
</tr>
<tr>
<td>Spectators</td>
<td>300+</td>
</tr>
<tr>
<td>5k Attendance</td>
<td>1,732+</td>
</tr>
<tr>
<td>Funds Raised at 5k</td>
<td>$6,000+</td>
</tr>
</tbody>
</table>

In Their Own Words
From our GOTR Parents & Runners!

You guys are amazing and put on the best event!!

GOTR got my daughter up & exercising and spending time outside of school with other girls her age. She truly enjoyed it!!

Enjoyed being a part of the support and love that was shared with the beautiful young runners

First time runner this year with my daughter and I will do it again. I loved it as a father being able to participate this year with my daughter!

Thanks for a fabulously empowering experience!! You can tell the event is well thought out and those who organize this event play close attention to details. Well done!!

We loved everything we where able to do before meeting with our group. My daughter now wants to do more 5ks.

I love that there is focus on kindness and good positive self esteem. My daughter loved making new friends and the 5k was such a great experience, loved the warm up!

Please continue the program. We absolutely love the experience our daughter has every year with it.
Another Amazing Season!

Thank You!!
October 23, 2017

Girls on the Run Greater Tampa Bay, Inc.
1550 North McMullen Booth Rd
Suite F3 #145
Clearwater, FL 33759

RE: EIN 82-1793509

To Whom It May Concern:

This letter is to verify that Girls on the Run Greater Tampa Bay, Inc. is a subordinate organization in good standing and is covered under Girls on the Run International's Federal Group Tax Exemption Number 6150 as described in Section 501(c)(3) of the Internal Revenue Code. Detailed information regarding the group exemption process is available in IRS Publication 557 (entitled “Tax-Exempt Status for Your Organization” and is available on the IRS website at www.irs.gov/pub/irs-pdf/p557.pdf) and IRS Publication 4573 (entitled “Group Exemptions” and available on the IRS website at www.irs.gov/pub/irs-pdf/p4573.pdf).

How do donors verify that contributions are deductible under section 170 with respect to a subordinate organization in a section 501(c)(3) group exemption ruling? Donors should consult IRS Publication 78, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986, or obtain a copy of the group exemption letter from the central organization. The central organization’s listing in Publication 78 will indicate that contributions to its subordinate organizations covered by the group exemption ruling are also deductible, even though most subordinate organizations are not separately listed in Publication 78 or on the EO Business Master File. Donors should then verify with the central organization, by either of the methods indicated above, whether the particular subordinate is included in the central organization’s group ruling. The subordinate organization need not itself be listed in Publication 78 or on the EO Business Master File. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling. – Publication 4573, page 4

Enclosed is a copy of the IRS Letter of Determination for the Group Exemption Ruling.
Dear Sir or Madam:

This is in response to your request dated May 26, 2017, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in October 2000, and that you’re currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognized the subsidiaries on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You’re also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don’t file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn’t file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements
Detail by Entity Name

Florida Not For Profit Corporation
GIRLS ON THE RUN GREATER TAMPA BAY, INC.

Filing Information
Document Number: N1700006989
FEI/EIN Number: NONE
Date Filed: 07/06/2017
Effective Date: 08/01/2017
State: FL
Status: ACTIVE

Principal Address
1550 NORTH McMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Mailing Address
801 EAST MOREHEAD STREET
SUITE 201
CHARLOTTE, NC 28202

Registered Agent Name & Address
MOORE, LAURA
1550 NORTH McMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Officer/Director Detail
Name & Address
Title D/R.
CRATE, JESSICA
1550 NORTH McMULLEN BOOTH ROAD SUITE F3 #1
CLEARWATER, FL 33759

Title D/R.
KREBS, STEPHANIE
1550 NORTH McMULLEN BOOTH ROAD SUITE F3 #1
CLEARWATER, FL 33759
SHORTT, ANGLEA
1550 NORTH MCMULLEN BOOTH ROAD SUITE F3 #1
CLEARWATER, FL 33759

Annual Reports
No Annual Reports Filed

Document Images
07/06/2017 -- Domestic Non-Profit View image in PDF format
### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
</tr>
<tr>
<td>Applied To: GIRLS ON THE RUN 5K - SPRING 2019</td>
<td>$30.00</td>
</tr>
<tr>
<td>Poynter Park - Park</td>
<td></td>
</tr>
<tr>
<td>May 4, 2019 6:00 am to May 4, 2019 12:00 pm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment: Check</th>
<th>($30.00)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**Receipt #: 2963884**
User: RBMCCULL
Issued: Thu 18 Jan 18 12:14 pm
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$200.00</td>
</tr>
<tr>
<td>Applied To: 22598 - GIRLS ON THE RUN 5K - SPRING 2019</td>
<td>$200.00</td>
</tr>
<tr>
<td>Poynter Park - Park</td>
<td></td>
</tr>
<tr>
<td>May 4, 2019 6:00 am to May 4, 2019 12:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment:</td>
<td></td>
</tr>
<tr>
<td>Check</td>
<td>($200.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Contract/Permit

<table>
<thead>
<tr>
<th>Purpose of Use: GIRLS ON THE RUN 5K - SPRING 2019</th>
<th>Expected:</th>
<th>Co-Sponsored Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIRLS ON THE RUN INTERNATIONAL GOTR TA</td>
<td>1,400</td>
<td>Contract Balance</td>
</tr>
<tr>
<td>LAURA MOORE</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>1550 N MCMULLEN BOOTH STE F3 145</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLEARWATER FL 33759 USA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conditions of Use: Insurance Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Information:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of beer and wine</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Use of fencing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Use of liquor</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Date(s) and Time(s) of Use:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Starting: Sat 04 May 19 06:00 am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending: Sat 04 May 19 12:00 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility/Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poynter Park</td>
<td>Sat</td>
<td></td>
</tr>
<tr>
<td>Park</td>
<td>04 May 2019</td>
<td>06:00 AM</td>
</tr>
<tr>
<td>Day</td>
<td>Date</td>
<td>Time</td>
</tr>
<tr>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>$200.00</td>
<td>$200.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Facility/Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poynter Park</td>
<td>Sat</td>
<td></td>
</tr>
<tr>
<td>Park</td>
<td>04 May 2019</td>
<td>12:00 PM</td>
</tr>
<tr>
<td>Day</td>
<td>Date</td>
<td>Time</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>$200.00</td>
<td>$200.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Additional Fees:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra Fee - Bookings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Sponsored Application Fee</td>
<td>Quantity</td>
<td>Charge</td>
</tr>
<tr>
<td>Hours</td>
<td>1</td>
<td>$30.00</td>
</tr>
<tr>
<td>Extra Fee - Bookings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Sponsored Park Permit Fee</td>
<td>Hours</td>
<td>Quantity</td>
</tr>
<tr>
<td>1</td>
<td>6:00</td>
<td>1</td>
</tr>
<tr>
<td>Charges:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td>Extra Fees</td>
<td>Tax</td>
</tr>
<tr>
<td>$ 0.00</td>
<td>$230.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Balance of rental due and payable immediately.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Amount</td>
<td>Payment Type</td>
</tr>
<tr>
<td>18 Jan 2018</td>
<td>$30.00</td>
<td>Check</td>
</tr>
<tr>
<td>18 Jan 2018</td>
<td>$200.00</td>
<td>Check</td>
</tr>
<tr>
<td>Additional Notes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee. By:(Sign Name) LAURA MOORE GIRLS ON THE RUN INTERNATIONAL GOTR TA Name of User Organization, If Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY OF ST. PETERSBURG, FLORIDA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By:(Sign Name): Parks and Recreation Superintendent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Print Name) LAURA MOORE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Print Name) Parks and Recreation Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printed: 18 Jan 2018, 12:14 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>User: rbmccull</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role</td>
<td>Action</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------</td>
<td>-------</td>
</tr>
<tr>
<td>Supervisor II / Foreman</td>
<td>Approved or Rejected</td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>Approved or Rejected</td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>Approved or Rejected</td>
<td></td>
</tr>
</tbody>
</table>

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
January 10, 2018

Dear Co-Sponsor Committee,

We are so excited to apply to host our Girls on the Run 5k event again in the gorgeous city of St. Petersburg! Enclosed are the following items:

- Co-Sponsor Event Application
- 5k Route
- Race Village Map
- Event Timeline
- Girls on the Run 5k (2017 Fall) Event Recap
- 501(c)3 Letter of Determination
- Application Fee Check
- Park Permit Fee Check

Thank you for being our Partner in inspiring girls to be joyful, healthy and confident.

Sincerely,

Laura Moore
Executive Director

Girls on the Run Greater Tampa Bay
1550 North McMullen Booth
Suite F3 145
Clearwater, FL 33759

(813) 832-2826
www.gotrtampa.org
Event Title: St. Petersburg Science Festival (SPSF) and MarineQuest  
Entity Name: Pier Aquarium, Inc. d/b/a Marine Exploration Center  
Event Date(s): October 19 - 20, 2018  
Location: Poynter Park/USF St. Petersburg  
Application Prepared by: E. Howard Rutherford  
Title: Festival Co-Chair  
Address: 244 Second Ave. N, Suite 203  
Email Address: hrutherford@usf.edu  
What month/year were you incorporated as nonprofit? December 1988  
List all 501(c)3 entities that will benefit from this event. Pier Aquarium, Inc./University of South Florida/State of Florida  
Name of the for-profit entity? N/A  
What is the estimated attendance for this event? Spectators 120,000 Participants 20,000 Last Year's Total Attendance 115,000  

Public understanding of science and technology is one of the most important challenges of our times. For our nation and its many communities, science and technology are deeply tied to issues of economic competitiveness, industrial advancement, health, justice, environmental protection and social welfare. Acting as an informed consumer, preparing for the demands of the 21st century workplace, and weighing decisions as an engaged citizen, all require individuals to grapple with the rapid pace of scientific discovery and technological innovation. Developments in science and technology represent the cutting edge of what we know and can do, making their understanding a crucial component of full and meaningful participation in society. Science Festivals make science and technology a part of the cultural calendar in much the same way that art, music, film and sports festivals engage whole communities. The SPSF and MarineQuest positions St. Petersburg as the premier epicenter for science in the SE United States.  

Describe what economic benefit and impact this event will bring to St. Petersburg.  
Festival attendees were also asked about whether they were planning to eat out or do any shopping before, during, or after attending the St. Petersburg Science Festival. The results show that a majority of respondents either already had or was planning to eat out or shop.  

Among all of the respondents, a significant part (75%) already had or planned to spend between over $20 on food or shopping after the festival. Many (20%) already had or were looking to spend over $50.  

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.  

Does your group presently have liability insurance? YES NO  
Are there plans to sell or distribute beer/wine at your event? YES NO  
Will there be an admission / registration fee? YES NO  
Please provide the website address for your event. www.scifest.org  
Please provide a phone number that can be advertised to the public. 727-803-9799 X201  
What is the estimated attendance for this event? Spectators 120,000 Participants 20,000 Last Year's Total Attendance 115,000
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td>Which Location?</td>
</tr>
<tr>
<td></td>
<td>Coliseum</td>
<td>Poynter Park</td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>50</td>
<td>Chairs # needed 200</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>8</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>Title:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Howard Rutherford</td>
<td>Festival Co-Chair</td>
<td>1/18/18</td>
</tr>
<tr>
<td>Co-Sign:</td>
<td>Title: Board Chair</td>
<td>Date: 1/18/18</td>
</tr>
<tr>
<td>Mark Luther, Ph.D.</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

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>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td>Professional IX, Showmobile IX, Other</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Performers IX, Announcement Only</td>
</tr>
<tr>
<td>Security</td>
<td>Daytime - Private IX, Overnight - Private</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Regular Units IX, Disabled Units IX, Hand Washing</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marketing: Please check all that apply.</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: Pier Aquarium, Inc. d/b/a Marine Exploration Center  Phone: 727-803-9799
Address (including zip): 244 Second Ave. N, Suite 203, St. Petersburg, FL 33701

Type of music, # of stages, and # of bands.

__________________________________________________________________________________________________________

List Vending Products. Name & Provider.

__________________________________________________________________________________________________________

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

__________________________________________________________________________________________________________

Explain subject/purpose of all speeches/demonstrations which will occur.

Science demonstrations.

__________________________________________________________________________________________________________

Discuss your load in/load out parking needs, include times and dates.

TBD
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: E. Howard Rutherford
Title: Festival Co-Chair
Date: 1/18/18
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

| Name of the **Nonprofit** Corporation: | Pier Aquarium, Inc. |
| Name of Responsible Party (President or CEO ONLY): | Mark Luther, Ph.D. |
| Title of Responsible Party: | Board Chair |
| Physical Address of Responsible Party: | 244 Second Ave. N, Suite 203 |
| Phone Number of Responsible Party: | 727-803-9799 |
| Email Address of Responsible Party: | info@mecstpete.org |
| Nonprofit (Employee Identification Number): | 59-2899571 |

| 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: pzimmermann@mecstpete.org
### APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

**Name of Event:** St. Petersburg Science Festival and Mar

**Date(s) of Event:** 10/19/18 - 10/20/18

---

## I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash Sponsorships</td>
<td>$80,000</td>
</tr>
<tr>
<td>2. In-kind Sponsorships</td>
<td>$150,000</td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

---

## II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash Expenditures</td>
<td>$75,000</td>
</tr>
<tr>
<td>2. In-Kind Expenditures</td>
<td>$150,000</td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

---

## III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Allocation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

---

**Prepared by:** E. Howard Rutherford

**Date:** 1/18/18
### Purpose of Use: SCIENCE FESTIVAL/MARINEQUEST

**Expected:** 20,000

**Co-Sponsored Event**  
**Contract Balance** $230,000

### Conditions of Use: Insurance Required

### Other Information:
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

### Date(s) and Time(s) of Use:

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Start Date</th>
<th>Start Time</th>
<th>End Date</th>
<th>End Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poynter Park</td>
<td>Thu 18 Oct 2018</td>
<td>06:00 AM</td>
<td></td>
<td></td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Park</td>
<td>21 Oct 2018</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Fees:

<table>
<thead>
<tr>
<th></th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra Fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Sponsored Application Fee</td>
<td></td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Extra Fee - Bookings</td>
<td>Hours</td>
<td>Quantity</td>
<td>Charge</td>
<td>Tax</td>
</tr>
<tr>
<td>Co-Sponsored Park Permit Fee</td>
<td>87:00</td>
<td>1</td>
<td>$200.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Charges:

<table>
<thead>
<tr>
<th></th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Extra Fees</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
</tr>
<tr>
<td>Tax</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</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): HOWARD RUTHERFORD

(Print Name): PIER AQUARIUM 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: 19 Jan 2018, 06:46 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.
<table>
<thead>
<tr>
<th>Filing Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>N26771</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>59-2899571</td>
</tr>
<tr>
<td>Date Filed</td>
<td>06/03/1988</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>NAME CHANGE AMENDMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>06/21/1988</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
<tr>
<td>Principal Address</td>
<td>244 Second Ave N Suite 203 ST. PETERSBURG, FL 33701</td>
</tr>
<tr>
<td>Changed:</td>
<td>02/25/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>244 Second Ave N Suite 203 ST. PETERSBURG, FL 33701</td>
<td></td>
</tr>
<tr>
<td>Changed:</td>
<td>01/20/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Agent Name &amp; Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LUTHER, MARK, Phd</td>
<td></td>
</tr>
<tr>
<td>2180 GRAND BAYOU GRANDE BLVD. NE ST PETERSBURG, FL 33704</td>
<td></td>
</tr>
<tr>
<td>Name Changed:</td>
<td>02/22/2016</td>
</tr>
<tr>
<td>Address Changed:</td>
<td>02/22/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Officer/Director Detail</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; Address</td>
<td></td>
</tr>
<tr>
<td>Title D</td>
<td></td>
</tr>
<tr>
<td>JOHNSON, LARI</td>
<td></td>
</tr>
<tr>
<td>Report Year</td>
<td>Filed Date</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------</td>
</tr>
<tr>
<td>2015</td>
<td>02/25/2015</td>
</tr>
<tr>
<td>2016</td>
<td>02/22/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/12/2017</td>
</tr>
</tbody>
</table>

Report Year | Filed Date       |
-------------|------------------|
2015         | 02/25/2015       |
2016         | 02/22/2016       |
2017         | 01/12/2017       |

Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Document Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/12/2017</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>02/22/2016</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>02/23/2015</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/29/2014</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/10/2013</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/10/2012</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/06/2011</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/12/2010</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>08/29/2009</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/10/2008</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/15/2007</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/13/2006</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>02/02/2005</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>02/17/2004</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>02/18/2003</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/15/2002</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/03/2001</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/20/2000</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/21/1999</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/29/1998</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>08/13/1997</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>09/29/1996</td>
<td>ANNUAL REPORT</td>
</tr>
</tbody>
</table>
Event Title: TAMPA BAY CHARITY WALK FOR CHILDREN WITH APRAXIA

Entity Name: CASANA

Event Date(s): OCTOBER, 27, 2018

Location: Flora Wylie Park

Day 1 of Event: 10/27/2018
Time Gates Open: 8:00AM
Ending Time: 3:00PM

Day 2 of Event: 
Time Gates Open: 
Ending Time: 

Day 3 of Event: 
Time Gates Open: 
Ending Time: 

Application Prepared by: BRENAE SOLIS

Title: EVENT COORDINATOR

Address: 8111 FLORAL VIEW WAY
City: PORT RICHEY State: FL Zip: 34668

Email Address: tnpwalks4talk@Yahoo.com

Additional Contact Person: Justin LeWinter (Event Manager)

What month/year were you incorporated as nonprofit? Jan 2000

List all 501(c)3 entities that will benefit from this event. CASANA; Childhood Apraxia of Speech Association of North America

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 funds raised annually from this event, along with other walks nation wide go to support on going Apraxia Research. These funds also help to support those families affected by Childhood apraxia of speech by providing funds towards therapy grants, support groups, annual therapy camps, and to help support the "ipad for Apraxia" program, which provides needed ipads to children that have received the diagnosis of primary speech/ language disorders. These ipads are used while and therapy and also at home aid and enable more engaging, intelligible speech production.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Four the last three years, our event has been held at the Flora Wylie Park. Participation has increased from our very first walk in October 2010 from just over 100 participants to an average of 400+ participants annually. These participants come from not just our immediate Tampa Bay area, but from cities throughout the state of Florida and as well from other states. Having the walk at this location provides us with not only a beautiful backdrop for such a special event, but also exposes through its beauty, St. Petersburg's diverse offerings. Allowing a chance for those that were unaware, to get to know St. Petersburg as a welcoming place and a great place to visit or vacation in the future.

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? $250,000.00

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: $20.00 per Day of: same

Please provide the website address for your event: TBA

Please provide a phone number that can be advertised to the public: (727) 457-6924

What is the estimated attendance for this event? Spectators 100 Participants 300 Last Year's Total Attendance 300
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
- Showmobile (Yes/No) [ ] No __________________________

- # Bleacher(s) needed. Each bleacher approx. 180 people: __________

- Tables (6 ft) # needed: ________ Chairs # needed: ________

- Public Address System: __________________________

- # of portable risers needed (4 in. x 8 in. x 16 in. sections): __________

Special Events Facilities
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

Non-City Locations
- Which Location? __________________________

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Brenae Solis
Title: Event Coordinator
Date: 1/10/2018
Co-Sign: Justin LeWinter
Title: Event Manager
Date: 1/10/2018

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event. Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>[ ] Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>[ ] Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>[ ] Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>[ ] Vendors / Exhibitors</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>[ ] Vending Beer / Wine</td>
<td>Additional Insurance Required</td>
</tr>
<tr>
<td>[ ] Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[ ] Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[ ] Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[ ] Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>[ ] Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>[ ] Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>[ ] VIP Area</td>
<td></td>
</tr>
<tr>
<td>[ ] Staging</td>
<td></td>
</tr>
<tr>
<td>[ ] Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>[ ] Security</td>
<td></td>
</tr>
<tr>
<td>[ ] Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>[ ] Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>[ ] Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</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.
NA

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.
NA

If City permits, licenses, or services are required for event, who will pay for them?
Name: Justin LeWinter
Address (including zip): 16 Lincoln Ave 2nd Floor, Pittsburg, Pa. 15209
Phone: 9412 0343-7102

Type of music, # of stages, and # of bands.
Inspirational children's top 40ensored - provided by DJ.

List Vending Products. Name & Provider.
NA

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.
NA

Explain subject/purpose of all speeches/demonstrations which will occur.
The purpose for this charity walk is to provide a day of honor and awareness for children diagnosed with Apraxia of Speech. The funds will be used to support those families and promote ongoing clinical research. Speeches will be made to honor top fundraisers and to award CAS children with medals at the completion of the charity walk.

Discuss your load in/load out parking needs, include times and dates.
The parking lot adjacent to the park and public restrooms is sufficient for event parking during the times of 8:00 am and 3:00pm on October 27, 2018.
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.
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>Childhood Apraxia of Speech Association of North America; CASANA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Sharon Grez</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Founder</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>416 Lincoln Ave, 2nd Floor, Pittsburg Pa. 15209</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>(413)343-7102</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="http://www.apraxia-kids.org">www.apraxia-kids.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>25-1858159</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Date(s) of Event:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

## II. EXPENSES (attach sheet if more space is needed)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

## III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: ___________________________ Date: ___________________________
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AFFECT, 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 policyholder must be endorsed. A CERTIFICATE IS VALID, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, CERTAIN POLICIES MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFLICT WITH THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT.

Provider: National Union Fire Insurance

Pittsburgh, PA 15213-1896

Service: Sandi Grant, Speech Association Inc. (CASAS)
476 Lincoln Avenue, 2nd Floor

Pittsburgh, PA 15209

COVERAGE

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, TON 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.

<table>
<thead>
<tr>
<th>INSURED</th>
<th>TYPE OF INSURANCE</th>
<th>EXCESS LIMITS</th>
<th>POLICY NUMBER</th>
<th>POLICY EXPIRY DATE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>OCCUR CLAIM MADE</td>
<td>20162345 00</td>
<td>6/3/2017 6/3/2018</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>B</td>
<td>AUTO LIABILITY</td>
<td>OCCUR CLAIM MADE</td>
<td>20162346 00</td>
<td>6/3/2017 6/3/2018</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>C</td>
<td>OTHER INSURERS</td>
<td>OCCUR CLAIM MADE</td>
<td>20162347 00</td>
<td>6/3/2017 6/3/2018</td>
<td>$2,000,000</td>
</tr>
</tbody>
</table>

City of St. Petersburgh Parks & Recreation is added as an additional insured with respect to operations of the pool for the above listed event.

CERTIFICATE HOLDER
City of St. Petersburgh Parks & Recreation
1290 136th St
St. Petersburgh, FL 33713

CANCELLATION

SOLELY DUE TO THE ABOVE DECLARED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Alan Finkel/CHAR

© 1995-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014-06) The ACORD name and logo are registered marks of ACORD

3052516.00
Detail by FEI/EIN Number
Foreign Not For Profit Corporation
CHILDHOOD APRAXIA OF SPEECH ASSOCIATION OF NORTH AMERICA, INC.

Filing Information
Document Number: F15000000979
FEI/EIN Number: 25-1858159
Date Filed: 03/06/2015
State: PA
Status: ACTIVE

Principal Address
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Mailing Address
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Registered Agent Name & Address
FROMKNECHT, JEFF
680 NORTH FEDERAL HIGHWAY, SUITE 110
BOCA RATON, FL 33432

Officer/Director Detail

Name & Address
Title: Executive Director
GRETZ, SHARON
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title: Education Director
HENNESSY, KATHY
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title: P
STURM, MARY
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209
Title S

FREIBURGER, SUSAN
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title Treasurer

Zellers, Joshua
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title Director

Burns, Tim
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title VP

Lippert, Jeannene
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title Director

Wilson, John
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title Director

Purdy, Lincoln
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>03/24/2016</td>
</tr>
<tr>
<td>2017</td>
<td>03/17/2017</td>
</tr>
</tbody>
</table>

Document Images

- View image in PDF format
- View image in PDF format
- View image in PDF format

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=FeINu... 1/18/2018
City of St. Petersburg

CHILDHOOD APPRAXIA OF SPEECH ASSOCIATION
BRENNAE SOLIS
8111 FLORAL VIEW WAY
PORT RICHEY, FL 34668 USA

Receipt #: 2964156
User: RBMCCULL
Issued: Fri 19 Jan 18 08:44 am

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$200.00</td>
</tr>
<tr>
<td>Applied To: 22601 - TAMPA BAY CHARITY WALK FOR CHILDREN WITH APPRAXIA</td>
<td>$200.00</td>
</tr>
<tr>
<td>Flora Wylie Park - Park</td>
<td></td>
</tr>
<tr>
<td>October 27, 2018 7:00 am to October 27, 2018 4:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($497.49)</td>
</tr>
<tr>
<td>Balance</td>
<td>($297.49)</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
## Description of the Payment

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
</tr>
<tr>
<td>Applied To: 22801 - TAMPA BAY CHARITY WALK FOR CHILDREN WITH APPRAAXIA</td>
<td>$30.00</td>
</tr>
<tr>
<td>Flora Wylie Park - Park</td>
<td></td>
</tr>
<tr>
<td>October 27, 2018 7:00 am to October 27, 2018 4:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**Total Amount:** $200.00

**Previous Balance:** $230.00

**Applied Amount:** $30.00

**Refund Amount:** ($30.00)

**Balance:** $200.00

**Approval:** Refunds are by check only.

**City of St. Petersburg**

CHILDHOOD APPRAAXIA OF SPEECH ASSOCIATION
BRENNAE SOLIS
8111 FLORAL VIEW WAY
PORT RICHEY, FL 34668 USA

Receipt #: 2963899
User: RBMCCULL
Issued: Thu 18 Jan 18 12:41 pm

**Description:**

- Previous Balance
- Applied To: 22801 - TAMPA BAY CHARITY WALK FOR CHILDREN WITH APPRAAXIA
- Flora Wylie Park - Park
- October 27, 2018 7:00 am to October 27, 2018 4:00 pm
- Payment: Check
- Balance

**Amounts:**

- Previous Balance: $230.00
- Applied Amount: $30.00
- Refund Amount: $30.00
- Balance: $200.00

**Approval Note:** Approved refunds are by check only.
CHILDHOOD APPRAXIA OF SPEECH ASSOCIATION
BRENAE SOLIS
8111 FLORAL VIEW WAY
PORT RICHEY FL 34668 USA

Purpose of Use: TAMPA BAY CHARITY WALK FOR CHILDREN WITH APPRAXIA

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 Oct 2018 07:00 am
Ending: Sat 27 Oct 2018 04:00 pm

Facility/Equipment: Flora Wylie Park

Addition 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: 9:00
Quantity: 1
Charge: $200.00
Tax: $0.00
Total: $200.00

Charges:
Fees: $0.00
Extra Fees: $230.00
Tax: $0.00
Total: $230.00
Deposit: $0.00
Total Applied: $30.00
Contract Balance: $200.00
Account Balance: $200.00

Balance of rental due and payable immediately.

Payments:
Date: 18 Jan 2018
Amount: $30.00
Payment Type: Check
Reference: Rental
Receipt Number: 2963899

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: BRENAE SOLIS
(Pin Name)
CHILDHOOD APPRAXIA OF SPEECH ASSOCIATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Shopapalooza Festival  
Entity Name: LocalShops1  
Event Date(s): Saturdays Nov 17 and 24, 2018  
Location: South Straub Park, St Petersburg

Day 1 of Event: Nov 17  
Time Gates Open: 10  
Ending Time: 5

Day 2 of Event: Nov 24  
Time Gates Open: 10  
Ending Time: 5

Day 3 of Event:  
Time Gates Open:  
Ending Time: 

Application Prepared by: Ester Venouziou  
Phone: 727-637-5586  
Email Address: ester@localshops1.com

What month/year were you incorporated as a nonprofit?

List all 501(c)3 entities that will benefit from this event: Chart 411

Name of the for-profit entity: LocalShops1

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

Shopapalooza Festival is one of the top holiday shopping events in the Tampa Bay region. The family-friendly event is free and open to the public, giving everyone an opportunity to enjoy a beautiful day downtown, supporting locally owned businesses. It's a highly-anticipated event, and many people -- both shoppers and businesses -- tell us it's one of their favorite events of the year.

The event is very heavily promoted through our social media platforms and with local and regional advertising in print and digitally. Shoppers come from throughout the state to attend the event, and for many it's their first time in St. Petersburg. Of course, they fall in love instantly.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Over the two days, Shopapalooza Festival brings more than 15,000 people to St Pete, and they come here specifically to spend money! About 75 percent of our vendors are St Pete artists or small business owners. The rest are from nearby cities primarily in Pinellas and Hillsborough, and they, too, spend money here and keep our money recirculating throughout St Pete. Shoppers who come for Shopapalooza tend to make a day out of it, patronizing local restaurants and shops downtown, before and/or after coming to our event.

Shopapalooza often draws much media attention, which further puts St Pete in the spotlight!

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance?  
☐ YES  
☐ NO  
How much?

Are there plans to sell or distribute beer/wine at your event?  
☐ YES  
☐ NO

Will there be an admission / registration fee?  
☐ YES  
☐ NO  
Advanced Fee:  
Day of: 

Please provide the website address for your event. www.shopapaloozafestival.com

Please provide a phone number that can be advertised to the public. 727-637-5586

What is the estimated attendance for this event?  
Spectators 15000  
Participants 300  
Last Year's Total Attendance 15000

Page 1 of 8
Please check the equipment and/or facilities you are requesting.

### Recreation Equipment

- **Showmobile (Yes/No):** no
- **# Bleacher(s) needed. Each bleacher approx. 180 people:** 0
- **Tables (6 ft) # needed:** 6
- **Chairs # needed:** 36
- **Public Address System:** no
- **# of portable risers needed (4 in. x 8 in. x 16 in. sections):** 6

### Special Events Facilities

- **Non-City Locations**
- **Which Location?**
  - Mahaffey Theater
  - Coliseum
  - Sunken Gardens
  - Boyd Hill

### The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

- **POLICE:** Public Safety Personnel, Marine Services
- **TRAFFIC:** Personnel, Equipment (cones, barricades, no parking signs)
- **FIRE:** Paramedics, Inspectors
- **PARKS SERVICES:** Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
- **RECREATION SERVICES:** On-site Presence, Logistics Help, Liaison with Other Departments

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

---

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

- **Name:** Ester Venouziou
- **Title:** Local Shops1 founder
- **Date:** 11/01/18
- **Co-Sign:**
  - **Title:**
  - **Date:**

**NOTE:**

- **a.** If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.
- **b.** If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.
- **c.** Applications lacking information or the required completed appendixes listed below will not be processed.

**PLEASE ATTACH THE FOLLOWING**

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

---

**FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,**

727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>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>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Security</td>
<td>Other</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Performers</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td></td>
<td>Overnight - Private</td>
</tr>
<tr>
<td></td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>Regular Units 4</td>
<td>Hand Washing 2</td>
</tr>
<tr>
<td>Disabled Units 1</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet

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.

TBA -- We expect the needs to be the same as previous years

Will you supply your own generators? ☑ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☑ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: LocalShops1

Address (including zip): PO Box 530144 St Petersburg FL 33747

Phone: 727-637-5586

Type of music, # of stages, and # of bands.

Small stage/risers for DJ; mix of holiday music and top-40s. No metal/rap.

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.

Chart 411

We might not have wine/beer, but want to leave possibility open, just in case.

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.

LocalShops1 arrives 6 am to set up; food trucks and early vendors, 7-8 am; or other vendors, 8-9 am. Everyone is to be completely set up by 9:30 am at the very latest. We just need 6 parking spaces reserved for staff. Vendors are asked to unload quickly and park at one of the city lots or garages.
LocalShops1 members are invited to participate as event vendors.

Vendor fee is $100 for each day for 10 by 10 space, and $150 per day for food trucks/mobile boutiques that require 10 by 20 space. For 501c3 non-profits, it’s only $75/day. We also offer free spaces, as room allows, to nonprofits that focus on sustainability issues.

Other comments:

Thanks so much for all your support over the years!!

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON Whose BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Ester Venouziou  Title: LocalShops founder  Date: 11/10/18
Appended B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Chart 411</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>HOWARD JONES</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>PRESIDENT</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1019 5TH AVE N ST PETERSBURG</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-565-3061</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:johnstone@chart411.com">johnstone@chart411.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>45-5338192</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>LocalShops1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Ester Venouziou</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>president and founder</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2908 Beach Blvd S, Gulfport FL 33707</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-637-5586</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:ester@localshops1.com">ester@localshops1.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>26-3082602</td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

- [ ] BY MAIL
- [ ] BY EMAIL

Contact Name: Ester Venouziou
Address: PO Box 530144
City, State, Zip: St Petersburg FL 33747

Email Address:
### APPENDIX C
**STATEMENT OF REVENUE AND EXPENSES FORM**
**PRIOR YEAR’S EVENT**
(Must be completed)

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

<table>
<thead>
<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: [Name]

Date: [Date]

---

**Name of Event:** Shopapalooza Festival

**Date(s) of Event:** Nov 18, 2018

---

**Notes:**
- Working on final budget
- Awaiting final bill from the city
Event Name: Shopapalooza Festival  
Event Date(s): Nov 17 & 18, 2018  
Event Location: South Straub Park  
Event Representative: Estee Vencuziou  
Address: PO Box 530144 St Pete FL 33747  
Phone: 727-637-5566  
Fax:  
E-Mail: estee@localshops1.com  
Event Website: shopapalooza festival.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:**

<table>
<thead>
<tr>
<th>Total Spaces in Parking Lot</th>
<th>Accessible Spaces Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 25</td>
<td>1</td>
</tr>
<tr>
<td>26 to 50</td>
<td>2</td>
</tr>
<tr>
<td>51 to 75</td>
<td>3</td>
</tr>
<tr>
<td>76 to 100</td>
<td>4</td>
</tr>
<tr>
<td>101 to 150</td>
<td>5</td>
</tr>
<tr>
<td>150 to 200</td>
<td>6</td>
</tr>
<tr>
<td>201 to 300</td>
<td>7</td>
</tr>
<tr>
<td>301 to 400</td>
<td>8</td>
</tr>
<tr>
<td>401 to 500</td>
<td>9</td>
</tr>
<tr>
<td>501 to 1000</td>
<td>2% of total</td>
</tr>
</tbody>
</table>

**Please note that there are also specific size requirements and signage requirements for parking spaces that can be found in Ch. 553.5041 of the Florida Statutes or Chapter 11 of the Florida Building Code.**

c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statutes or the Florida Building Code?  
   Yes.  
   No.  
   N/A
2. **Portable Toilet Units:**
   **For single user portable toilet or bathing units clustered at a single location, at least five percent (5%) but no less than one accessible toilet unit shall be installed in each grouping and they should be placed on an accessible route. If only one is provided in a location, it should be accessible.**

   a. Total Number of Portable Units: 
   b. Total Number of Accessible Portable Units: 
   c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?

   ![Yes](Yes)  No  N/A  

3. **Accessible Routes:**
   a. Do you plan to have any entrance or exit areas to the event, or is the event open to the public with no restricted access?

   ![Open](Open)  Restricted/Ticketed: 

   b. If restricted, are your entrances and exits (means of egress, including emergency exits) at least 44 inches wide and free from barriers to provide an accessible route? In addition, the “gate” or entry “door” must provide a minimum of a 32” clear opening.

   ![Yes](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.

   ![Yes](Yes)  No  N/A  

   c. If you have a passenger loading/unloading zone, is it accessible?

   ![Yes](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](Yes)  No  

   *If you are using ancillary ramps to provide access, please document that below (all ramps shall be at a ratio of no more than 1:12 - 1 inch incline to each foot in length):

   Check Here: 

   ![City of St. Petersburg Parks and Recreation Department have for your use the following for an additional fee to install by city staff: Mobi-Mats – They are used to create an equal access pathway for all recreational users if needed.](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](Yes)  No  

   *If no, please provide a necessary reason why they are not all located on an accessible pathway or do not have displays that conform to guidelines.*
b. Will your food and other counters/vendors have accessible displays?
   Yes ☐ No ☐ N/A ☐

c. Is there any seating available for dining?
   Yes ☐ No ☐

d. If yes, is at least 5% of the seating accessible? (For example, has space available for a wheelchair; table has at least 27 inches of knee clearance.)
   Yes ☐ No ☐

e. Do you plan to have any seating available for viewing concerts or other performances?
   Yes ☐ No ☐ N/A ☐

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?
   Yes ☐ No ☐

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?
   Yes ☐ No ☐ N/A ☐

   *If yes, please provide details about those below:

h. ☐ (Please initial here.) Yes, I am prepared and willing to grant all reasonable requests for accommodations for this event.

   ** All reasonable requests for accommodations must be granted pursuant to applicable laws, unless a request would result in a fundamental alteration in the nature of services or activities, or would result in undue financial and administrative burdens. Prior to denying any request for accommodation, you must contact the Community Affairs Division for a review of compliance with applicable laws.

5. Signage and Marketing:
   ** Appropriately sized signs with the international symbol of accessibility illustrated below help people identify facilities that are accessible at your event. Directional signs should be provided in highly contrasting colors, such as white on black or black on white. The characters on the signs should be at least between 5/8 and 2 inches in length, and the signs should be highly visible and not blocking accessible routes of travel.

   a. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?
      Yes ☐ No ☐ N/A ☐

      *Please add the following language or similar language to event marketing materials, including your web site.
      "This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services pursuant to disability laws, please contact the event planner at (EVENT PHONE NUMBER) or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY"
b. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

   Yes ________ No ________ N/A ________

c. (Please initial here.) Printed and/or Web event announcements created by the organization/event I represent will include accessibility language similar to that noted above.

   Please list a contact name and phone number for someone who will be present during the event and can respond to requests related to accessibility issues:

   Contact Name: ____________________________ 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:

   ____________________________ 11/10/18 ____________________________
   Signature, Event Representative Date:

   ____________________________
   Print Name, Event Representative

   This event has been approved by the Community Affairs Division:

   ____________________________
   ADA Coordinator Date

   **PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:**
   City of St. Petersburg
   Community Affairs Division
   P.O. Box 2842, St. Petersburg, FL 33731-2842
   Phone: 727-893-7345  Fax: 727-551-3247
   E-Mail: Lendel.Bright@stpete.org

   Additional copies of this form can be found on our Web site at www.stpete.org/caforms.htm
Detail by FEI/EIN Number

Florida Limited Liability Company
LOCAL SHOPPER, LLC

Filing Information
Document Number: L0800073379
FEI/EIN Number: 26-3082602
Date Filed: 07/30/2008
Effective Date: 08/01/2008
State: FL
Status: ACTIVE

Principal Address
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Mailing Address
P.O. BOX 530144
ST. PETERSBURG, FL 33747

Registered Agent Name & Address
VENOUZIOU, ESTER
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Authorized Person(s) Detail
Name & Address
Title: MGR
VENOUZIOU, ESTER
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Annual Reports
Report Year: 2015
Filed Date: 02/03/2015
Report Year: 2016
Filed Date: 01/22/2016
Report Year: 2017
Filed Date: 01/12/2017

Document Images
01/12/2017 - ANNUAL REPORT
01/22/2016 - ANNUAL REPORT
Detail by Entity Name

Florida Not For Profit Corporation
CHART 411, INC.

Filing Information
Document Number: N12000004982
FEI/EIN Number: 45-5338192
Date Filed: 05/17/2012
Effective Date: 05/20/2012
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 07/17/2012
Event Effective Date: NONE

Principal Address
1017 9th Ave N.
St. Petersburg, FL 33705

Changed: 03/31/2016

Mailing Address
1017 9th Ave N
St. Petersburg, FL 33705

Changed: 03/31/2016

Registered Agent Name & Address
JOHNSTON, LUCINDA L
348 11th Ave NE
St. Petersburg, FL 33701

Address Changed: 04/30/2015

Officer/Director Detail
Name & Address

Title C/O

JOHNSTON, HOWARD
348 11th Ave NE
St. Petersburg, FL 33701

Title ED
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>04/30/2015</td>
</tr>
<tr>
<td>2016</td>
<td>03/31/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/26/2017</td>
</tr>
</tbody>
</table>

**Annual Reports**

**Document Images**

- 04/28/2017 -- ANNUAL REPORT
- 02/15/2016 -- ANNUAL REPORT
- 04/30/2015 -- ANNUAL REPORT
- 03/31/2014 -- ANNUAL REPORT
- 04/30/2013 -- ANNUAL REPORT
- 07/17/2012 -- Amendment
- 06/17/2012 -- Domestic Non-Profit
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$430.00</td>
</tr>
<tr>
<td>Applied To: 22612 - SHOPAPALOOZA FESTIVAL</td>
<td>$430.00</td>
</tr>
<tr>
<td>South Straub Park - Park</td>
<td></td>
</tr>
<tr>
<td>November 17, 2018  9:00 am to November 24, 2018  6:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($430.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Contract/Permit

LOCAL SHOPPER LLC
ESTER VENOUZIOU
4913 28TH AVE S
GULFPORT FL 33707 USA

Purpose of Use: SHOPAPALOOZA FESTIVAL

Conditions of Use: Insurance Required

Other Information:
Use of beer and wine: Yes
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>South Straub Park</td>
<td>Sat</td>
<td>17 Nov 2018</td>
<td>09:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td></td>
<td>06:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Straub Park</td>
<td>Sat</td>
<td>24 Nov 2018</td>
<td>09:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td></td>
<td>06:00 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>
</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18:00</td>
<td>2</td>
<td>$400.00</td>
<td>$0.00</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$430.00</td>
<td></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>19 Jan 2018</td>
<td>$430.00</td>
<td>Check</td>
<td>Rental</td>
<td>2964168</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): ESTER VENOUZIOU

(Name of User Organization, If Applicable)

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name) Parks and Recreation Department

Printed: 19 Jan 2018, 09:16 AM
User: rbmccull

Page: 1
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
**Event Title:** 2018 St. Petersburg Tampa Bay Area WALK to End Hydrocephalus  
**Phone No.:** 813-767-2204  
**Fax No.:** 727-767-8030  
**Federal I.D. Number:** 94-3000301

**Event Date(s):** Late October or Early November  
**Location:** Elva Rouse Park

**Day 1 of Event:** Nov. 3  
**Time Gates Open:**  
**Ending Time:**

**Day 2 of Event:**  
**Time Gates Open:**  
**Ending Time:**

**Day 3 of Event:**  
**Time Gates Open:**  
**Ending Time:**

**Application Prepared by:** Carrie Young  
**Phone:** 813-767-2204

**Title:** Walk Chair  
**Address:** 22586 Cherokee Rose Place  
**City:** Land O Lakes  
**State:** FL  
**Zip:** 34639

**Email Address:** cyoungmp@gmail.com

**Additional Contact Person:** Kentlee Battick  
**Day Phone:** 727-744-6702

**What month/year were you incorporated as nonprofit?** January 1986

**List all 501(c)3 entities that will benefit from this event.** Hydrocephalus Association

**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.

National Recognition as a supporter of patients with hydrocephalus.

Describe what economic benefit and impact this event will bring to St. Petersburg.

 Increased visibility

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

**Does your group presently have liability insurance?**  
☑ **YES** ☐ **NO**  
**How much?** $1,000,000

**Are there plans to sell or distribute beer/wine at your event?**  
☐ **YES** ☑ **NO**

**Will there be an admission/registration fee?**  
✓ **YES** ☐ **NO**  
**Advanced Fee:**  
**Day of:**

Please provide the website address for your event. support.hydroassoc.org/2018stpetesburgtampabayareaWALK

Please provide a phone number that can be advertised to the public. 813-767-2204

**What is the estimated attendance for this event?**  
Spectators  
Participants 300  
Last Year's Total Attendance 150
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

- Showmobile (Yes/No) | No
- # Bleacher(s) needed. Each bleacher approx. 180 people | None
- Tables (6 ft) # needed | Possibly
- Chairs # needed | Possibly
- Public Address System | No - provided by DJ
- # of portable risers needed (4 in. x 8 in. x 16 in. sections) | 2

Special Events Facilities
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill
- Non-City Locations

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

- POLICE: Public Safety Personnel, Marine Services
- TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
- FIRE: Paramedics, Inspectors
- PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
- RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Carrie J Young
Title: Walk Chair
Date: 01/17/2018

Co-Sign: Kentlee Battick
Title: Walk Chair
Date: 01/17/2018

Note: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

Please attach the following:

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

For further information, please call Lynn Gordon, Parks & Recreation Manager, 727-893-7766 or email: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

### Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>☑ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☑ Located in Park</td>
<td>Occupational License</td>
</tr>
<tr>
<td>☑ Vending Product / Merchandise Sales</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☐ Vending Food / Beverage</td>
<td></td>
</tr>
<tr>
<td>☑ Vendors / Exhibitors</td>
<td>Alcoholic Permit</td>
</tr>
<tr>
<td>☐ Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☐ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☐ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☐ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>☐ Require Street Closure</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>☑ VIP Area</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☑ Staging</td>
<td></td>
</tr>
<tr>
<td>☑ Amplified Sound</td>
<td>☑ Professional ☑ Showmobile ☑ Other</td>
</tr>
<tr>
<td>☑ Security</td>
<td>☑ Performers ☑ Announcement Only</td>
</tr>
<tr>
<td>☑ Sanitary Facilities - Port-O-Lets</td>
<td>☑ Daytime - Private ☑ Overnight - Private</td>
</tr>
<tr>
<td>☑ Off-site Parking / Shuttle</td>
<td>☑ Event Time Frame - SPPD</td>
</tr>
<tr>
<td>☐ Semitruck / Tractor Trailer</td>
<td>☑ Regular Units ☑ Disabled Units ☑ Hand Washing</td>
</tr>
</tbody>
</table>

### Marketing

Please check all that apply.

<table>
<thead>
<tr>
<th>Marketing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Invitations</td>
<td>☑ Radio</td>
</tr>
<tr>
<td>☑ Posters / Flyers</td>
<td>☑ Television</td>
</tr>
<tr>
<td>☑ Newspaper / Internet</td>
<td>☑ Remote Broadcast</td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? [ ] YES [ ] NO

If YES, check all that apply. [ ] RV's [ ] Coffee Vendors [ ] Ice Bins [ ] Freezers [ ] Ice Cream Vendors [ ] Catering Trucks [ ] Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

N/A

Will you supply your own generators? [ ] YES [ ] NO

Will your event have a licensed electrician on-site during the event? [ ] YES [ ] NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

None

If City permits, licenses, or services are required for event, who will pay for them?

Name: Hydrocephalus Association Phone: 240-483-4601

Address (including zip): 4340 E West Highway, Suite 905, Bethesda, MD 20814

Type of music, # of stages, and # of bands.

DJ playing popular family friendly music and announcing walk activities. One stage with no band

List Vending Products. Name & Provider.

None

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

None

Explain subject/purpose of all speeches/demonstrations which will occur.

Education and awareness of hydrocephalus

Discuss your load in/load out parking needs, include times and dates.

Load in and out through the south parking lot
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: Carrie J Young  
Title: Walk Chair  
Date: 01/17/2018
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>Hydrocephalus Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Diana Gray</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4340 E West Highway, Suite 905, Bethesda, MD 20814</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>240-483-4601</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:walk@hydroassoc.org">walk@hydroassoc.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>94-3000301</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

**Please include a copy of the current IRS Nonprofit Affidavit / For Profit**

What method of invoicing would your organization prefer?

- [ ] BY Mail

  Contact Name

  Address

  City, State, Zip

- [x] BY EMAIL

  Email Address: cyoungnp@gmail.com
### I. REVENUE SOURCES (attach sheet if more space is needed)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Donations</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

### II. EXPENSES (attach sheet if more space is needed)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Walk Supplies</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $2,000.00

**TOTAL NET INCOME** ($2,000.00)

### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Carrie Young  
Date: 01/17/2018
CITY OF ST. PETERSBURG/COMMUNITY AFFAIRS DIVISION
ACCESSIBILITY CHECKLIST AND EVENT APPLICATION

Event Name: 2018 Walk to End Hydrogen
Event Date(s): Oct
Event Location: Elva Rose Park
Event Representative: Carrie Young
Address: 22581 Cherokee Rose Place, Land O' Lakes, FL 34639
Phone: 813-767-2204 Fax: 727-767-8030 E-Mail: cyoungp@gmail.com
Event Website: SupportHydrosis.org/2018StPetersburgTampaBay

1. Parking:
   a. If you expect that participants will be parking in city-owned parking facilities for your event, have you contacted the parking manager in the Department of Transportation and Parking to discuss your needs?
      Yes. ________ No. ________ N/A ________
   b. If you are using private property for additional parking, you will need to follow the guidelines below:
      **The number of accessible parking spaces per lot or parking facility shall comply with the table below:

<table>
<thead>
<tr>
<th>Total Spaces in Parking Lot</th>
<th>Accessible Spaces Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 25</td>
<td>1</td>
</tr>
<tr>
<td>26 to 50</td>
<td>2</td>
</tr>
<tr>
<td>51 to 75</td>
<td>3</td>
</tr>
<tr>
<td>76 to 100</td>
<td>4</td>
</tr>
<tr>
<td>101 to 150</td>
<td>5</td>
</tr>
<tr>
<td>150 to 200</td>
<td>6</td>
</tr>
<tr>
<td>201 to 300</td>
<td>7</td>
</tr>
<tr>
<td>301 to 400</td>
<td>8</td>
</tr>
<tr>
<td>401 to 500</td>
<td>9</td>
</tr>
<tr>
<td>501 to 1000</td>
<td>2% of total</td>
</tr>
<tr>
<td>1001 and Over</td>
<td>20 Plus 1 for Each 100 Over 1000</td>
</tr>
</tbody>
</table>

**Please note that there are also specific size requirements and signage requirements for parking spaces that can be found in Ch. 553.5041 of the Florida Statutes or Chapter 11 of the Florida Building Code.

c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statutes or the Florida Building Code?
   Yes. ________ No. ________ N/A ________

Page 1 of 4
2. **Portable Toilet Units:**

**For single user portable toilet or bathing units clustered at a single location, at least five percent (5%) but no less than one accessible toilet unit** shall be installed in each grouping and they should be placed on an accessible route. If only one is provided in a location, it should be accessible.

a. Total Number of Portable Units: 

b. Total Number of Accessible Portable Units: 

c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?

   Yes ☑️ No ☐ N/A ☐

3. **Accessible Routes:**

a. Do you plan to have any entrance or exit areas to the event, or is the event open to the public with no restricted access?

   Open: ☑️ Restricted/Ticketed: ☐

b. If restricted, are your entrances and exits (means of egress, including emergency exits) at least 44 inches wide and free from barriers to provide an accessible route? In addition, the “gate” or entry “door” must provide a minimum of a 32” clear opening.

   Yes ☑️ No ☐

* If any of your entrances and/or exits do not have the 32-inch minimum clearance, please document the reasons for the restriction and whether you have alternative entrances and exits that are marked with signs.

3. **City of St. Petersburg Parks and Recreation Department have for your use the following for an additional fee to install by city staff: Mobi-Mats** – They are used to create an equal access pathway for all recreational users if needed.

4. **Vendors and Activities:**

**The tops of accessible tables and counters should be between 28 – 34 inches above the finished floor or ground and should be on an accessible route.**

a. Are all of the vendors and planned activities accessible to persons with disabilities?

   Yes. ☑️ No ☐

*If no, please provide a necessary reason why they are not all located on an accessible pathway or do not have displays that conform to guidelines.*
b. Will your food and other counters/vendors have accessible displays?
   Yes ☑ No _______ N/A _______

c. Is there any seating available for dining?
   Yes _______ No ✔

d. If yes, is at least 5% of the seating accessible? (For example, has space available for a wheelchair; table has at least 27 inches of knee clearance.)
   Yes _______ No _______

e. Do you plan to have any seating available for viewing concerts or other performances?
   Yes _______ No ❌ N/A _______

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?
   Yes _______ No _______

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?
   Yes _______ No ✔ N/A _______

*If yes, please provide details about those below:

h. ✔ (Please initial here.) Yes, I am prepared and willing to grant all reasonable requests for accommodations for this event.

** All reasonable requests for accommodations must be granted pursuant to applicable laws, unless a request would result in a fundamental alteration in the nature of services or activities, or would result in undue financial and administrative burdens. Prior to denying any request for accommodation, you must contact the Community Affairs Division for a review of compliance with applicable laws.

5. Signage and Marketing:
   ** Appropriately sized signs with the international symbol of accessibility illustrated below help people identify facilities that are accessible at your event. Directional signs should be provided in highly contrasting colors, such as white on black or black on white. The characters on the signs should be at least between 5/8 and 2 inches in length, and the signs should be highly visible and not blocking accessible routes of travel.

a. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?
   Yes ✔ No _______ N/A _______

*Please add the following language or similar language to event marketing materials, including your Web site.
*This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services pursuant to disability laws, please contact the event planner at (EVENT PHONE NUMBER) or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY*
b. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?
   Yes ☑ No ______ N/A ______

c. (Please initial here.) Printed and/or Web event announcements created by the organization/event I represent will include accessibility language similar to that noted above.

Please list a contact name and phone number for someone who will be present during the event and can respond to requests related to accessibility issues:

Contact Name: Carcie Young Phone: 813-767-8041
Email Address: cyoungnp@gmail.com Fax: 727-767-8030

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:

Carmie Young
Signature, Event Representative

1/17/18
Date:

Carmie J Young
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

Page 4 of 4
**Contract/Permit**

**Contract #:** 22619  
**Date:** 19 Jan 2018  
**User:** JSBENNIN  
**Status:** Firm

Hydrocephalus Association Inc  
CARRIE YOUNG  
4340 E W Highway Ste 905  
Bethesda MD 20814 USA

**Purpose of Use:** WALK TO END HYDROCEPHALUS  
**Expected:** 300  
**Co-Sponsored Event**  
**Contract Balance** $230.00

**Conditions of Use:** Insurance Required

**Other Information:**
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

**Date(s) and Time(s) of Use:**
- **Starting:** Sat 03 Nov 2018 06:00 am  
- **Ending:** Sat 03 Nov 2018 03:00 pm

**Facility/Equipment**  
**Elva Rouse Park**  
**Park**  
**Day** Sat  
**Date** 03 Nov 2018  
**Time** 06:00 AM  
**Fee** $0.00  
**Extra Fee** $200.00  
**Tax** $0.00  
**Total** $200.00

**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** 9:00  
    - **Quantity** 1  
    - **Charge** $200.00  
    - **Tax** $0.00  
    - **Total** $200.00

**Charges:**
- **Fees** $0.00  
- **Extra Fees** $230.00  
- **Tax** $0.00  
- **Total** $230.00  
- **Deposit** $0.00  
- **Total Applied** $0.00  
- **Contract Balance** $230.00  
- **Account Balance** $230.00

Balance of rental due and payable immediately.

**Payments:**

**Additional Notes:**

_I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee._

By (Sign Name):  
CARRIE YOUNG  
HYDROCEPHALUS ASSOCIATION INC  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name):  
Parks and Recreation Superintendent

By (Sign Name):  
Parks and Recreation Department

Printed: 19 Jan 2018, 02:51 PM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Hydrocephalus Association Incorporated Aka Hydrocephalus Association: F14895940

General Information

Department ID Number:
F14895940

Business Name:
Hydrocephalus Association
Incorporated Aka
Hydrocephalus Association

Principal Office:
SUITE 905
4340 EAST WEST HIGHWAY
BETHESDA MD 20814

Resident Agent:
DAWN MANCUSO
SUITE 905
4340 EAST WEST HIGHWAY
BETHESDA MD 20814

Status:
INCORPORATED

Good Standing:
THIS BUSINESS IS IN GOOD STANDING
» Order Certificate of Status

Business Type:
FOREIGN CORPORATION

Business Code:
ORDINARY BUSINESS - NON-STOCK

Date of Formation/Registration:
10/02/2012

State of Formation:
CA

Stock Status:
NONSTOCK

Close Status:
N/A
FOR FILING AND BUSINESS RELATED QUESTIONS
Maryland Department of Assessments & Taxation
410-767-1184 | Outside the Baltimore Metro Area: 888-246-5941
Maryland Relay: 800-735-2258

FOR TECHNICAL QUESTIONS AND SUPPORT
NIC Maryland, eGov Services Partner of the Department of Information Technology (DoIT) and
Maryland.gov
» Click for 24/7 Support
Event Title: St. Pete Health Fest
Entity Name: Solutionary Events, Inc.
Event Date(s): October 6, 2018
Day 1 of Event: 10/6/2018
Day 2 of Event: Time Gates Open: 10:00 a.m.
Day 3 of Event: Time Gates Open: 10:00 a.m.
Application Prepared by: Jenna Bardoff
Title: Event Director
Address: 433 Rotary Place NE
City: St. Petersburg
State: FL
Zip: 33703
Email Address: organizers@solutionaryevents.com
Additional Contact Person: John Corry
Day Phone: 727-489-4497

What month/year were you incorporated as nonprofit? February/2017
List all 501(c)3 entities that will benefit from this event: Solutionary Events

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The St. Pete Health Festival is an educational event with a mission to teach people to embrace health and environmental sustainability. Our intentions are to empower people to make healthy lifestyle choices with regard to diet, exercise, and consumerism. All vendors, speakers, and participants will be required to exhibit environmentally friendly/healthy products, services, and information. St. Petersburg has flourished into an open-minded and progressive community, and we are hopeful for the opportunity to contribute to raising awareness of public health and happiness. The St. Pete Health Fest will feature nationally renowned and local speakers, free music, food demonstrations, a healthy kids zone, yoga, and ~50 health-oriented vendors/exhibitors. Since the team at Solutionary Events makes a strong effort to market to all audiences, we look forward to bringing together a diverse population of people from various age groups and interests.

Describe what economic benefit and impact this event will bring to St. Petersburg.
One of our primary goals in coordinating festivals is introducing people to local health-oriented businesses. We will be inviting health coaches, massage therapists, acupuncturists, yoga studios, health food stores, gyms, healthy restaurants, artists, and non-profits from the St. Petersburg community to attend the event. We hope for vendors to thrive at the event and also to benefit from developing connections with new potential clients and consumers.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO How much? $1,000,000/$2,000,000
Are there plans to sell or distribute beer/wine at your event? YES NO
Will there be an admission/registration fee? YES NO Advanced Fee: Day of:

Please provide the website address for your event: www.soltionaryfestival.org
Please provide a phone number that can be advertised to the public: 727-489-4497
What is the estimated attendance for this event? Spectators: 1000 Participants: 50 Last Year's Total Attendance: N/A
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

**Condition**

- [ ] Public Invited
- [ ] Located in Park
- [ ] Vending Product / Merchandise Sales
- [ ] Vending Food / Beverage
- [ ] Vendors / Exhibitors
- [ ] Vending Beer / Wine
- [ ] Erecting Tents - Larger than 10ft x 12ft
- [ ] Fence Installation
- [ ] Other Structures
- [ ] Open Flame Food Preparation
- [ ] Pyrotechnics
- [ ] Require Street Closure
- [ ] VIP Area
- [ ] Staging
- [ ] Amplified Sound
- [ ] Security
- [ ] Sanitary Facilities - Port-O-Lets
- [ ] Off-site Parking / Shuttle
- [ ] Semitruck / Tractor Trailer

**Obligation**

- General Liability Insurance
- Park Permit
- Occupational License
- Health Inspection
- Alcohol Permit
- Additional Insurance Required
- Temporary Structure Permit
- Fire Inspection Permit
- Fireworks Permit
- Parade or Street Closure Permit(s)

**Marketing:** Please check all that apply.

- [ ] Invitations
- [ ] Posters / Flyers
- [ ] Newspaper / Internet
- [ ] Radio
- [ ] Television
- [ ] Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Other Comments: Please describe your fee structure.

The event will be free for the public to attend. Vendors will need to pay the following fees:

- Food Vendor - $200
- For-Profit Merchandise Vendor - $150
- For-Profit Information Booth - $100
- Non-Profit Vendor - $30
- Animal Rescue - Free

Other comments:

On behalf of the Solutionary Events team, we would sincerely appreciate the opportunity to partner with the City of St. Petersburg to coordinate another successful event with the mission to create a healthy, compassionate, and environmentally sustainable world. In 2017, our team coordinated eight festivals throughout Florida, our most recent events being Sarasota's Solutionary Health Festival at Oscar Scherer State Park and Eco-Friendly Adventure Day at Cedar Lakes Woods & Gardens in Williston, FL. We are happy to provide references if needed. Our event in 2017 were all incredibly successful in terms of their educational value to the communities we were reaching. We are excited for the health fest to bring increased value to the St. Petersburg community.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Jenna Bardoff  Title: Event Director  Date: 1/13/18
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Solutionary Events, Inc.

Name of Responsible Party (President or CEO ONLY): Jenna Bardroff

Title of Responsible Party: Event Director (CEO)

Physical Address of Responsible Party: 433 Rotary Place NE, St. Petersburg, FL 33703

Phone Number of Responsible Party: 727-730-4745

Email Address of Responsible Party: jenna.bardroff@solutionaryspecies.org

Nonprofit (Employee Identification Number): 01-5273272

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
St. Pete Health Fest

October 6, 2018 | 10:00 a.m. – 4:00 p.m.

Williams Park | 330 2nd Ave N, St. Petersburg, FL 33701

Mission: To motivate people to have fun, take action, and learn about benefiting the planet through making healthy lifestyle choices. All donations/proceeds are applied to developing humane education programs, animal rescue & care, and solutionary events.

Solutionary Events is a 501c3 non-profit educational outreach organization with a mission to create a healthy, compassionate, and regenerative world. Team members coordinate festivals, workshops, seminars, potlucks, beach/park, cleanups, film screenings, outreach events, races/walks, and other events that align with the values of Solutionary Events' mission. Members of our team are responsible for some of the largest plant-based events in the country, including Tampa Bay Veg Fest, Central Florida Veg Fest, and Central Florida Earth Day!

Event Activities:
- 3 speakers
- 2 food demos
- Kids zone
- Yoga zone with 4 yoga classes
- 35-45 vendors/exhibitors

Vendor Load-In:
- Food Vendors 6:30 a.m.
- All other vendors/exhibitors 7:00 a.m.
- Vendors must be set-up by 9:30 a.m.

Event begins at 10:00 a.m.
Vendor Map TBD based on City requirements

Speaker Schedule:
11:00 a.m. Intro
11:15 a.m. Speaker 1
12:00 p.m. Speaker 2
1:00 p.m. Speaker 3
2:00 p.m. Food Demo
3:00 p.m. Food Demo

Music Schedule:
10:00 a.m. Band 1
**Contract/Permit**

**Contract #:** 22620  
**Date:** 19 Jan 2018  
**User:** JSBENNIN  
**Status:** Firm  

SOLUTIONARY EVENTS, INC.  
JENNA BARDROFF  
433 ROTARY PLACE NE  
ST PETERSBURG FL 33703 USA  

**Purpose of Use:** ST. PETE HEALTH FEST  
**Expected:** 1,000  
**Co-Sponsored Event**  
**Contract Balance:** $0.00

**Conditions of Use:** Insurance Required

**Other Information:**  
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

<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>Williams Park</td>
<td>Sat</td>
<td>06 Oct 2018</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**
- **Extra Fee - Bookings**
  - Co-Sponsored Application Fee  
    - Quantity: 1  
    - Charge: $30.00  
    - Tax: $0.00  
    - Total: $30.00

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Park Permit Fee</td>
<td>15:00</td>
<td>1</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Charges:**  
- **Fees**  
  - $0.00  
- **Extra Fees**  
  - $230.00  
- **Tax**  
  - $0.00  
- **Total**  
  - $230.00

**Total**  
- **Deposit**  
  - $0.00  
- **Total Applied**  
  - $230.00  
- **Contract Balance**  
  - $0.00  
- **Account Balance**  
  - $0.00

Balance of rental due and payable immediately.

**Payments:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 Jan 2018</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2964449</td>
</tr>
<tr>
<td>19 Jan 2018</td>
<td>$200.00</td>
<td>Check</td>
<td>Rental</td>
<td>2964450</td>
</tr>
</tbody>
</table>

**Additional Notes:**

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Signature)

(Print Name) JENNA BARDROFF  
SOLUTIONARY EVENTS, INC.

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Signature)  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department

Printed: 19 Jan 2018, 03:01 PM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
City of St. Petersburg

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
</tr>
<tr>
<td>Applied To: 22620 - ST. PETE HEALTH FEST</td>
<td>$30.00</td>
</tr>
<tr>
<td>Williams Park - Park</td>
<td></td>
</tr>
<tr>
<td>October 6, 2018  6:00 am to October 6, 2018 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

Approved Refunds are by Check Only
**City of St. Petersburg**

SOLUTIONARY EVENTS, INC.
JENNA BARDROFF
433 ROTARY PLACE NE
ST PETERSBURG, FL 33703 USA

Receipt #: 2864450
User: JSBENNIN
Issued: Fri 19 Jan 18 03:01 pm

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

Applied To: 22620 - ST. PETE HEALTH FEST
Williams Park - Park
October 6, 2018 6:00 am to October 6, 2018 9:00 pm

Payment: Check

Balance $0.00

APPROVED REFUNDS ARE BY CHECK ONLY
Detail by Entity Name
Florida Not For Profit Corporation
SOLUTIONARY EVENTS INC

Filing Information
Document Number N1700001349
FEI/EIN Number NONE
Date Filed 02/06/2017
State FL
Status ACTIVE

Principal Address
433 ROTARY PLACE NE
ST. PETERSBURG, FL 33703

Mailing Address
433 ROTARY PLACE NE
ST. PETERSBURG, FL 33703

Registered Agent Name & Address
BARDROFF, JENNA D
433 ROTARY PLACE NE
ST. PETERSBURG, FL 33703

Officer/Director Detail
Name & Address
Title P
RUMBOUGH, LARRY
840 LILAC TRACE LANE
ORLANDO, FL 32828

Title T, S
BARDROFF, THOMAS
8009 HIGH OAKS TRAIL
MYAKKA CITY, FL 34251

Title D
ROWLAND, COREY J
11907 DERBYSHIRE DR.
TAMPA, FL 33626

Annual Reports
No Annual Reports Filed

Document Images
02/06/2017 – Domestic Non-Profit [View image in PDF format]
Event Title: THE THIRD ANNUAL DRAGON BOAT RACING FESTIVAL AT
Entity Name: Lao Arts and Cultural Foundation, INC.
Event Date(s): October 20, 2018
Location: Elva Rouse Park
Day 1 of Event:
Time Gates Open: 9:00AM Ending Time: 8PM
Day 2 of Event:
Time Gates Open: Ending Time:
Day 3 of Event:
Time Gates Open: Ending Time:
Application Prepared by: Somdeth Inthalangsy
Title: President
Address: 5975 Carrier St. N.
City: St. Petersburg State: FL Zip: 33714
Email Address: Vinthalangsy@tampabay.rr.com or Somdeth@CSJMarchitects.com
Additional Contact Person: Mr. Chantho Vorasane
What month/year were you incorporated as nonprofit? May, 2014
List all 501(c)3 entities that will benefit from this event:
Name of the for-profit entity? Lao Arts and Cultural Foundation
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
Exchange and preserve Lao arts and Cultural (or South east Asia Arts and Cultural) to other nationalities and Americans.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Will bring economic benefit and impact this event to St. Petersburg are:
- Diversity in to the city with Lao cultural and the money will filter locally to the city

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.
Does your group presently have liability insurance? YES NO
Are there plans to sell or distribute beer/wine at your event? YES NO
Will there be an admission / registration fee? YES NO
Advanced Fee: TBD Day of: 9/20/2018
Please provide the website address for your event: WWW.LaoLACFfiorida.com
Please provide a phone number that can be advertised to the public: 727-686-4761
What is the estimated attendance for this event? Spectators 500 Participants 50 Last Year's Total Attendance 400
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)        City Stage
# Bleacher(s) needed. Each bleacher approx. 180 people
Tables (6 ft) # needed
Public Address System

Special Events Facilities

Mahaffey Theater
Coliseum
Sunken Gardens
Boyd Hill

Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Somdeth Inthalangsy
Co-Sign: Chantho Vorasane
Title: President
Title: Board of director
Date: January 24, 2018
Date: January 24, 2018

NOTE:

a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located In Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional Insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Showmobile</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></td>
<td>Regular Units</td>
</tr>
<tr>
<td></td>
<td>Disabled Units</td>
</tr>
<tr>
<td></td>
<td>Hand Washing</td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
<tr>
<td></td>
<td></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.

Live music band and Lao traditional dance

Will you supply your own generators?  [ ] YES  [ ] NO

Will your event have a licensed electrician on-site during the event?  [ ] YES  [ ] NO  If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: Lao Arts and Cultural Foundation  Phone: 727-686-4761

Address (Including zip): 5975 Carrier St. N. St. Petersburg, Fl 33711

Type of music, # of stages, and # of bands.

Lao Live music bands

List Vending Products. Name & Provider.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

United Oriental food

Explain subject/purpose of all speeches/demonstrations which will occur.

Lao traditional dance and Lao Buddha region

Discuss your load in/load out parking needs, include times and dates.

In load by 7:00AM and Out load 8:00PM
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOM BEHALF THIS APPLICATION IS BEING MADE.

**I certify that the facts contained in this application are accurate.**

Name: Somdeth Inthalangsy  
Title: President  
Date: January 24, 2018
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.

Page 6 of 8
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Nonprofit Corporation</th>
<th>Name of Responsible Party (President or CEO ONLY)</th>
<th>Title of Responsible Party</th>
<th>Physical Address of Responsible Party</th>
<th>Phone Number of Responsible Party</th>
<th>Email Address of Responsible Party</th>
<th>Nonprofit (Employee Identification Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lao Arts and Cultural Foundation</td>
<td>Somdeth Inthalangsy</td>
<td>President</td>
<td>5975 Carrier St. N. St. Petersburg, Fl 33714</td>
<td>727-224-2686</td>
<td><a href="mailto:Vinthalangsy@tampabay.rr.com">Vinthalangsy@tampabay.rr.com</a> or <a href="mailto:Somdeth@CSJMarchitects.com">Somdeth@CSJMarchitects.com</a></td>
<td>47-1084767</td>
</tr>
<tr>
<td>For-profit Corporation</td>
<td>Chantho Vorasane</td>
<td>Board of director</td>
<td>5975 Carrier St. N. St. Petersburg, Fl 33714</td>
<td>727 518-5991</td>
<td><a href="mailto:chanvrs@hotmail.com">chanvrs@hotmail.com</a></td>
<td>47-1084767</td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
## APPENDIX C

### STATEMENT OF REVENUE AND EXPENSES FORM

**PRIOR YEAR'S EVENT**

(Must be completed)

### Name of Event:

THE FIRST ANNUAL DRAGON BOAT RACING

### Date(s) of Event:

September 24, 16

## I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

## II. EXPENSES (attach sheet if more space is needed)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

## III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Somdeth Inthalangsy

Date: October 8, 2015

[Submit Application by Email]
LAO ARTS AND CULTURAL FOUNDATION INC
SOMDETH INTHALANGSY
5975 CARRIER ST N
ST PETERSBURG FL 33714 USA

Purpose of Use: DRAGON BOAT RACING FESTIVAL

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 26 Oct 18 06:00 am
Ending: Sun 28 Oct 18 09:00 pm

Facility/Equipment | Day | Date | Time | Fee | Extra Fee | Tax | Total
--- | --- | --- | --- | --- | --- | --- | ---
Elva Rouse Park | Fri | 26 Oct 2018 | 06:00 AM | $0.00 | $200.00 | $0.00 | $200.00
Elva Rouse Park | 28 Oct 2018 | 09:00 PM

Additional Fees:
- Co-Sponsored Application Fee
- Co-Sponsored Park Permit Fee

Charges:
- Fees: $0.00
- Extra Fees: $230.00
- Tax: $0.00
- Total: $230.00

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name): SOMDETH INTHALANGSY
(Print Name): LAO ARTS AND CULTURAL FOUNDATION INC
Name of User Organization, If Applicable

Printed: 24 Jan 2018, 04:28 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Detail by Entity Name

Florida Not For Profit Corporation
LAO ARTS AND CULTURAL FOUNDATION, INC.

Filing Information
Document Number  N14000005015
FEI/EIN Number   47-1084767
Date Filed       05/23/2014
State            FL
Status           ACTIVE
Last Event       AMENDMENT
Event Date Filed 02/17/2015
Event Effective Date  NONE

Principal Address
5975 CARRIER STREET NORTH
ST. PETERSBURG, FL 33714

Mailing Address
5975 CARRIER STREET NORTH
ST. PETERSBURG, FL 33714

Registered Agent Name & Address
INTHALANGSY, SOMDETH
3787 SHORELINE DRIVE
CLEARWATER, FL 33760

Officer/Director Detail
Name & Address

Title
VORASAM, CHANTHO
4421-15TH AVENUE NORTH
ST. PETERSBURG, FL 33713

Title President
INTHALANGSY, SOMDETH
3787 SHORELINE DRIVE
CLEARWATER, FL 33760

Title D
VONGSAVANH, KEOPHILA, DR.
5281 96 TERRACE
PINELLAS PARK, FL 33782

Title D

VIAXYARATH, OUNHEUANE
5188 46TH AVENUE NORTH
ST. PETERSBURG, FL 33714

Title Treasurer

Vongsalay, Corey Khoutkeo
2327 47TH STREET NORTH
ST. PETERSBURG, FL 33713

Title VC

BOONPHAKHOM, KHINTAHVONE
6197-102 AVENUE NORTH
PINELLAS PARK, FL 33782

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>04/23/2015</td>
</tr>
<tr>
<td>2016</td>
<td>01/18/2016</td>
</tr>
<tr>
<td>2017</td>
<td>02/25/2017</td>
</tr>
</tbody>
</table>

Document Images

- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)