City of St. Petersburg

City Council

Co-Sponsored Events Committee

Thursday, November 29, 2018, 2:30PM

City Hall Room 100

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

Agenda

I. Call to Order

II. Approval of seventeen (17) events for FY 19
   a. waiving the non-profit requirement for five (5) events

III. Approval of two (2) events for FY 20

IV. Public Comment

V. Adjournment
<table>
<thead>
<tr>
<th>1</th>
<th>Movies in the Park (May)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Running For All Children</td>
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<tr>
<td>3</td>
<td>SPC/USFSP Art &amp; Music festival</td>
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<td>4</td>
<td>Special Olympics Area Games</td>
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<td>5</td>
<td>St. Pete Veg Fest</td>
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<td>6</td>
<td>Good With Me Day Festival</td>
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<td>7</td>
<td>St Pete Pride Weekend</td>
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<td>8</td>
<td>Historic Kenwood Pinot in the Park</td>
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<td>9</td>
<td>Heroes Memorial 5K/10K Run</td>
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<td>10</td>
<td>2nd Saturday Jazz in the Park</td>
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<td>11</td>
<td>Tampa Bay Music festival</td>
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<td>12</td>
<td>Community Festival &amp; Fitness Walk</td>
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<td>13</td>
<td>The Downtown 20K Relay Race</td>
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<td>14</td>
<td>Painting in the Park 2019</td>
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<tr>
<td>15</td>
<td>St. Pete Beer &amp; Brunch Festival</td>
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<td>16</td>
<td>Tampa Bay Caribbean Carnival</td>
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<tr>
<td>17</td>
<td>Extreme Mudwars</td>
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<td>18</td>
<td>Out of the Darkness - FY20</td>
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<td>19</td>
<td>Florida Orchestra in the Park FY2-</td>
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<td>30</td>
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<td>31</td>
<td></td>
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</tbody>
</table>
Event Title: May Movies in the Park
Entity Name: St. Petersburg Preservation, Inc. d/b/a Preserve the ‘Burg
Event Date(s): May 2, 9, 16, 23, 30, 2019
Location: April 27 at Adm. Farragut; May dates at N. Straub Park
Day 1 of Event: same each date Time Gates Open: 6:30 pm Ending Time: 10:15 pm
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:
Application Prepared by: Peter Belmont
Title: Vice President
Address: 102 Fareham Pl. N.
Email Address: info@preservetheburg.org
Additional Contact Person: donna miller
What month/year were you incorporated as nonprofit? 1977
List all 501(c)3 entities that will benefit from this event: St. Petersburg Preservation & Jump For Kids (beer/wine sales)
Name of the for-profit entity? none

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

May 2019 will be the 10th year for the event and we believe it has become one of the favorite downtown waterfront park events. It is the type of event that people point to for why living in St Pete is special. Our event space is typically full each movie night and people consistently ask us to offer Movies in the Park more often. As reflected in questionnaire answers, people love the atmosphere of the event and its waterfront location. Attendees to the event spend money downtown and money to purchase picnic supplies from local stores or from event vendors. In short, Movies in the Park is an event loved and enjoyed by many and one of the small economic generators for downtown that cumulatively, with other events, adds up to a successful downtown.

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

Most people attending Movies in the Park are either spending money at local businesses purchasing supplies for a picnic at the event, spending money purchasing food from vendors at the event, or spending money at nearby downtown businesses before and after the event. We have limited survey information documenting spending by some Movie in the Park attendees.

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

Does your group presently have liability insurance? 

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.preservetheburg.org

Please provide a phone number that can be advertised to the public. 727 463-4612

What is the estimated attendance for this event? Spectators 700 Participants Last Year's Total Attendance 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 [ ] 50

Public Address System [ ] Yes

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [ ] 2

Special Events Facilities

[ ] Non-City Locations

[ ] Mahaffey Theater

[ ] Coliseum

[ ] Sunken Gardens

[ ] Boyd Hill

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

POLICE: [ ] Public Safety Personnel, Marine Services

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

FIRE: [ ] Paramedics, Inspectors

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

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

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

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

Name: [ ] Peter Belmont

Co-Sign: [ ]

Title: [ ] Vice President

Date: 9/1/18

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: SprEveEvents@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
- [ ] 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
- [x] Security
- [x] Sanitary Facilities - Port-O-Lets
- [ ] Off-site Parking / Shuttle
- [ ] Semitruck / Tractor Trailer

**Obligation**

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

**Marketing**

- Please check all that apply.
  - [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. □ 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.

No

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

Name: St. Petersburg Preservation db/a Preserve the ‘Burg Phone: 727 824-7802

Address (including zip): P.O. Box 838, St. Petersburg, FL 33731

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

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

List Vending Products, Name & Provider.

Several food vendors will be on-site. Vendors in the past have included kettle corn, popsicles, cookies/dessert food, veggie burgers & smoothies, turkey legs. Jump 4 Kids will sell beer/wine. St. Petersburg Preservation db/a Preserve the ‘Burg 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 each movie evening and take down occurs immediately after event and is usually complete within 45 minutes of the end of the movie. Kettle Korn and Mr. I Got ‘Im have equipment that needs to be driven into park. Parking spaces along Bayshore Dr. are used for a number musicians, staff and some vendors.
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: Peter Belmont  Title: Vice-President  Date: 8-11-16
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Saint Petersburg Preservation, Inc. d/b/a Preserve the 'Burg

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

Title of Responsible Party: President

Physical Address of Responsible Party: 836 18th Ave. NE, St. Petersburg, FL 33701

Phone Number of Responsible Party: 727 515-4509

Email Address of Responsible Party: eelwyn@me.com

Nonprofit (Employee Identification Number): 59-1896534

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

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

For-profit (Employee Identification Number) 

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

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. Sponsorships</td>
<td>34,500.00</td>
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<tr>
<td>2. Donations</td>
<td>1,813.00</td>
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<td>3. Vendor Donations</td>
<td>560.00</td>
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<tr>
<td>4. Sales</td>
<td>735.00</td>
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<tr>
<td>5. Jump 4 Kids (staffing payment) (estimated)</td>
<td>500.00</td>
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<tr>
<td>TOTAL GROSS REVENUE</td>
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<th>II. EXPENSES (attach sheet if more space is needed)</th>
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<tbody>
<tr>
<td>1. Insurance</td>
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<td>2. Port-a-Let</td>
<td>1,300.00</td>
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<td>3. Music</td>
<td>1,400.00</td>
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<td>4. Movie Licensing</td>
<td>4,336.00</td>
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<td>5. Permit Fees</td>
<td>230.00</td>
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<td>6. Promotion</td>
<td>3,350.00</td>
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<td>7. Cost of Sale Items</td>
<td>420.00</td>
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<td>8. SPP/PTB Staff</td>
<td>1,000.00</td>
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<tr>
<td>9. Equipment Costs</td>
<td>290.00</td>
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<td>10. Misc. Supplies</td>
<td>75.00</td>
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<td>11. City Parks, Recreation &amp; Police</td>
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<tr>
<td>TOTAL OPERATING EXPENSES</td>
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<td>TOTAL NET INCOME</td>
<td>20,330.00</td>
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<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
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<td>1. St. Petersburg Preservation dba Preserve the 'Burg</td>
<td>20,330.00</td>
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<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>20,330.00</td>
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Prepared by: Peter Belmont  
Date: 9/11/18
Dear Applicant:

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

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

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

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC
Detail by FEI/EIN Number

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 Aveue N
St. Petersburg, FL 33713

Annual Reports

Report Year  Filed Date
2016       03/25/2016
2017       03/20/2017
2018       03/05/2018

Document Images

03/05/2016 - ANNUAL REPORT
03/20/2017 - ANNUAL REPORT
03/25/2016 - ANNUAL REPORT
02/14/2015 - ANNUAL REPORT
01/29/2014 - ANNUAL REPORT
03/07/2013 - ANNUAL REPORT
03/09/2012 - ANNUAL REPORT
11/29/2011 - Restated Articles
01/28/2011 - ANNUAL REPORT
03/28/2010 - ANNUAL REPORT
04/28/2009 - ANNUAL REPORT
05/05/2008 - ANNUAL REPORT
04/09/2007 - ANNUAL REPORT
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05/03/2004 - ANNUAL REPORT
04/14/2003 - ANNUAL REPORT
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<td>05/01/1995</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
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</table>
Run For All Children 5k, 10k & 1-mile fun run

Johns Hopkins All Children’s Hospital

May 18, 2019

501 6th Ave S, St. Petersburg, FL 33701

Deidra Church

dchurch6@jhmi.edu

Connie Guinn

01/84

Johns Hopkins All Children’s Foundation

NA

Describe your event with details.

Johns Hopkins All Children’s Hospital is hosting the 6th annual Running For All Children 5k, 10k and 1-mile fun race on Saturday, May 18, 2019, to raise funds and support healthy living throughout the west coast of Florida.

There will be something for everyone from kids doing a 100 yard dash, a 1 mile fun run for beginners or families, and chip timed 5K & 10K courses.

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

The primary beneficiary of the event will be the children and families associated with Johns Hopkins All Children’s Hospital, but so too will the local businesses benefit by the more than 3,000 anticipated runners, including but not limited to the St. Petersburg area hotels, restaurants, boutique downtown stores and the like.

This will be a "destination" race for many of the athletes who will be traveling to the area from other cities.

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

Does your group presently have liability insurance?  Δ  YES  Δ  NO  How much?  $1,000,000.00

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

Will there be an admission/registration fee?  Δ  YES  Δ  NO  Advanced Fee:  30.00  Day of:  40.00

Please provide the website address for your event: runforallchildren.com

Please provide a phone number that can be advertised to the public: 727-767-4199

What is the estimated attendance for this event?  Spectators  1000  Participants  2000  Last Year’s Total Attendance  2500
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) NO

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

Tables (6 ft) # needed

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

Special Events Facilities

□ Mahaffey Theater
□ Coliseum
□ Sunken Gardens
□ Boyd Hill

□ Non-City Locations

Which Location?
Poynter Park

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
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Name: Jenine Rabin
Co-Sign: Deidra Church
Title: Executive Vice President
Title: Events Manager
Date: 9.17.18
Date: 9.17.18

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.

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

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

Page 2 of 8
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### Condition

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

### Obligation

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

Marketing: Please check all that apply.

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

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

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

If YES, check all that apply. □ 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.

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? ConServ Building Services Inc

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

No

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

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

Address (including zip): 500 7th Ave. South, St. Petersburg, FL 33701

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

NA

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.

Great Bay Distributors

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

Awards ceremony/presentation

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

Participants will arrive near the start/finish area located at 501 6th Ave. S at approximately 6:45AM on May 18th. Approximately 1/2 of the participants will be finished by 8:00 AM and the remaining participants will be complete the event before 10:00 AM.
Other Comments: Please describe your fee structure.

5k & 10k pre-registered runners: $30.00
5k & 10k day of registration: $40.00
1-mile fun run pre-registered runners: $20.00
1-mile fun run day of registration: $25.00
100 yard Kid's Dash - Free

Other comments:

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

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

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

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

Name: Jenine Rabin
Title: Executive Vice President
Date: 9.17.18
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>Johns Hopkins All Children's Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Jenine Rabin</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Vice President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>500 7th Avenue South, St. Petersburg, FL, 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-767-4460</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:jenine.rabin@jhmi.edu">jenine.rabin@jhmi.edu</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-2481738</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Contact Name
Address
City, State, Zip

Email Address: dchurch6@jhmi.edu
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. See Attached</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
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<td>6.</td>
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<tr>
<td>7.</td>
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<tr>
<td>8.</td>
<td></td>
</tr>
</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. See Attached</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<td>5.</td>
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<td>6.</td>
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<td>8.</td>
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<td>10.</td>
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<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>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Johns Hopkins All Children's Foundation</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: Deidra Church  
Date: 9.17.2016
APPENDIX C

I. REVENUE

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorship</td>
<td>$20,000</td>
</tr>
<tr>
<td>Donations</td>
<td>$12,091</td>
</tr>
<tr>
<td>Registration Revenue</td>
<td>$53,910</td>
</tr>
<tr>
<td>Gross Revenue</td>
<td>$86,001</td>
</tr>
</tbody>
</table>

II. EXPENSES

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials</td>
<td>437.53</td>
</tr>
<tr>
<td>Misc.</td>
<td>570.12</td>
</tr>
<tr>
<td>Contracted Services</td>
<td>35235.2</td>
</tr>
<tr>
<td>Giveaways/Awards</td>
<td>1228.67</td>
</tr>
<tr>
<td>Rentals</td>
<td>2537.09</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>40008.61</td>
</tr>
</tbody>
</table>

Net Income $45,992.39

Allocated to Johns Hopkins All Children's Foundation
ALL CHILDRENS HOSPITAL FOUNDATION INC
501 6TH AVE S
ST PETERSBURG FL 33701-4634

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

Important Information for Exempt Organizations

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

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

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

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

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

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

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

Filing Information
Document Number: 708088
FEI/EIN Number: 59-0683252
Date Filed: 11/10/1964
State: FL
Status: ACTIVE
Last Event: NAME CHANGE AMENDMENT
Event Date Filed: 03/28/2016
Event Effective Date: NONE

Principal Address
501 6TH AVE S
ST PETERSBURG, FL 33701

Changed: 04/29/2010

Mailing Address
501 6TH AVE S
ST PETERSBURG, FL 33701

Changed: 04/29/2010

Registered Agent Name & Address
CRAIN, JACKIE
501 6TH AVE S
LEGAL, 6500002700
ST PETERSBURG, FL 33701

Name Changed: 04/27/2012

Address Changed: 05/01/2017

Officer/Director Detail

Name & Address
Title P, CEO, Vice Dean, Trustee
ELLEN, JONATHAN MD
501 6TH AVE S
ST PETERSBURG, FL 33701
Title President of the Member, Corporate VC, Trustee

PETE RSON, RONALD R
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

CANN OA, MICHAEL
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

DOLAN, VINCENT
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

HAMILTON, NANCY
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

HOLLAND, TROY W
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

KOBR EN, ERIC M
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee, VC

LANE, WILLIAM R, Jr.
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee, Secretary

LECLAIR, DARRYL
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

LETTELIER, MARK
501 8TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

MAHAFEEY, THOMAS
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

MONDELLO, MARK
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

RAYMUND, STEVEN A
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

SHER, CRAIG
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

SMITH, RAYMOND P
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee

FLEECE, JOSEPH W, III
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee, Chairman

Stroud, J. Mark
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee, Treasurer

Coppelge, J. Kenneth
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Trustee
Barber, Timothy R
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Goforth, Stephanie
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee, Treasurer

Kirkland, Jack W, Jr.
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Miller, Milton H, Jr
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Horner, William H
501 6TH AVE S
ST PETERSBURG, FL 33701

Title VP

Mueller, Brigitta U
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee, Chairman

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

Title Trustee

Hawkins, Dwayne
501 6TH AVE S
ST PETERSBURG, FL 33701

Title EVP, COO

Alessi, Roberta
501 6TH AVE S
ST PETERSBURG, FL 33701
Title Asst. Secretary

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

Title Trustee

Cotler, Jennifer
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

LaPrade, Mark
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Rooper, Lawrence
501 6TH AVE S
ST PETERSBURG, FL 33701

Title VP, CSO

Crain, Jackie
501 6TH AVE S
ST PETERSBURG, FL 33701

Title VP

DeLeon, Marcos
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Cheng, Tina, Dr.
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Ellerson, Brian
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee, Chief of Medical Staff

Hess, Derek, Dr.
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

James, Court
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Sierens-Martin, Gayle
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Swart, Nancy
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Taylor, Troy
501 6TH AVE S
ST PETERSBURG, FL 33701

Title VP

Berfield, Kimberly
501 6TH AVE S
ST PETERSBURG, FL 33701

Title VP

McLendon, John
501 6TH AVE S
ST PETERSBURG, FL 33701

Title VP

Ameen, Sylvia
501 6TH AVE S
ST PETERSBURG, FL 33701

Title VP, CFO

Whitby, Christopher
501 6TH AVE S
ST PETERSBURG, FL 33701

Annual Reports
Report Year     Filed Date
Contract/Permit

Contract #: 25266
Date: 24 Oct 2018

JOHNS HOPKINS ALL CHILDRENS HOSPITAL INC
DEIDRA CHURCH
501 6TH AVE S
ST PETERSBURG FL 33701 USA

Purpose of Use: RUNNING FOR ALL CHILDREN

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 17 May 19 06:00 AM
Ending: Sun 19 May 19 08:00 pm

Facility/Equipment
Day       Date       Time       Fee       Extra Fee     Tax      Total
Poynter Park
Fri 17 May 2019 06:00 AM     $0.00     $200.00      $0.00      $200.00
Park
19 May 2019 09:00 PM

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

- Extra Fee - Bookings: Co-Sponsored Permit Fee
  Hours 8:30  Quantity 1  Charge $200.00  Tax $0.00  Total $200.00

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

Balance of rental due and payable immediately.

Payments:
Date: 24 Oct 2018
Amount $230.00
Payment Type Check
Reference Rental
Receipt Number 3181182

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)
DEIDRA CHURCH
JOHNS HOPKINS ALL CHILDRENS HOSPITAL 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: 24 Oct 2018, 09:07 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 800-665-7771.
City of St. Petersburg

JOHNS HOPKINS ALL CHILDRENS HOSPITAL INC
DEIDRA CHURCH
501 6TH AVE S
ST PETERSBURG, FL 33701 USA

Receipt #: 3181182
User: JSBENNIN
Issued: Wed 24 Oct 18 09:06 am

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
</tr>
</tbody>
</table>

Applied To: 25266 - RUNNING FOR ALL CHILDREN
Poynter Park - Park
May 17, 2019  6:00 am to May 19, 2019  9:00 pm

Payment: Check
($230.00)

Balance
$0.00

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: SPC-USFSP Art & Music Festival

Entity Name: St. Petersburg College

Event Date(s): April 6, 2019

Day 1 of Event: April 6, 2019
  Time Gates Open: 10am
  Ending Time: 5pm

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

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

Location: Williams Park

Application Prepared by: Frank Jurkovic

Title: Student Life & Leadership Coordinator

Address: 244 2nd Ave. N

City: St. Petersburg

State: FL

Zip: 33701

Phone: 727-341-4261

Cell Phone: 727-403-4133

Email Address: Jurkovic.Frank@spcollege.edu

What month/year were you incorporated as nonprofit? 1979

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

St. Petersburg College Foundation

Name of the for-profit entity:

Describe your event with details:

This one-day SPC-USFSP Music & Art festival will have student bands perform and student artwork on display for the public to gather for a fun day in Williams Park open free to the public. It will also include a children’s play area so families can enjoy the park and still enjoy the music. An art gallery will be setup in the park displaying various artwork from students. 

Food trucks will be on hand selling food throughout the event. 

The event is free to all and will wrap up with a headliner band.

SPC and USFSP Student Governments have partnered on this event in order to provide students, alumni and the public a great place to interact and to see two education pillars in the community working together.

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

Throughout the music and art festival, patrons will be able to visit downtown St. Petersburg to grab a bite to eat or dinner after the festival. This will attract a large amount of people to St. Petersburg on a Saturday, providing the potential for them to spend dollars in the St. Petersburg area. In addition, we will be using local food trucks and partnering with the Palladium Theater.
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Shawmobile (Yes/No) __________

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

Tables (6 ft) # needed 10 Chairs # needed 20

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? __________

Williams Park __________

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

POLICE: Public Safety Personnel, Marine Services

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 this 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: Jimelle J. Conner, PhD

Title: Vice President, Student Services

Date: 10/10/18

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 501c3 designation must accompany this application.

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

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

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501c3 designation (if applicable)

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

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

**Condition**

- [ ] Public Invited
- [ ] Located in Park
- [x] 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 Permits

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

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

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

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

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

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

Will you supply your own generators?  √ YES  ☑ NO

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

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

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

Name:  St. Petersburg College  Phone: 727-341-3370

Address (Including zip):  PO Box 13489, St. Petersburg, FL 33733

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

Various Genre based on student bands, 1 Stage, 6 bands.

List Vending Products, Name & Provider:

4-6 Various Licensed Food Trucks

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

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

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

3 hours on the load in (starting at 7am)
2 hours on the load out (done by 7pm)
Other Comments: Please describe your fee structure.

No fees will be collected for this event and costs will be covered by the USFSP and SPC Student Government organizations.

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: Jamelle J. Conner, Ph.D.  
Vice President, Student Services  
Date: 10/10/18

APPROVED
AS TO FORM AND CONTENT

[Signature]
GENERAL COUNSEL

Approved by: [Signature]  
On: 10/4/18
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>St. Petersburg College Foundation Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Jody Collins</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Development Officer</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>PO Box 13489, St. Petersburg, FL 33733</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-341-3302</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:collins.jody@spcollege.edu">collins.jody@spcollege.edu</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1954362</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>---------------------------------</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
</tr>
</tbody>
</table>

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

What method of invoicing would your organization prefer?

☑️ BY Mail

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Frank Jurkovic - SPC Student Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>PO Box 13489</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>St. Petersburg, FL 33733</td>
</tr>
</tbody>
</table>

☐ BY EMAIL

Email Address:
**APPENDIX C**

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

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>SPC USFSP Art &amp; Music Festival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>Apr 6, 2019 - Apr 6, 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>1. USF St. Petersburg Student Government Association</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>2. SPC Student Government Association</td>
<td>$17,000.00</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>
</tbody>
</table>

TOTAL GROSS REVENUE: $22,000.00

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Police</td>
<td>$750.00</td>
</tr>
<tr>
<td>2. Marketing/Advertising</td>
<td>$500.00</td>
</tr>
<tr>
<td>3. Porta Potties</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>4. Sound Equipment/Staff (From Palladium)</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>5. Headliner Band</td>
<td>$9,000.00</td>
</tr>
<tr>
<td>6. Children's Area</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>7. Food Truck (free meals for students)</td>
<td>$2,100.00</td>
</tr>
<tr>
<td>8. Student Bands</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>9. Miscellaneous Fees/Reserves</td>
<td>$2,650.00</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: $22,000.00

TOTAL NET INCOME: $0.00

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

<table>
<thead>
<tr>
<th>Allocation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<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: Frank Jurkovic
Date: Sept 25, 2018
SPC/USFSP Arts and Music Festival Schedule of Bands

10:30am – Student Band #1
11:45am – Student Band #2
12:45pm – Student Band #3
2pm – Student Band #4
3:15pm – Student Band #5
4:15pm – Final Headliner Band
Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG COLLEGE FOUNDATION, INC.

Filing Information
Document Number: 749635
FEI/EIN Number: 59-1954362
Date Filed: 11/02/1979
State: FL
Status: ACTIVE
Last Event: NAME CHANGE AMENDMENT
Event Date Filed: 12/07/2001
Event Effective Date: NONE

Principal Address
6021 142ND AVE NORTH
CLEARWATER, FL 33760

Changed: 01/22/2016

Mailing Address
PO BOX 13489
SAINT PETERSBURG, FL 33733

Changed: 03/10/2006

Registered Agent Name & Address
GARDNER, SUZANNE L
6021 142ND AVE N
CLEARWATER, FL 33760

Name Changed: 01/12/2011
Address Changed: 02/22/2008

Officer/Director Detail
Name & Address
Title D
BLANTON, JOSEPH G
880 CARILLON PARKWAY
CLEARWATER, FL 33716
Title D

CHEVEN, KENNETH P
9401 MERRIMOOR BLVD.
LARGO, FL 33777

Title D

LOCKHART, AMY
6021 142ND AVE NORTH
LARGO, FL 33760

Title D

COLE, STEPHEN O
625 COURT STREET
CLEARWATER, FL 33757

Title D

MCCLOUD, BILL
18740 HILLSTONE DRIVE
ODESSA, FL 33656

Title Secretary

NEU, FRANCES Z
6021 142ND AVE NORTH
LARGO, FL 33760

Title D

HORNER, BETH A
801 BAYSHORE BLVD.
SUITE 960
TAMPA, FL 33606

Title D

SHEPARD, STEVEN R
570 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

Title D

SHIKARPURI, SHAN
2656 W. LAKE ROAD
PALM HARBOR, FL 34684

Title D

WINNING, RICHARD B
10490 GANDY BLVD. NORTH
ST. PETERSBURG, FL 33702

Title D

FINE, ROBERT J
501 PARK STREET N
ST. PETERSBURG, FL 33710

Title D

DEMIRDJIAN, PAUL
3000 BAYPORT DRIVE
TAMPA, FL 33607

Title D

COLE, KATHERINE E
600 CLEVELAND STREET
SUITE 800
CLEARWATER, FL 33755

Title D

HILTON, ROBERT L
880 CARILLON PARKWAY
32E
ST. PETERSBURG, FL 33716

Title D

Beltz-McCourt , Angie
5350 Tech Data Drive
A4-12
Clearwater, FL 33760

Title D

Carroll, Michael R
1344 Monterey Blvd. NE
St. Petersburg, FL 33704

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2016</td>
<td>01/22/2016</td>
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<tr>
<td>2017</td>
<td>01/06/2017</td>
</tr>
<tr>
<td>2018</td>
<td>01/19/2018</td>
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Document Images

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<tr>
<th>Date</th>
<th>Title</th>
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<tr>
<td>01/19/2018</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>01/06/2017</td>
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Florida Not For Profit Corporation  
ST. PETERSBURG COLLEGE FOUNDATION, INC.

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- **Date Filed**: 11/02/1979
- **State**: FL
- **Status**: ACTIVE
- **Last Event**: NAME CHANGE AMENDMENT
- **Event Date Filed**: 12/07/2001
- **Event Effective Date**: NONE

**Principal Address**
- **Address**: 6021 142ND AVE NORTH  
  CLEARWATER, FL 33780
- **Changed**: 01/22/2016

**Mailing Address**
- **Address**: PO BOX 13489  
  SAINT PETERSBURG, FL 33733
- **Changed**: 03/10/2006

**Registered Agent Name & Address**
- **Name**: GARDNER, SUZANNE L  
  6021 142ND AVE N  
  CLEARWATER, FL 33780
- **Name Changed**: 01/12/2011
- **Address Changed**: 02/22/2008

**Officer/Director Detail**

**Name & Address**
- **Title**: D
  - **Name**: BLANTON, JOSEPH G  
    880 CARILLON PARKWAY  
    CLEARWATER, FL 33716
Title D

CHERVEN, KENNETH P
9401 MERRIMOOR BLVD.
LARGO, FL 33777

Title T

LOCKHART, AMY
6021 142ND AVE NORTH
LARGO, FL 33760

Title D

COLE, STEPHEN O
625 COURT STREET
CLEARWATER, FL 33757

Title D

MCCLUD, BILL
18740 HILLSTONE DRIVE
ODESSA, FL 33556

Title Secretary

NEU, FRANCES Z
6021 142ND AVE NORTH
LARGO, FL 33760

Title D

HORNER, BETH A
601 BAYSHORE BLVD.
SUITE 960
TAMPA, FL 33606

Title D

SHEPARD, STEVEN R
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ST. PETERSBURG, FL 33716

Title D

SHIKARPURI, SHAH
2656 W. LAKE ROAD
PALM HARBOR, FL 34684

Title D

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ST. PETERSBURG, FL 33702

Title D

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ST. PETERSBURG, FL 33710

Title D

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TAMPA, FL 33607

Title D

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SUITE 800  
CLEARWATER, FL 33755

Title D

HILTON, ROBERT L  
880 CARILLON PARKWAY  
32E  
ST. PETERSBURG, FL 33716

Title D

Beltz-McCourt , Angie  
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<td>2017</td>
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<td>2018</td>
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Document Images

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</thead>
<tbody>
<tr>
<td>01/06/2017</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>01/06/2017</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/22/2016</td>
<td>ANNUAL REPORT</td>
</tr>
</tbody>
</table>

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity...
Contract/Permit

Contract #: 25382
Date: 06 Nov 2018

ST PETERSBURG COLLEGE
FRANK JURKOVIC
6605 5TH AVE N
ST PETERSBURG FL 33733 USA

Purpose of Use: SPC/USFSP ART & MUSIC FESTIVAL
Expected: 1,000
Co-Sponsored Event

Contract Balance $200.00

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 05 Apr 19 06:00 am
Ending: Sat 06 Apr 19 09:00 pm

Facility/Equipment
Williams Park
Park

Day Date Time Fee Extra Fee Tax Total
Fri 05 Apr 2019 06:00 AM $0.00 $200.00 $0.00 $200.00
09:00 PM

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

Extra Fee - Bookings
Co-Sponsored Permit Fee Hours 39:00 Quantity 1 Charge $200.00 Tax $0.00 Total $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 06 Nov 2018
Amount $30.00
Payment Type Check
Reference Rental
Receipt Number 3189255

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):
FRANK JURKOVIC
ST PETERSBURG COLLEGE
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name): Parks and Recreation Department

Printed: 06 Nov 2018, 08:42 AM
User: jsbennin
<table>
<thead>
<tr>
<th>Role</th>
<th>Approved or Rejected</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor II / Foreman</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td></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.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
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<tr>
<td>Applied To: 25382 - SPC/USFSP ART &amp; MUSIC FESTIVAL</td>
<td>$30.00</td>
</tr>
<tr>
<td>Williams Park - Park</td>
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</tr>
<tr>
<td>April 5, 2019  6:00 am to April 6, 2019  9:00 pm</td>
<td></td>
</tr>
</tbody>
</table>

Payment: Check ($30.00)

Balance $200.00

APPROVED REFUNDS ARE BY CHECK ONLY
INVOICE

Date: 10/11/2018

City of St. Petersburg
PO BOX 2842
ST. PETERSBURG FL 33731

[Phone]

VENDOR# 2258
PO# 106351-2
VOUCHER# 614906

Initiating Department: Student Life - DT
Name of Dept Contact: Kathy Venderwerf
Contact Phone Number: 341-7974

Bill To:
St. Petersburg College
Attn: Accounts Payable
PO Box 13489
St. Petersburg, FL 33733

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Please include date of service or event in description (see example)]</td>
<td></td>
</tr>
<tr>
<td>Permit fee for use of Williams Park. Event date April 6, 2019</td>
<td>$30.00</td>
</tr>
<tr>
<td>SPC PO 106351</td>
<td></td>
</tr>
</tbody>
</table>

Balance Due $30.00

RECEIVED
2018 OCT 11 A 11:21

RECEIVED
2018 OCT 11 P 1:24

RECEIVED

[Signature]
Event Title: Special Olympics Florida Area 6 Summer Games
Phone No.: 813-857-8685
Fax No.: 
Federal I.D. Number:

Event Date(s): March 30, 2019
Location: Lakewood High School

Day 1 of Event: 3/30/19
Time Gates Open: 7am
Ending Time: 4pm

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

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

Application Prepared by: Cydni Weiner
Phone: 813-857-8685

Title: Special Olympics Pinellas County Director
Cell Phone: 813-857-8685

Address: 2235 NE Coachman Rd
City: Clearwater
State: FL
Zip: 33765

Email Address: cydniweiner@sofl.org

What month/year were you incorporated as nonprofit? June 1972

Additional Contact Person: Bankole Adebanjo
Day Phone: 407-913-9728

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

Name of the for-profit entity?

Describe your event with details.

The Area 6 Summer Games is a culminating day of athletic competition for athletes with intellectual and developmental disabilities. Athletes from several surrounding counties come to compete in Soccer, Volleyball, Track and Field, Bocce and Tennis. This event is a great day, where our community can come celebrate our athletes successes, bravery and sportsmanship.

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

This event exemplifies diversity and inclusion in Pinellas County.

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. 813-857-8685

What is the estimated attendance for this event? Spectators 500 Participants 490 Last Year's Total Attendance 1000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) 

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

Tables (6 ft) # needed 25 Chairs # needed 150

Public Address System 
Speakers/Microphone 

# 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?
Lakewood High School

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

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

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

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

Name: Cydni Weiner  Title: County Director  Date: 10/2/18

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 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>
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<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>
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<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
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<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
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<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<tr>
<td>VIP Area</td>
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<td>Sanitary Facilities - Port-O-Lets</td>
<td>Daytime - Private</td>
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<td>Television</td>
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<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
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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:  __________________________________________________________________________

Phone:  __________________________________________________________________________

Address (including zip):  __________________________________________________________________________

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

1 Stages - for opening ceremonies and awards

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.

We conduct and Olympic opening ceremonies for our athletes, including announcements, thank you's and a torch run.

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

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: Cydni Weiner  Title: County Director  Date: 10/2/18
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.
LEISURE SERVICES
CO-SPONSORED EVENT
PROJECT COST SUMMARY

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<th>AGENCY</th>
<th>DESCRIPTION</th>
<th>LABOR</th>
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</table>

**SUMMARY TOTALS**: 9,478.51 766.94 0.00 999.24 80.00

**TOTAL**: 11,324.69

SALES TAX:

AMOUNT TO BE INVOICED: **11,324.69**

IN KIND AMOUNTS NOT BILLED

IN KIND SERVICES * 231.49

---

*Estimated cost of City services for which your co-sponsored event has not been charged. These in kind services were rendered by City staff in planning and preparation for your co-sponsored event.
In reply refer to: 0248167147
Oct. 01, 2012 LTR 4168C E0
23-7181560 000000 00
00016138
BODC: TE

SPECIAL OLYMPICS FLORIDA INC
1915 DON WICKHAM DR
CLERMONT FL 34711-1915

Employer Identification Number: 23-7181560
Person to Contact: Ms Wittwer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 20, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1972.

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

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
SPECIAL OLYMPICS FLORIDA INC
1915 DON WICKHAM DR
CLERMONT FL 34711-1915

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

Sincerely yours,

Richard McKee, Department Manager
Accounts Management Operations
Florida Not For Profit Corporation
SPECIAL OLYMPICS FLORIDA, INC.

Filing Information
Document Number 722744
FEIN/EIN Number 23-7181560
Date Filed 02/21/1972
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 05/17/2013
Event Effective Date NONE

Principal Address
1915 DON WICKHAM DR.
CLERMONT, FL 34711

Changed: 05/24/2010

Mailing Address
1915 DON WICKHAM DR.
CLERMONT, FL 34711

Changed: 05/24/2010

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

Name Changed: 08/13/2012
Address Changed: 03/15/2012

Officer/Director Detail
Name & Address
Title C

Glebier Milliner, Dawn
450 South Orange Avenue
Suite 650
Orlando, FL 32801
Title S

Singh, Brad
1000 Universal Studios Plaza
Orlando, FL 32819

Title T

Harvey, Debbie
3850 S Banana River Blvd
Cocoa Beach, FL 32931

Title PCEO

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

Title Sr VP Community Relations

Amlie, Berit
1915 DON WICKHAM DRIVE
CLERMONT, FL 34711

Title Officer, Senior Regional VP, Resource Development

Kozlowski, Erin
1915 DON WICKHAM DR
Clermont, FL 34711

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tr>
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<tr>
<td>2018</td>
<td>03/20/2018</td>
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<tr>
<td>2018</td>
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### Document Images

- 09/02/2018 — AMENDED ANNUAL REPORT [View Image in PDF format]
- 03/02/2018 — ANNUAL REPORT [View Image in PDF format]
- 09/01/2017 — AMENDED ANNUAL REPORT [View Image in PDF format]
- 07/05/2017 — ANNUAL REPORT [View Image in PDF format]
- 09/13/2016 — AMENDED ANNUAL REPORT [View Image in PDF format]
- 04/13/2016 — ANNUAL REPORT [View Image in PDF format]
- 04/12/2015 — AMENDED ANNUAL REPORT [View Image in PDF format]
- 01/29/2015 — ANNUAL REPORT [View Image in PDF format]
- 08/08/2014 — AMENDED ANNUAL REPORT [View Image in PDF format]
- 01/09/2014 — ANNUAL REPORT [View Image in PDF format]
- 02/25/2013 — ANNUAL REPORT [View Image in PDF format]
- 10/03/2012 — ANNUAL REPORT [View Image in PDF format]
- 08/13/2012 — ANNUAL REPORT [View Image in PDF format]
Contract/Permit

Contract #: 25363
Date: 06 Nov 2018

ST. PETERSBURG

SPECIAL OLYMPICS PINELAS COUNTY
CYDNI WEINER
2235 NE COACHMAN RD
CLEARWATER FL 33765 USA

Primary #: (813) 857-8685
Secondary #: (727)
Other #: ()

Purpose of Use: SPECIAL OLYMPICS FLORIDA

Conditions of Use: Insurance Required

Co-Sponsored Event

Contract Balance $60.00

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 29 Mar 19 12:00 am
Ending: Sat 30 Mar 19 11:59 pm

Day: Fri
Date: 29 Mar 2019
Time: 12:00 AM
Fee: $0.00
Extra Fee: $0.00
Tax: $0.00
Total: $0.00

Day: Fri
Date: 30 Mar 2019
Time: 11:59 PM
Fee: $0.00
Extra Fee: $0.00
Tax: $0.00
Total: $0.00

Additional Fees:

Extra Fee
Application Processing Fee - Parks
Co-Sponsored Application Fee

Quantity
1
1

Charge
$30.00
$30.00

Tax
$0.00
$0.00

Total
$30.00
$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): CYDNI WEINER
(Print Name): SPECIAL OLYMPICS PINELAS COUNTY
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Supervisor II / Foreman
Manager

Approved or Rejected Date:

Approved or Rejected Date:
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: St. Pete Veg Fest
Entity Name: Solutionary Events, Inc.
Event Date(s): March 30, 2019
Location: North Straub Park
Day 1 of Event: March 30, 2019
Day 2 of Event:
Day 3 of Event:
Application Prepared by: Jenna Bardroff
Title: Event Coordinator/Authorized Representative
Address: 433 Rotary Place NE
Email Address: organizers@solutionaryevents.com
Additional Contact Person: Carrie Burns
What month/year were you incorporated as nonprofit? February, 2017
List all 501(c)3 entities that will benefit from this event: Solutionary Events, Inc.
Name of the for-profit entity:

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

This planet is shared by all living beings, and we have just one Earth—we are all connected. St. Pete Veg Fest will raise awareness for many solutions to problems resulting in an unhealthy world, such as deforestation, water depletion, pollution, animal cruelty, preventable illnesses, and social injustices. Education and advocacy are the most powerful tools to enact positive, long-term and meaningful change. Instead of considering what might happen if we don't grasp the magnitude of protecting the planet now, we believe in considering what might happen if we create a regenerative world by making healthy lifestyle choices, one community at a time. The St. Petersburg community embraces many businesses and organizations who are working to reduce waste, make conscientious consumer choices, and celebrate sustainable living.

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

Many local businesses and organizations will benefit from the event through increased exposure and product sales. The team and I are thrilled to be attending classes at The Greenhouse, where we have been meeting several new St. Pete entrepreneurs who have been seeking opportunities for getting the word out about their business. We hope for St. Pete Veg Fest to benefit new and established businesses throughout St. Petersburg.

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

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

Please provide the website address for your event: http://www.stpetevegfest.org (under construction)

Please provide a phone number that can be advertised to the public: 727-489-4497

What is the estimated attendance for this event? Spectators: 3,000 Participants: 75 Last Year's Total Attendance: N/A
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) □

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

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

Which Location?
North Straub Park

Tables (6 ft) # needed
Chairs # needed

Public Address System

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

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

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

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

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

Name: Jenna Bardroff
Co-Sign: 

Title: Event Coordinator
Title: 

Date: 8-23-18
Date: 

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

### Condition

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<td>Event Time Frame - SPPD</td>
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<td>Regular Units</td>
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### Obligation

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<td>Alcohol Permit Additional insurance Required</td>
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### Marketing:

Please check all that apply.

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</tr>
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</table>

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

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

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

□ Other:

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

□ YES □ NO

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: □[Name] □ [Organization]

Address (including zip): 433 Rotary Place NE, St. Petersburg, FL 33703

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

Live bands playing background music, amplified/ acoustic, 1 stage (10x15 tent on grass), 6 bands

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.

All speeches will be intended to promote health and wellness, compassion for animals, social justice, and environmental sustainability. Topics will be non-religious and non-political.

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

Vendors will need to load in starting at 8:30 a.m. on Saturday, March 30 for food vendors. If possible, we would be interested in learning how to block off part of the metered parking area next to the park for food trucks. We would not require any street closures though. All other vendors will load in at 7:00 a.m. and we will have ~20 volunteers assigned to helping vendors unload, park, and return to setup their items. We would love to suggest any City recommendations for parking to vendors/guests. Load out will begin at 5:00 p.m. the same day.

Page 4 of 8
The festival would be free for the public to attend.

Other comments:
The City of St. Petersburg is currently co-sponsoring the St. Pete Health Fest on October 6 at Williams Park. It has been a pleasure working with the City for this event and we hope to continue promoting a healthy St. Petersburg community with St. Pete Veg Fest. Tampa Bay Veg Fest has been tremendously successful and has had an amazingly positive impact on the Tampa Bay community. Many people have asked us to coordinate a second Tampa Bay event in St. Petersburg and the coordinators of the Tampa Bay Veg Fest are happy to see that another festival is in the works. We look forward to the success of St. Pete Health Fest and we hope for the opportunity to continue working with the City of St. Petersburg.

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

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

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

Name: Jenna Bardroff    Title: Event Coordinator    Date: 08/23/2018
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>Solutionary Events, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Larry Rumbough</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>12472 Lake Underhill Road #227, Orlando, FL 32828</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>321-331-1859</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:organizers@solutionaryevents.com">organizers@solutionaryevents.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>81-5273272</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 current IRS Nonprofit Affidavit / For Profit
### APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>St. Pete Veg Fest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>03/30/2019 - 03/30/2019</td>
</tr>
</tbody>
</table>

## 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. Vendors</td>
<td>$8,500</td>
</tr>
<tr>
<td>2. Sponsors</td>
<td>$2,000</td>
</tr>
<tr>
<td>3. Grants</td>
<td>$1,500</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>$12,000</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Insurance</td>
<td>$350</td>
</tr>
<tr>
<td>2. Marketing</td>
<td>$3,000</td>
</tr>
<tr>
<td>3. Application Fee + Co-Sponsored Event Fee</td>
<td>$230</td>
</tr>
<tr>
<td>4. Port-a-pottys</td>
<td>$2,100</td>
</tr>
<tr>
<td>5. Tent, table, and chair rentals</td>
<td>$2,000</td>
</tr>
<tr>
<td>6. Signs and banners</td>
<td>$500</td>
</tr>
<tr>
<td>7. Materials for Kids Zone</td>
<td>$300</td>
</tr>
<tr>
<td>8. Speaker travel expenses</td>
<td>$1,000</td>
</tr>
<tr>
<td>9. Food demo supplies</td>
<td>$300</td>
</tr>
<tr>
<td>10. Miscellaneous fees (e.g. waste disposal, etc)</td>
<td>$600</td>
</tr>
<tr>
<td>11. Info guides</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$11,880</strong></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td><strong>$120</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Soliloquy Events, Inc.</td>
<td>$120</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td><strong>$120</strong></td>
</tr>
</tbody>
</table>

Prepared by: Jenna Bardoff

Date: 08/23/2018
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 2205, 2106, or 2422. 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-B/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-B) 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-FC" in the search bar to view Publication 4221-FC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.
SOLUTIONARY EVENTS INC
433 ROTARY PL NE
SAINT PETERSBURG FL 33703-1540

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property owned, 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 "Exemption Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.
Detail by Entity Name
Florida Not For Profit Corporation
SOLUTIONARY EVENTS INC

Filing Information
Document Number N17000001349
FEI/EIN Number 81-5273272
Date Filed 02/06/2017
State FL
Status ACTIVE

Principal Address
433 ROTARY PLACE NE
ST. PETERSBURG, FL 33703

Mailing Address
P.O. Box 7463
St. Petersburg, FL 33734

Changed: 02/20/2018

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 Director
Chin, Trevor
9808 Sir Frederick Street
Tampa, FL 33637

Title Authorized Representative

Bardroff, Jenna Delia
433 ROTARY PLACE NE
ST. PETERSBURG, FL 33703

Title Authorized Representative

Layton, Kevin Richard
433 ROTARY PLACE NE
ST. PETERSBURG, FL 33703

Title Authorized Representative

Brown, Brian William Edmund
433 ROTARY PLACE NE
ST. PETERSBURG, FL 33703

Title Authorized Representative

Baker, Kristen
433 ROTARY PLACE NE
ST. PETERSBURG, FL 33703

Annual Reports

Report Year   Filed Date
2018          02/20/2018

Document Images

02/20/2018 -- ANNUAL REPORT  View Image in PDF format
02/06/2017 -- Domestic Non-Profit View Image in PDF format
**Contract/Permit**

**Contract #:** 25386  
**Date:** 06 Nov 2018

**SOLUTIONARY EVENTS INC**  
**JENNA BARDROFF**  
**433 ROTARY PL NE**  
**ST PETERSBURG FL 33703 1540 USA**

**Primary #:** (941) 730-4745  
**Secondary #:** ()  
**Other #:** ()

---

**Purpose of Use:** ST. PETE VEG FEST  
**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- Starting: Fri 29 Mar 19 06:00 am  
- Ending: Sat 30 Mar 19 09:00 pm

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Expected</th>
<th>Co-Sponsored Event</th>
<th>Contract Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Straub Park</td>
<td>3,000</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date**  
<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>Fri</td>
<td>29 Mar 19</td>
<td>08:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td></td>
<td>30 Mar 19</td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Additional Fees:**
- **Extra Fee - Bookings**  
  - Co-Sponsored Permit Fee  
  - Hours: 39:00  
  - Quantity: 1  
  - Total: $200.00

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

**Payments:**
- **Date**  
  - 06 Nov 2018  
  - Amount: $30.00  
  - Payment Type: Check  
  - Reference: Rental  
  - Receipt Number: 3188284

- **Date**  
  - 06 Nov 2018  
  - Amount: $200.00  
  - Payment Type: Check  
  - Reference: Rental  
  - Receipt Number: 3188285

**Additional Notes:**

---

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

**By:** (Sign Name)  
**JENNA BARDROFF**  
**SOLUTIONARY EVENTS 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:** 06 Nov 2018, 08:16 AM

**User:** jsbennin
<table>
<thead>
<tr>
<th>Supervisor II / Foreman</th>
<th>□ Approved or □ Rejected</th>
<th>Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager</td>
<td>□ Approved or □ Rejected</td>
<td>Date: __________</td>
</tr>
<tr>
<td>Manager</td>
<td>□ Approved or □ 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.
City of St. Petersburg

SOLUTIONARY EVENTS INC  
JENNA BARDROFF  
433 ROTARY PL NE  
ST PETERSBURG, FL 33703 1540 USA  

Receipt #: 3188284  
User: JSBENNIN  
Issued: Tue 06 Nov 18 09:16 am

<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: 25386 - ST. PETE VEG FEST</td>
<td>$30.00</td>
</tr>
<tr>
<td>North Straub Park - Park</td>
<td></td>
</tr>
<tr>
<td>March 29, 2019 6:00 am to March 30, 2019 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 PL NE
ST PETERSBURG, FL 33703 1540 USA

Receipt #: 3188285
User: JSBENNIN
Issued: Tue 06 Nov 18 09:16 am

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$200.00</td>
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<td>Applied To: 25386 - ST. PETE VEG FEST</td>
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<tr>
<td>North Straub Park - Park</td>
<td></td>
</tr>
<tr>
<td>March 29, 2019 - March 30, 2019</td>
<td>6:00 am to 9:00 pm</td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($200.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: Good With Me Day Festival
Entity Name: Good With Me Inc
Phone No.: 727-424-1270
Fax No.: 727-592-1355

Event Date(s): September 21, 2019
Location: Williams Park

Day 1 of Event: September 21
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: Patricia Noll
Phone: 727-424-1270

Title: Founder/President
Cell Phone: 727-424-1270

Address: 2628 5th Avenue North
City: St. Petersburg
State: Fl.
Zip: 33713

Email Address: patricia@goodwithme.com

Additional Contact Person:
Day Phone:

What month/year were you incorporated as nonprofit? N/A
List all 501(c)3 entities that will benefit from this event. Nomad Art Bus; Jump4Kids; Giving Tree Music
Name of the for-profit entity? Good With Me Inc

Describe your event with details.
It is a celebration of every citizen in our community. The theme is "You don't have to put your life at risk to have fun." It's mission is to teach all people, especially those who are falling through the cracks and "dropping out," that they have value and to be able to recognize it within themselves.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Reduced substance abuse & dependency, anger with self & others, disrupted school & work experience, & trouble with the law. Increased respect for self leading to increased respect for others, community mental & physical health, community participation & cohesion.

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.goodwithme.com/festival

Please provide a phone number that can be advertised to the public. 727-424-1270

What is the estimated attendance for this event? Spectators 400-600 Participants 75-100 Last Year's Total Attendance 400-450
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 [ ] 20 Chairs # needed [ ] 40

Public Address System [ ] No

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

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

Non-City Locations
Which Location?
[ ] Williams Park

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

POLICE: Public Safety Personnel, Marine Services
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: 10-28-2018

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

<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>❑ Daytime - Private</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>❑ Overnight - Private</td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>❑ Sanitary Facilities - Port-O-Lets</td>
<td>Regular Units</td>
</tr>
<tr>
<td>❑ Off-site Parking / Shuttle</td>
<td>Disabled Units</td>
</tr>
<tr>
<td>❑ Semitruck / Tractor Trailer</td>
<td>Hand Washing</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

| Invitations | ☑ Radio |
| Posters / Flyers | ☑ Television |
| Newspaper / Internet | ☑ Remote Broadcast |

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

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

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

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

Vendors offering healthy foods, snacks, juices, waters, etc.

Will you supply your own generators? □ YES □ NO

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

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

No.

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

Name: Good With Me Inc  Phone: 727-424-1270

Address (including zip): 2628 5th Avenue North, St. Petersburg, FL 33713

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

Up-beat, Fun & Light throughout event.

List Vending Products. Name & Provider.

Healthy foods, juices, waters, smoothies, ice creams, popsicles

Essential Oils, Books, Art,

Crystals, Salt Rock Lamps, Sun Hats

Fitness clothing & shoes, Workout wear, T-Shirts

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.

Welcome, Explanation of Purpose of Good With Me Day Festival, Celebration of our city's citizens & their value.

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

Free Parking in City Parking Lot for Vendors 8AM - 4PM
Other Comments: Please describe your fee structure.

Vendor Fee where applicable $75

Other comments:

This is the 6th Annual Good With Me Day Event and the 2nd Annual Good With Me Day Festival. All feedback from last year’s event was all positive from both vendors and attendees.

Good With Me Day is September 21 of each year in our city by official mayoral proclamation.

The purpose of the GWM Day Festival 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 & realize that they don’t have to put their lives at risk to have fun.

The day’s festivities provide examples of healthy & fun activities. The GWM Day Humanitarian Movement was recognized in more than 10 countries in 2018. The GWM Community Leader Program began in 2018. Submission is being made to the Chase Calendar of Events for recognition as an official Holiday in 2019. My work has received endorsements from internationally renowned authors, TV personalities, & speakers Deepak Chopra, Jacquelyn Small, Dr. Larry Dossey, & Jack Kornfield.

The mission of GWM Global Humanitarian Movement is “to teach people around the world how to feel good about themselves.”

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: 10-28-2018
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>Nomad Art Bus Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Carrie Boucher</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Founding Artist &amp; Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>PO Box 762, St. Petersburg, FL 33731</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>312-545-7441</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:carrie@nomadartbus.org">carrie@nomadartbus.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>Good With Me Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Patricia Noll</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Founder &amp; President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2628 5th Avenue North, St. Petersburg, FL 33713</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-424-1270</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:patricia@goodwithme.com">patricia@goodwithme.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>46-0699089</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: Patricia Noll
  - Address: 235 3rd Avenue North, Unit 319
  - City, State, Zip: St. Petersburg, FL 33701

- [ ] BY EMAIL
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Good With Me Day Festival
Date(s) of Event: September 15, 202_

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. Private Donor</td>
<td>$1,000.00</td>
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<tr>
<td>2. Private Donor</td>
<td>$150.00</td>
</tr>
<tr>
<td>3. Good With Me Inc</td>
<td>$5,704.04</td>
</tr>
<tr>
<td>4.</td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
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<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
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</table>

TOTAL GROSS REVENUE: $6,854.04

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

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nimesh Patel Empty Hands Music Travel ($1250) &amp; Lodging (The Inn on Third $158.20)</td>
<td>$1,408.20</td>
</tr>
<tr>
<td>2. Nomad Art Bus Project</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>3. Giving Tree Music</td>
<td>$500.00</td>
</tr>
<tr>
<td>4. Finesse Graphics</td>
<td>$930.90</td>
</tr>
<tr>
<td>5. Rick/Visuals Photography</td>
<td>$425.00</td>
</tr>
<tr>
<td>6. Fearless Mobile Rock Climbing</td>
<td>$600.00</td>
</tr>
<tr>
<td>7. Swag Bags for Friends Without Homes</td>
<td>$250.00</td>
</tr>
<tr>
<td>8. Canopy Tents</td>
<td>$376.90</td>
</tr>
<tr>
<td>9. Guitar Center Sound Equipment Rental</td>
<td>$347.75</td>
</tr>
<tr>
<td>10. The Event Helper Insurance</td>
<td>$298.37</td>
</tr>
<tr>
<td>11. Miscellaneous Table Coverings, Chalk, Paints, Brushes, Rocks, Raffle, Clip Boards, Paper Gds</td>
<td>$286.92</td>
</tr>
<tr>
<td>12. City of St. Petersburg</td>
<td>$230.00</td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES: $6,854.04

TOTAL NET INCOME: $0.00

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

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

TOTAL ALLOCATION OF NET INCOME:

Prepared by: Patricia Noll
Date: 10-28-2018
Detail by Entity Name
Florida Profit Corporation
GOOD WITH ME, INC.

Filing Information
Document Number: P12000068330
FEI/EIN Number: 48-0699089
Date Filed: 08/06/2012
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: 04/28/2016

Officer/Director Detail
Name & Address

Title P

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

Annual Reports
Report Year: Filed Date

http://search.sunbiz.org/Inquiry/corporationsearch/SearchResultDetail?inquirytype=Entity... 11/6/2018
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<td>2017</td>
<td>04/27/2017</td>
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<td>2018</td>
<td>04/15/2018</td>
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</table>

**Document Images**

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<tr>
<td>04/15/2018 - ANNUAL REPORT</td>
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<td>04/27/2017 - ANNUAL REPORT</td>
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<td>04/28/2015 - ANNUAL REPORT</td>
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<td>04/26/2013 - ANNUAL REPORT</td>
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<tr>
<td>08/06/2012 - Domestic Profit</td>
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## Detail by Entity Name

Florida Not For Profit Corporation  
NOMADSTUDIO, INC.

### Filing Information

<table>
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<th>N13000010973</th>
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<tr>
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<td>State</td>
<td>FL</td>
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<td>Status</td>
<td>ACTIVE</td>
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</tbody>
</table>

### Principal Address

12211 Walsingham Rd  
Largo, FL 33778

Changed: 03/09/2018

### Mailing Address

P.O. Box 782  
St. Petersburg, FL 33731

Changed: 04/24/2015

### Registered Agent Name & Address

BOUCHER, CAROLYN P  
12211 Walsingham Rd  
Largo, FL 33778

Address Changed: 03/09/2018

### Officer/Director Detail

#### Name & Address

- **Title**: PD
  - CURRAN, LESLIE  
P.O. Box 782  
St. Petersburg, FL 33731

- **Title**: TD
  - Rutishauser, Daniel S  
P.O. Box 782  
St. Petersburg, FL 33731
Title Secretary

FOUST, CHRISTY  
P.O. Box 782  
St. Petersburg, FL 33731

Title Director at Large

Keogh, Timothy  
P.O. Box 782  
St. Petersburg, FL 33731

Title EXECUTIVE DIRECTOR

BOUCHER, CAROLYN P  
PO Box 782  
St. Petersburg, FL 33731

## Annual Reports

<table>
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<th>Filed Date</th>
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</table>

## Document Images

- [03/06/2018 — ANNUAL REPORT](View image in PDF format)
- [02/01/2017 — ANNUAL REPORT](View image in PDF format)
- [03/12/2016 — ANNUAL REPORT](View image in PDF format)
- [02/24/2015 — ANNUAL REPORT](View image in PDF format)
- [02/21/2014 — ANNUAL REPORT](View image in PDF format)
- [12/09/2013 — Domestic Non-Profit](View image in PDF format)
Contract/Permit

Contract #: 25388
Date: 06 Nov 2018

GOOD WITH ME INC
PATRICIA NOLL
2628 5TH AVE N
ST PETERSBURG FL 33713 USA

User: JSBENNIN
Status: Firm
Primary #: (727) 424-1270
Secondary #: (727)
Other #: ()

Purpose of Use: GOOD WITH ME DAY FESTIVAL
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

Date(s) and Time(s) of Use:
Starting: Fri 20 Sep 19 06:00 am
Ending: Sat 21 Sep 19 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>
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<tbody>
<tr>
<td>Williams Park</td>
<td>Fri</td>
<td>20 Sep</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>21 Sep</td>
<td>09:00 PM</td>
<td></td>
<td></td>
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</table>

Additional Fees:

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<th>Extra Fee</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
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<td>$30.00</td>
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<td>$30.00</td>
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<table>
<thead>
<tr>
<th>Extra Fee - Bookings</th>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
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<tbody>
<tr>
<td>Co-Sponsored Permit Fee</td>
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<td>$200.00</td>
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Charges:

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<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
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<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>
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</thead>
<tbody>
<tr>
<td>06 Nov 2018</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>3186295</td>
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<tr>
<td>06 Nov 2018</td>
<td>$200.00</td>
<td>Check</td>
<td>Rental</td>
<td>3186296</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): ________________________________
(P Print Name) ________________________________
GOOD WITH ME INC
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 06 Nov 2018, 09:34 AM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
# City of St. Petersburg

GOOD WITH ME INC  
PATRICIA NOLL  
2828 5TH AVE N  
ST PETERSBURG, FL 33713 USA

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
</tr>
<tr>
<td>Applied To: GOOD WITH ME DAY FESTIVAL</td>
<td>$30.00</td>
</tr>
<tr>
<td>Williams Park - Park</td>
<td></td>
</tr>
<tr>
<td>September 20, 2019 6:00 am to September 21, 2019 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>
GOOD WITH ME INC  
PATRICA NOLL  
2628 5TH AVE N  
ST PETERSBURG, FL 33713 USA  

Receipt #: 3188296  
User:  
Issued:  Tue 06 Nov 18 09:34 am

<table>
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<th>Description</th>
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<tr>
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<td>$200.00</td>
</tr>
<tr>
<td>Williams Park - Park</td>
<td></td>
</tr>
<tr>
<td>September 20, 2019  6:00 am to September 21, 2019  9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($200.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: St Pete Pride Weekend
Entity Name: St Pete Pride, Inc.

Event Date(s): June 22nd - 23rd, 2019
Location: N. Straub Park & Bayshore Dr. S

Day 1 of Event: June 22
Time Gates Open: 1700
Ending Time: 2300

Day 2 of Event: June 23
Time Gates Open: 1100
Ending Time: 1700

Application Prepared by: Luke Blankenship

Title: Executive Director
Address: Box 12997
City: St. Petersburg
State: FL
Zip: 33708

What month/year were you incorporated as nonprofit? March, 2003
List all 501(c)3 entities that will benefit from this event.
Suncoast Hospice, Metro Wellness, St Pete Pride

Name of the for-profit entity?

Describe your event with details.

The event strengthens St. Pete’s image as a welcoming city to all its visitors & residents on an international level, drawing on guests from around the world, highlighting the City of St. Pete & Pinellas County.

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

Attendance, national & international visitors, encourages reservations, hotel/hospital revenue, encourages new business relocations.

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

Does your group presently have liability insurance? YES NO

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:

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

What is the estimated attendance for this event? Spectators 50,000 Participants 400 Last Year’s Total Attendance 50,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)  

☐  No

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

☐  3

Tables (6 ft) # needed: 

☐

Chairs # needed: 

☐

Public Address System: 

☐

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

☐

Special Events Facilities

☐  Non-City Locations

☐  Mahaffey Theater

☐  Coliseum

☐  Sunken Gardens

☐  Boyd Hill

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: [Signature]

Co-Sign: [Signature]

Title: Executive Director

Date: 11-5-18

Title: [Signature]

Date: 11-5-18

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

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

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

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

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

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

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

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

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

If City permits, licenses, or services are required for event, who will pay for them?
Name:  St Pete Pride, Inc. Phone: 727-342-0084
Address (including zip): PO Box 12647, St. Petersburg, FL 33733

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

Genetic music, one stage, up to 10 bands.

List: Vending Products. Name & Provider.

Various

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

Sofi

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

Festival - celebration of diversity within the LGBT+ community

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

Festival - load-in / set up TBD; one hour prior to event time
$100 to $500 based on exhibitor classification

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

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

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

Name: Luke Blankenship
Title: Executive Director
Date: 11-5-18
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.

Name of the Nonprofit Corporation: St Pete Pride, Inc.
Name of Responsible Party (President or CEO ONLY): Luke Blankenship
Title of Responsible Party: Executive Director
Physical Address of Responsible Party: 11401 Dr. Mlk Jr. St. N. Apt. 1015 St. Pete, Fl. 33716
Phone Number of Responsible Party: 727-342-0084
Email Address of Responsible Party: Luke @ StPetePride.com
Nonprofit (Employee Identification Number): 14-1876777

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
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<td>The Red &amp; Green Party</td>
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| Total Special Events                       | 31,732.82|
| Sponsorship                                |         |
| Community Leadership Program               | 8,750.00|
| St Pete Pride Reception                    | 1,452.15|

| Total Sponsorship                          | 169,648.65|
| Total Development Income                   | 244,891.18|
| Investment Income                          | 961.82   |

| Operations Income                          |         |
| Operational                                |         |
| Discounts/Refunds Given                    | -1,460.39|
| Interest                                   | 4.21    |
| Processing Fee Donation                    | 1,428.22|

| Total Operational                          | -27.96  |
| Pride Weekend                              |         |
| Beverages                                  | 85,029.00|
| Bleachers at Straub                        | 3,594.70|
| Festival                                   |         |
| Registration Fees                          |         |
| Application Fee                            | 3,190.00|
| Corporate                                  | 20,210.00|
| Electric                                   | 3,300.00|
| Food Vendor                                | 9,820.00|
| Hyperlink                                  | 495.00  |
| Insurance Add-on                           | 1,615.00|
| Non-Profit                                 | 11,450.00|
| Small Business                             | 28,080.00|
| Table/Chairs                               | 1,830.00|
| Tent Rental                                | 5,450.00|

| Total Registration Fees                    | 85,420.00|

<p>| Total Festival                             | 85,420.00|
| Glamstands                                 | 26,538.59|
| Parade                                     |         |
| Registration Fees                          |         |
| Application/Trash Fee                      | 940.00  |
| Corporate                                  | 17,010.00|</p>
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Employer Identification Number: 14-1876777
Person to Contact: Ms. Harper
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

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

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

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

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

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

Sincerely yours,

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

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

Filing Information

Document Number   N03000002767
FEIN/EIN Number   14-1875777
Date Filed        03/26/2003
State             FL
Status            ACTIVE

Principal Address
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Changed: 03/28/2016

Mailing Address
PO BOX 12647
ST. PETERSBURG, FL 33733

Changed: 02/12/2009

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

Name Changed: 09/18/2017

Address Changed: 03/28/2016

Officer/Director Detail

Name & Address

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

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

Title Executive Director
Blankenship, Luke
PO BOX 12647
ST. PETERSBURG, FL 33733

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

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

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

Title Secretary
Bundy, David Michael
PO BOX 12647
ST. PETERSBURG, FL 33733

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

**Annual Reports**

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<td>2017</td>
<td>02/10/2017</td>
</tr>
<tr>
<td>2017</td>
<td>09/18/2017</td>
</tr>
<tr>
<td>2018</td>
<td>01/25/2018</td>
</tr>
</tbody>
</table>

**Document Images**

- 01/25/2016 — ANNUAL REPORT
- 09/12/2017 — AMENDED ANNUAL REPORT
- 02/13/2017 — ANNUAL REPORT
- 09/22/2015 — AMENDED ANNUAL REPORT
- 03/28/2015 — ANNUAL REPORT
- 02/22/2015 — ANNUAL REPORT

[View image in PDF format]
**Contract/Permit**

Contract #: 25389  
Date: 06 Nov 2018  
User: JSBENNIN  
Status: Firm  
Primary #: (727) 643-9160  
Secondary #: (727)  
Other #: ()

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

**Purpose of Use:** ST PETE PRIDE WEEKEND  
**Expected:** 50,000  
**Co-Sponsored Event**

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Shore Park</td>
<td>Wed</td>
<td>19 Jun 2019 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>25 Jun 2019 09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pioneer Park</td>
<td>Wed</td>
<td>19 Jun 2019 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>25 Jun 2019 09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Straub Park</td>
<td>Wed</td>
<td>19 Jun 2019 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>25 Jun 2019 09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Straub Park</td>
<td>Wed</td>
<td>19 Jun 2019 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>25 Jun 2019 09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Al Lang Park</td>
<td>Wed</td>
<td>19 Jun 2019 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>25 Jun 2019 09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>Wed</td>
<td>19 Jun 2019 06:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
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<tr>
<td>Vinoy Park</td>
<td>25 Jun 2019 09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demens Landing Park</td>
<td>Fri</td>
<td>21 Jun 2019 06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Park</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Albert Whitted Park</td>
<td>Sat</td>
<td>22 Jun 2019 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>25 Jun 2019 09:00 PM</td>
<td></td>
<td></td>
<td></td>
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</table>

**Additional Fees:**

<table>
<thead>
<tr>
<th>Extra Fee</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
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<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 Permit Fee</td>
<td>882:00</td>
<td>6</td>
<td>$1,200.00</td>
<td>$0.00</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Co-Sponsored Permit Fee (Vinoy)</td>
<td>159:00</td>
<td>1</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
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<td></td>
<td></td>
<td>7</td>
<td>$1,500.00</td>
<td>$0.00</td>
<td>$1,500.00</td>
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**Charges:**

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
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<th>Total</th>
<th>Deposit</th>
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<th>Account Balance</th>
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</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$1,530.00</td>
<td>$0.00</td>
<td>$1,530.00</td>
<td>$470.90</td>
<td>$1,059.10</td>
<td>$1,059.10</td>
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</table>

Balance of rental due and payable immediately.

**Payments:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
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</thead>
</table>

Printed: 06 Nov 2018, 16:04 AM  
User: jsbennin
<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Method</th>
<th>Contract #</th>
<th>25389</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Oct 2017</td>
<td>$40.90</td>
<td>Check</td>
<td>User:</td>
<td>JSBENNIN</td>
</tr>
<tr>
<td>06 Nov 2018</td>
<td>$30.00</td>
<td>Check</td>
<td>Status:</td>
<td>Firm</td>
</tr>
<tr>
<td>06 Nov 2018</td>
<td>$400.00</td>
<td>Check</td>
<td>Rental</td>
<td>2910794</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rental</td>
<td>3188316</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rental</td>
<td>3188317</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) LUKE BLANKENSHIP

ST PETE PRIDE INC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) ______________________
Parks and Recreation Department

 Supervisor II / Foreman

[] Approved or [ ] Rejected  Date: ____________

Manager

[] Approved or [ ] Rejected  Date: ____________

Manager

[] Approved or [ ] Rejected  Date: ____________

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-6771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$1,489.10</td>
</tr>
<tr>
<td>Applied To: 25389 - ST PETE PRIDE WEEKEND</td>
<td>$30.00</td>
</tr>
<tr>
<td>North Shore Park - Park</td>
<td></td>
</tr>
<tr>
<td>June 19, 2019 6:00 am to June 25, 2019 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>$(30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$1,459.10</td>
</tr>
</tbody>
</table>

**City of St. Petersburg**

ST PETE PRIDE INC  
LUKE BLANKENSHEI  
PO BOX 12647  
ST PETERSBURG, FL 33733 USA

Receipt #: 3188316  
User: JSBENNIN  
Issued: Tue 06 Nov 18 10:02 am

**APPROVED REFUNDS ARE BY CHECK ONLY**
**City of St. Petersburg**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$1,459.10</td>
</tr>
<tr>
<td><strong>Applied To:</strong> 25389 - ST PETE PRIDE WEEKEND</td>
<td><strong>$400.00</strong></td>
</tr>
<tr>
<td>North Shore Park - Park</td>
<td></td>
</tr>
<tr>
<td>June 19, 2019 6:00 am to June 25, 2019 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td><strong>($400.00)</strong></td>
</tr>
</tbody>
</table>

**Balance**  
$1,059.10

**Receipt #: 3188317**  
**User:** JSBENNIN  
**Issued:** Tue 06 Nov 18 10:04 am

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: PINOT IN THE PARK 2019
Entity Name: HISTORIC KENWOOD N.A
Event Date(s): 4/19
Location: SEMINOLE PARK 3/14-29
Day 1 of Event: SAT
Time Gates Open: 7PM
Ending Time: 10PM
Day 2 of Event: 
Time Gates Open: 
Ending Time: 
Day 3 of Event: 
Time Gates Open: 
Ending Time: 
Application Prepared by: KATHLEEN YOUNG
Title: CO CHAIR
Address: 2945 7TH AVE N
City: ST PETERSBURG
State: FL
Zip: 33710
Email Address: K_YOUNG50@AOL.COM
Additional Contact Person: SARAH ELLIN LAMBERT BURNS
Phone: 7273506152
What month/year were you incorporated as nonprofit? 5/18/2011
List all 501(c)3 entities that will benefit from this event: HISTORIC KENWOOD NEIGHBORHOOD ASSN
Name of the for-profit entity: NA
Describe your event with details.
AN UPLIFTING EVENT THAT HAS GROWN EVERY YEAR AND BRINGS HKNNA RESIDENTS TOGETHER TO CELEBRATE OUR CITY IN ADDITION IT BRINGS WONDERFUL FOOD, WINE WITH A PORTION OF THE PROCEEDS BEING DONATED
Describe what economic benefit and impact this event will bring to St. Petersburg:
GROSS PROCEEDS WERE OVER $3K TO DO IMPROVEMENTS TO OUR NEIGHBORHOOD

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
Advanced Fee: $17,525.33

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

Please provide the website address for your event: www.pinoitinthespark.org
Please provide a phone number that can be advertised to the public: 7273525333

What is the estimated attendance for this event? Spectators 30 Participants 152 Last Year's Total Attendance 152
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>✔️ Performers</td>
<td>Other</td>
</tr>
<tr>
<td>✔️ Announcement Only</td>
<td>Performed</td>
</tr>
<tr>
<td>✔️ Daytime - Private</td>
<td>Announcement Only</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. □ RVs □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks
□ Other:

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

We need 2-3 whisper generators & electric cords & turks

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

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

If City permits, licenses, or services are required for event, who will pay for them?
Name: HISTORIC KENWOOD NEIGHBORHOOD ASSN
Address (including zip): PO BOX 15734 ASYN
Phone: 717 542 5333

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

List Vending Products. Name & Provider.

DONATED FOOD PREP FROM LOCAL CHEFS

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

HISTORIC KENWOOD NEIGHBORHOOD ASSN
PO BOX 15734
ST PETE 3373
717 542 5333

Explain subject/purpose of all speeches/demonstrations which will occur.
NONE. PA SYSTEM TO WELCOME GUESTS AND ANNOUNCE DINNER

Discuss your load in/load out parking needs, include times and dates.
WE WILL UNLOAD ONE CAR/ TRUCK FROM THE STREET - NO SPECIAL REQUIREMENTS
$ IN ADVANCE ONLY. NO TICKETS AT DOOR

As Always, WE APPRECIATE SUPPORT FROM OUR CITY

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

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

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

Name: KATHLEEN YOUNG Title: Co CHAIR Date: 10/14/18
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: HISTORIC HENWOOD NEIGHBORHOOD ASS
Name of Responsible Party (President or CEO ONLY): MICHELINE
Title of Responsible Party: PRES
Physical Address of Responsible Party: 6TH AVE ST PETER 33713
Phone Number of Responsible Party:
Email Address of Responsible Party:
Nonprofit (Employee Identification Number): 01953652

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

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

What method of invoicing would your organization prefer?

☐ BY Mail
Contact Name
Address
City, State, Zip

☐ BY EMAIL
Email Address:
### APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ticket Sales</td>
<td>9000</td>
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<tr>
<td>2</td>
<td>Silent Auction</td>
<td>4000</td>
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**TOTAL GROSS REVENUE**

13000

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>4000</td>
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<tr>
<td>2</td>
<td>City</td>
<td>6000</td>
</tr>
<tr>
<td>3</td>
<td>Entertainment</td>
<td>400</td>
</tr>
<tr>
<td>4</td>
<td>Advertising</td>
<td>6000</td>
</tr>
<tr>
<td>5</td>
<td>Print &amp; Lists</td>
<td>300</td>
</tr>
<tr>
<td>6</td>
<td>Other Supplies</td>
<td>2500</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

8400

**TOTAL NET INCOME**

4600

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YWNA</td>
<td>2600</td>
</tr>
<tr>
<td>2</td>
<td>St Pete Culinary CTR</td>
<td>2000</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

5600

Prepared by: **Kathleen Young**

Date: 10/24/18
Date: MAY 18 2011

HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION INC
PO BOX 15134
ST PETERSBURG, FL 33733-5134

Employer Identification Number: 57-0953652
DLN: 17053258328010
Contact Person: JEFFREY GAUNCE
Contact Telephone Number: (877) 829-5500
Accounting Period Ending: December 31
Public Charity Status: 509(a)(2)
Form 990 Required: Yes
Effective Date of Exemption: September 10, 2010
Contribution Deductibility: Yes
Addendum Applies: Yes

Dear Applicant:

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

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

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.
Florida Not For Profit Corporation
HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.

Filing Information
Document Number  N38463
FEIN/EIN Number   57-0953652
Date Filed  06/01/1990
State  FL
Status  ACTIVE
Last Event  AMENDMENT
Event Date Filed  01/19/2011
Event Effective Date  NONE

Principal Address
242 30th St N
ST. PETERSBURG, FL 33713

Changed: 01/06/2017

Mailing Address
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Changed: 04/08/2006

Registered Agent Name & Address
Kellett, Linda D.
242 30th St. N.
ST. PETERSBURG, FL 33713

Name Changed: 01/06/2017
Address Changed: 01/06/2017

Officer/Director Detail
Name & Address
Title  PRES

Everett, Michelle
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134
Title VP

Carlisle, Nicole
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>
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<tr>
<td>2016</td>
<td>01/06/2016</td>
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<tr>
<td>2017</td>
<td>01/06/2017</td>
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</table>

Document Images

- 02/14/2018 - ANNUAL REPORT
- 01/06/2017 - ANNUAL REPORT
- 05/06/2016 - ANNUAL REPORT
- 01/19/2016 - ANNUAL REPORT
- 01/04/2014 - ANNUAL REPORT
- 01/19/2013 - ANNUAL REPORT
- 01/11/2012 - ANNUAL REPORT
- 01/18/2011 - Amendment
- 01/17/2011 - ANNUAL REPORT
- 01/04/2010 - ANNUAL REPORT
- 02/05/2009 - ANNUAL REPORT
- 01/18/2008 - ANNUAL REPORT
- 10/16/2007 - Amendment
- 04/15/2007 - ANNUAL REPORT
- 04/28/2006 - ANNUAL REPORT
- 04/06/2005 - ANNUAL REPORT
- 08/13/2004 - ANNUAL REPORT
- 04/21/2003 - ANNUAL REPORT
- 03/24/2002 - ANNUAL REPORT
- 04/20/2001 - Name Change
- 03/27/2001 - ANNUAL REPORT
- 01/22/2000 - ANNUAL REPORT
- 02/25/1999 - ANNUAL REPORT
Contract/Permit

Contract #: 25390
Date: 06 Nov 2018

HISTORIC KENWOOD NEIGHBORHOOD ASSOC
KATHLEEN YOUNG
PO BOX 15134
ST PETERSBURG FL 33733 5134 USA

User: JSBENNIN
Status: Firm
Primary #: (813) 712-0796
Secondary #: ()
Other #: ()

Purpose of Use: PINOT IN THE PARK
Expected: 0
Co-Sponsored Event
Contract Balance $0.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 06 Apr 19 06:00 am
Ending: Sat 06 Apr 19 11:00 pm

Facility/Equipment
Seminole Park
Park
Day Date Time
Sat 06 Apr 2019 06:00 AM
11:00 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:
Fees Extra Fees Tax Total Deposit Total Applied Contract Balance Account Balance
$ 0.00 $60.00 $0.00 $60.00 $0.00 $60.00 $0.00 $0.00 ($200.00)

Balance of rental due and payable immediately.

Payments:
Date Amount Payment Type Reference Receipt Number
20 Feb 2018 $30.00 Check Rental 2985263
06 Nov 2018 $30.00 Check Rental 3188339

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) KATHLEEN YOUNG
(Pin Name) HISTORIC KENWOOD NEIGHBORHOOD ASSOC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 06 Nov 2018, 10:20 AM
User: jsbennin
<table>
<thead>
<tr>
<th>Role</th>
<th>Approved or</th>
<th>Rejected</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor II / Foreman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td></td>
<td></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.
## City of St. Petersburg

**HISTORIC KENWOOD NEIGHBORHOOD ASSOC**  
**BRENDA K GORDON**  
**PO BOX 15134**  
**ST PETERSBURG, FL 33733 5134 USA**

---

**Description** | **Amount**
--- | ---
Previous Balance | $30.00

Applied To: 25390 - PINOT IN THE PARK

Seminole Park - Park
April 6, 2019  6:00 am to April 8, 2019  11:00 pm

---

**Payment:** Check ($30.00)

---

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

---

**Receipt #: 3188339**
**User:** JSBENNIN
**Issued:** Tue 06 Nov 18 10:20 am

---

**APPROVED REFUNDS ARE BY CHECK ONLY**
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$0.00</td>
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<tr>
<td>Payment: Check</td>
<td>($200.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($200.00)</td>
</tr>
</tbody>
</table>

Approved refunds are by check only.
Event Title: Heroes Memorial 5K 10K Run
Entity Name: Heroes of the St. Pete Police, Inc.
Event Date(s): Fri. March 22, 2019
Location: Demens Landing Park
Day 1 of Event: 3/22/19
Time Gates Open: 3pm
Ending Time: 10pm
Day 2 of Event: 
Time Gates Open: 
Ending Time: 
Day 3 of Event: 
Time Gates Open: 
Ending Time: 
Application Prepared by: Michael Mannino
Title: Race Director & Committee Member
Address: 1212 Seda Vera Circle S.
City: Clearwater
State: FL
Zip: 33755
Email Address: mmannino.michael@gmail.com
Additional Contact Person: Suzanne Mannino
Day Phone: 727-226-7223

What month/year were you incorporated as nonprofit? March 2004
List all 501(c)3 entities that will benefit from this event: Heroes of the St. Pete Police, Inc.
Name of the for-profit entity? N/A

Describe your event with details.

5K and 10K race with 1 mile walk to encourage citizens to support the families of our fallen officers, and a way for our officers to honor our fallen officers.

No changes to years past.

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

This event will bring individuals & families to downtown St. Petersburg to enjoy our downtown area.

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

Does your group presently have liability insurance? ☑ YES ☐ NO

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

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

Advanced Fee: $30

Please provide the website address for your event: heroesofthestpetepolice.org

Please provide a phone number that can be advertised to the public: 727-415-1988

What is the estimated attendance for this event? Spectators 1500

Participants

Last Year's Total Attendance 4500
Recreation Equipment

Showmobile (Yes/No) [NO]

# of bleacher(s) needed. Each bleacher approx. 180 people [NO]

Tables (6 ft) # needed [20] Chairs # needed [100]

Public Address System [N/A]

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

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Michael A. Person

Co-Sign: [ ]

Title: Race Director

Date: 9/24/18

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</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Additional insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td>Professional</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
- Social Media
- 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. [ ] 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.

Speakers & Sound System, Finishline arch, lighting

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

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

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

[ ] NO

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

Name: Heroes of the St. Pete Police, Inc. Phone: 727-564-1998
Address (including zip): 100 2nd Ave. South, Suite 600, St. Petersburg, FL 33701

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

(4) Rock, Top 40's, Family friendly music, Music player-NC Band

List Vending Products, Name & Provider.

TBA

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

Heroes of the St. Pete Police, Inc.
100 2nd Ave South, Suite 600
St. Petersburg, FL 33701

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

[ ] Award Presentation & Thank Yous

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

Same as previous years.
Parking along city streets & lots. Use of Al Lang parking (if approved by Edwards Group)
Participants arrive around 4pm and depart between 7pm & 10pm.
Other Comments: Please describe your fee structure.

10K→$35 pre-registration $0.50 day of event
5K→$30 pre-registration $0.45 day of event
1-mile→$25 $0.30

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: Race Director @ Committee Member Date: 7/24/18
### 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>Heroes of the St. Pete Police, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>James Newman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>100 2nd Ave South, Suite 600, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-321-6161 ext 230</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:jnewman@gssp.com">jnewman@gssp.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>20-0342484</td>
</tr>
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<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
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<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
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<tr>
<td>Physical Address of Responsible Party:</td>
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<tr>
<td>Phone Number of Responsible Party:</td>
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</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<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?

- [X] BY Mail
- [ ] BY EMAIL

**Contact Information**

- **Name:** |
- **Address:** |
- **City, State, Zip:** |
- **Email Address:** jnewman@gssp.com; dawnmp01@hotmail.com

Page 7 of 8
CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
East Main Street Insurance Services, Inc.
Will Maddux
P.O. Box 1298
Grass Valley, CA 95945
Phone: (530) 477-6521 Email: info@thestreethouse.com

INSURED
Heroes of the St. Pete Police and Fire
Heroes of the St. Pete Police and Fire, Inc.
100 2nd Ave. South, Suite 600
St. Petersburg, FL 33701

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
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<tr>
<th>INSURED</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE (MM/DD/YYYY)</th>
<th>POLICY EXPIRATION DATE (MM/DD/YYYY)</th>
<th>LIMITS</th>
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<tr>
<td></td>
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<tr>
<td></td>
<td>Host Liquor Liability</td>
<td>30S5466-M1114705</td>
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<td>03/23/2019</td>
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<td>Excess Umbrella Liability</td>
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<td>EMPLOYERS' LIABILITY</td>
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<tr>
<td></td>
<td>Other</td>
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</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.
Attention: 500, Event Type: Fun Run.

CERTIFICATE HOLDER
City of St. Petersburg
P.O. Box 2842
St. Petersburg, FL 33713

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL FURNISH TO THE INSURED IN WRITING 30 DAYS IN WRITING NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL NOT IMPEDE THE CONVERSION OR LIABILITIES OF ANY KIND UPON THE INSURED, HIS AGENT OR REPRESENTATIVE.
AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988
ACORD 25 (2001/03)
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<table>
<thead>
<tr>
<th>Name Of Additional Insured Person(s) Or Organization(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Petersburg</td>
</tr>
<tr>
<td>P.O. Box 2842</td>
</tr>
<tr>
<td>St. Petersburg, FL 33713</td>
</tr>
</tbody>
</table>

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or
B. In connection with your premises owned by or rented to you.
- Runs start at Demens Landing Circle parking lot & turns right/north onto Bayshore. 5K runners turn at 12th Ave N.E. 10K runners continue around coffee Pot Bayou & turn north over Snell Isle bridge, turns right onto Brightwaters Blvd. & turns runners back on same route at Aranda Ave N.E.
Detail by Entity Name
Florida Not For Profit Corporation
HEROES OF THE ST. PETE POLICE AND FIRE RESCUE, INC.

Filing Information
Document Number: N03000009213
FEI/EIN Number: 20-0342484
Date Filed: 10/22/2003
State: FL
Status: ACTIVE
Last Event: AMENDED AND RESTATEARTICLES/NAMESPACE CHANGE
Event Date Filed: 12/15/2017
Event Effective Date: NONE

Principal Address
C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOUTHRH
SUITE 600
ST PETERSBURG, FL 33701

Mailing Address
C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOUTHRH
SUITE 600
ST PETERSBURG, FL 33701

Registered Agent Name & Address
NEWMAN, JAMES G
100 2ND AVENUE SOUTH
SUITE 600
ST. PETERSBURG, FL 33701

Name Changed: 10/20/2004
Address Changed: 10/20/2004

Officer/Director Detail
Name & Address
Title Treasurer
NEWMAN, JAMES G
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701
<table>
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<td>02/19/2018</td>
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<th>09/19/2019 -- ANNUAL REPORT</th>
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<tr>
<td>View image in PDF format</td>
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</table>

<table>
<thead>
<tr>
<th>12/15/2017 -- Amended &amp; Restated Articles/Na</th>
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<tbody>
<tr>
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<th>01/13/2010 -- ANNUAL REPORT</th>
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<th>02/22/2007 -- ANNUAL REPORT</th>
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<tr>
<th>10/20/2004 -- REINSTATEMENT</th>
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<th>08/27/2004 -- Name Change</th>
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<th>09/12/2004 -- Name Change</th>
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<tr>
<th>10/22/2003 -- Domestic Non-Profit</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Florida Department of State, Division of Corporations
**Contract/Permit**

**Contract #:** 25391  
**Date:** 06 Nov 2018

**HEROES OF THE ST PETE POLICE INC**  
DAWN PETERS  
1212 SEDEEVA CIRCLE S.  
CLEARWATER FL 33755 USA

**Purpose of Use:** HEROES MEMORIAL 5K/10K RUN  
**Expected:** 500  
**Co-Sponsored Event**

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**  
Starting: Thu 21 Mar 19 06:00 am  
Ending: Sat 23 Mar 19 09:00 pm

**Facility/Equipment**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demens Landing Park</td>
<td>Thu 21 Mar 2019 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>23 Mar 2019 09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**  
- **Extra Fee - Bookings**  
  - Co-Sponsored 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:** $230.00  
- **Contract Balance:** $0.00  
- **Account Balance:** $0.00

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

**Payments:**  
**Date:** 08 Oct 2018  
**Amount:** $230.00  
**Payment Type:** Check  
**Reference:** Rental  
**Receipt Number:** 3173119

**Additional Notes:**

---

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name):  
Parks and Recreation Superintendent

(Print Name):  
Parks and Recreation Department

**By:** (Sign Name)  
DAWN PETERS  
HEROES OF THE ST PETE POLICE INC  
Name of User Organization, If Applicable

---

Printed: 06 Nov 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.
**CITY OF ST. PETERSBURG**  
**PARKS & RECREATION DEPARTMENT**  
**CO-SPONSORED EVENT APPLICATION**

<table>
<thead>
<tr>
<th>Event Title:</th>
<th>Second Saturday At Williams Park</th>
<th>Phone No.: 7275202968</th>
<th>Fax No.: NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entity Name:</td>
<td>Skyway Historical Tours Of St. Petersburg, LLC</td>
<td>Federal I.D. Number: 465372438</td>
<td></td>
</tr>
<tr>
<td>Day 1 of Event:</td>
<td>Feb 9th</td>
<td>Time Gates Open: 4:00 pm</td>
<td>Ending Time: 10:00 pm</td>
</tr>
<tr>
<td>Day 2 of Event:</td>
<td>May 11</td>
<td>Time Gates Open: 4:00 pm</td>
<td>Ending Time: 10:00 pm</td>
</tr>
<tr>
<td>Day 3 of Event:</td>
<td>Oct 12</td>
<td>Time Gates Open: 4:00 pm</td>
<td>Ending Time: 10:00 pm</td>
</tr>
<tr>
<td>Application Prepared by:</td>
<td>William Walker</td>
<td>Phone: 727-520-2968</td>
<td></td>
</tr>
<tr>
<td>Title: Event Coordinator</td>
<td></td>
<td>Cell Phone: 727-520-2966</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>3429 11th Ave. So.</td>
<td>City: St. Pete</td>
<td>State: Fl</td>
</tr>
<tr>
<td>Zip: 33713</td>
<td></td>
<td>Day Phone: NA</td>
<td></td>
</tr>
</tbody>
</table>

What month/year were you incorporated as nonprofit? 8/2013

List all 501(c)3 entities that will benefit from this event. **World Changers Christian Academy**

Name of the for-profit entity? **World Changers Christian Academy**

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

Second Saturday is a family friendly event wit

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

By hosting such an event we are planning to have an array of food truck vendors and cultural vendors primarily from our own community to come out and market their services and goods to the hundreds of attendees. By doing so local businesses are gaining more exposure to a wider market base and the local businesses in the immediate area will benefit just from their proximity of the event. Restaurants, store fronts even hotels and local transportation can benefit from this type of event. The Second Saturday event will also showcase over 30 of our city's independent businesses and community organizations, we know that with the continued growth of our communities it is a win for everyone when we can collaborate our efforts.

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:  
NA  Day of:  
NA

Please provide the website address for your event.  
[www.secondsaturday13.com](http://www.secondsaturday13.com)

Please provide a phone number that can be advertised to the public.  
727-520-2968

What is the estimated attendance for this event?  
- Spectators 300  
- Participants 20  
Last Year's Total Attendance 350
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 10 Chairs # needed 50

Public Address System NA

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

Special Events Facilities

☐ Mahaffey Theater
☐ Coliseum
☐ Sunken Gardens
☐ Boyd Hill

☐ Non-City Locations

Which Location? Williams Park

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

POLICE: Public Safety Personnel, Marine Services

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: William Walker

Co-Sign: Gail Harper

Title: Event Planner

Title: Participant

Date: 9/25/2018

Date: 9/25/2018

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.

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

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

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

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

If YES, check all that apply. □ 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.

There will be food truck vendors; however they shouldn’t require any electrical power. The only power we would need would be the stage area for the band. And that would be 110 only.

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: William Walker Phone: 7275202968

Address (including zip): 3429 11th Ave. No S. Pete. FL 33713

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

An array of different genres of music each month on the main stage.

List Vending Products, Name & Provider.

This event host a variety of Multi-cultural vendors with an array of different products.

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

NA

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

NA

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

We will set up at 3:00pm for each event. And would need to park either on 4th street between 1st and 2nd Ave, N. or on 2nd Ave between 3rd and 4th street. Also our food trucks will be parked along the street on the 3rd street side, or the could park on the 4th street side. Which ever is most convenient.
I plan on charging each food truck vendor $70.00 a month until I can estimate how many attendees will be there. The Multi-cultural vendors will be charged $60.00 a month. We want all vendors have success during this event, and we will charge for space according to crowd size.

Other comments:

I have been promoting events in downtown St. Petersburg for the past 5 years and has been very successful in each. We are in the process of pioneering different experiences for the downtown area that people can enjoy in a safe, friendly and professional environment.

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: William Walker Title: Event Coordinator Date: 9-25-2018
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 (15) 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: | World Changers Christian Academy |
| Name of Responsible Party (President or CEO ONLY): | Gail Harper |
| Title of Responsible Party: | Owner |
| Physical Address of Responsible Party: | 2255 Florida Avenue So, St. Petersburg, Fl 33705 |
| Phone Number of Responsible Party: | 7275202013 |
| Email Address of Responsible Party: | walkerr70@yahoo.com |
| Nonprofit (Employee Identification Number): | 46-1239344 |

| Name of the **For-profit** Corporation: | Skyway Historical Tours |
| Name of Responsible Party (President or CEO ONLY): | William Walker |
| Title of Responsible Party: | Owner |
| Physical Address of Responsible Party: | 2255 Florida Ave So, St. Petersburg, Fl 33705 |
| Phone Number of Responsible Party: | 727-520-2968 |
| Email Address of Responsible Party: | secondsaturday13@gmail.com |
| For-profit (Employee Identification Number): | 46-537438 |

**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 | William Walker |
| Address | 2255 Florida Ave . So |
| City, State, Zip | St. Pete. F; 33705 |

☐ BY EMAIL

Email Address:
## APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Second Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>May thru July - 2018</td>
</tr>
</tbody>
</table>

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

| Vendors-May | 1200.00 |
| Vendor-June | 1250.00 |
| Vendor-July | 1500.00 |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |

**TOTAL GROSS REVENUE**

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

| Entertainment-May | 2000.00 |
| Park Fee- May | 1600.00 |
| Movie and Equipment-May | 950.00 |
| Entertainment-June | 1500.00 |
| Park Fee- June | 1600.00 |
| Movie and Equipment June | 950.00 |
| Entertainment-July | 3000.00 |
| Park Fee- July | |
| Movie and Equipment July | 950.00 |
| 10 | |
| 11 | |
| 12 | |

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: William Walker
Date: 10/24/2018
Detail by Entity Name

Florida Limited Liability Company

SKYWAY HISTORICAL TOURS OF ST. PETERSBURG, LLC

Filing Information

Document Number: L14000059484
FEI/EIN Number: 46-5372438
Date Filed: 04/11/2014
Effective Date: 04/07/2014
State: FL
Status: ACTIVE

Principal Address

3429 11TH AVENUE NORTH
SAINT PETERSBURG, FL 33713

Mailing Address

2255 FLORIDA AVENUE SOUTH
SAINT PETERSBURG, FL 33705

Registered Agent Name & Address

WILLIAMS, MARCINA
3429 11TH AVENUE NORTH
SAINT PETERSBURG, FL 33713

Address Changed: 04/30/2015

Authorized Person(s) Detail

Name & Address

Title: MGR

WALKER, WILLIAM C
2255 FLORIDA AVENUE SOUTH
SAINT PETERSBURG, FL 33713

Annual Reports

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<th>Report Year</th>
<th>Filed Date</th>
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<tr>
<td>2017</td>
<td>04/27/2017</td>
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<tr>
<td>2018</td>
<td>04/30/2018</td>
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</table>

Document Images

- 04/30/2018 - ANNUAL REPORT
- 04/27/2017 - ANNUAL REPORT
- 04/01/2016 - ANNUAL REPORT
- 04/20/2015 - ANNUAL REPORT
- 04/11/2014 - Florida Limited Liability
Contract/Permit

SKYWAY HISTORICAL TOURS OF ST PETE
WILLIAM WALKER
3429 11TH AVE N
ST PETERSBURG FL 33713 USA

Purpose of Use: SECOND SATURDAY AT WILLIAMS PARK  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 11 May 19 06:00 am
- Ending: Sat 11 May 19 11:00 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>Williams Park</td>
<td>Sat</td>
<td>11 May 2019</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>11:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Extra Fee - Bookings Co-Sponsored Permit Fee
  - Hours: 17:00
  - 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: $150.00

Rental charges are due according to the following schedule:
- Date: Saturday, Apr 27, 2019
- Amount: $230.00

Payments:

Additional Notes:

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

By: (Sign Name) WILLIAM WALKER
(Print Name) SKYWAY HISTORICAL TOURS OF ST PETE
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) Parks and Recreation Superintendent
(Print Name) Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Tampa Bay Music Festival
Entity Name: Burg Style Entertainment
Event Date(s): May 3-4 of June 14-15
Location: Vinoy Park

Day 1 of Event: Set-up
Time Gates Open: 8:00 am
Ending Time: 5:00 pm
Day 2 of Event: Event Day
Time Gates Open: 1:00 pm
Ending Time: 10:00 pm
Day 3 of Event: 

Application Prepared by: Freddie Simmons III
Title: CEO
Address: 4326 13th Avenue South
City: St. Petersburg
State: FL
Zip: 33711
Email Address: burgstyleentertainment@yahoo.com

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

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The Music Festival will bring live entertainment to St. Petersburg and draw all surrounding counties together to enjoy great music. The Music Festival will help provide jobs to local residents. Burg Style Entertainment has been providing quality entertainment to the Tampa Bay area for numerous years to include the Tampa Sundome, and Straz Center. We look forward to create an annual event in St. Petersburg to draw attention to the City of St. Petersburg.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The Music Festival will help employ 50 to 100 City of St. Petersburg 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? 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: $40.00 Day of: $50.00

Please provide the website address for your event, burgstyleentertainment.net

Please provide a phone number that can be advertised to the public 727-600-4257

What is the estimated attendance for this event? Spectators 4000 Participants 200
Last Year's Total Attendance
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed 20

Chairs # needed 100

Public Address System NA

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

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: Freddie Simmons
Co-Sign: Title: CEO

Date: 10/12/18

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 if paid.

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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<td>Occupational License</td>
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<td>Vending Food / Beverage</td>
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<td>Vendors / Exhibitors</td>
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<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>Fence Installation</td>
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<td>Other Structures</td>
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<td>Staging</td>
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<td>Amplified Sound</td>
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<td>Security</td>
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<td>Sanitary Facilities - Port-O-Lets</td>
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<td>☐ Event Time Frame - SPPD</td>
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<tr>
<td>☐ Disabled Units</td>
<td>☐ Hand Washing</td>
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Marketing: Please check all that apply.

| ☐ Invitations                                  | ☐ Radio                                        |
| ☑ Posters / Flyers                             | ☐ Television                                   |
| ☐ Newspaper / Internet                         | ☐ Remote Broadcast                             |

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

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

There will be RV’s used for the dressing room for the artist, power will be needed to power the RV’s.

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: Freddie Simmons  Phone: 727-600-4257

Address (including zip): 4326 13th Avenue South

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

R&B Artist

List Vending Products, Name & Provider.

Local Food Truck Vendors

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.

NA

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

The load in will be one day prior to the event.
Other Comments: Please describe your fee structure.

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<td>Preferred Admission</td>
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<td>V.I.P.</td>
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</table>

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: Freddie Simmons   Title: CEO   Date: 10/12/18
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: ________________________________

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: burgstyleentertainment@yahoo.com
## APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR’S EVENT**

(Must be completed)

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

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**TOTAL GROSS REVENUE**

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

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**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

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**TOTAL ALLOCATION OF NET INCOME**

Prepared by: [Signature]

Date: [Date]

---

**Print Application**

Page 8 of 8

Submit Application by Email
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Florida Limited Liability Company  
BURGSTYLE ENTERTAINMENT LLC

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**Principal Address**

4326 13th avenue south  
St.Petersburg, FL 33711

Changed: 04/29/2016

**Mailing Address**

4326 13th avenue south  
St.Petersburg, FL 33711

Changed: 04/29/2016

**Registered Agent Name & Address**

SIMMONS, FREDDIE III  
4326 13th avenue south  
St.Petersburg, FL 33711

Address Changed: 04/30/2017

**Authorized Person(s) Detail**

**Name & Address**

Title MGRM

SIMMONS, FREDDIE III  
4326 13th avenue south  
St.Petersburg, FL 33711

**Annual Reports**

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Contract/Permit

Contract #: 25393
Date: 06 Nov 2018

USER: JSBENNIN
Status: Firm

Primary #: (727) 600-4257
Secondary #: (727)
Other #: ()

BURG STYLE ENTERTAINMENT
FREDDIE SIMMONS III
4326 13TH AVE S
ST PETERSBURG FL 33711 USA

Purpose of Use: TAMPA BAY MUSIC FESTIVAL
Expected: 4,000
Co-Sponsored Event

Contract Balance $330.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Tue 11 Jun 19 06:00 am
Ending: Tue 18 Jun 19 09:00 pm

Facility/Equipment
Day  Date  Time      Fee  Extra Fee  Tax  Total
Vinoy Park
Tue  11 Jun 2019 08:00 AM  $0.00  $300.00  $0.00  $300.00
Vinoy Park
18 Jun 2019 09:00 PM

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

Extra Fee - Bookings
Co-Sponsored Permit Fee (Vinoy)
Hours  Quantity  Charge  Tax  Total
183:00  1  $300.00  $0.00  $300.00

Charges:
Fees  Extra Fees  Tax  Total  Deposit  Total Applied  Contract Balance  Account Balance
$ 0.00  $330.00  $0.00  $330.00  $0.00  $0.00  $330.00  $330.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Signature): FREDDIE SIMMONS III
(Print Name) BURG STYLE ENTERTAINMENT
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Signature): Parks and Recreation Superintendent

(Print Name) Parks and Recreation Department

Printed: 06 Nov 2018, 10:56 AM
User: jsbennin
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<th>Date</th>
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<td>Manager</td>
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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: Community Festival
Entity Name: Pinellas County Urban League
Event Date(s): April 13, 2019
Location: Campbell's Park
Day 1 of Event: April 13, 2019, Time Gates Open: 9:00am 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: Michael J. Boykins, Sr.
Title: Director
Address: 333 31st Street North
City: St. Petersburg
State: FL
Zip: 33713
Email Address: mboykins@pcu.org
Additional Contact Person: Charlotte Anderson
Day Phone: 7273272081
Phone: 7273187730
Fax No.: 727.327.1672
Date Received: 11/6/16

Describe your event with details.

The Community Festival is an event put on by the Pinellas County Urban Leagues Crime Prevention program. The purpose of the event is to bridge the gap between community residents and law enforcement through direct interaction at the event. The event invites different community agencies and resources to take part in providing information to the community. There is food and entertainment provided throughout the event. The event is free to the public.

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

The event will enhance relations between the community & law enforcement, while providing residents with information related to the various resources in the community.

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

Does your group presently have liability insurance? ✗ YES  ❑ NO How much? $1,000,000.00

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

Will there be an admission / registration fee?  ❑ YES  ✗ NO Advanced Fee: None Day of:

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

Please provide a phone number that can be advertised to the public: 727.327.2081

What is the estimated attendance for this event? Spectators 300 Participants 150 Last Year's Total Attendance 425
Please check the equipment and/or facilities you are requesting.

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

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

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

Tables (6 ft) # needed [ ] 35
Chairs # needed [ ] 50

Public Address System

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

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

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

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

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

Name: Michael J. Boykins, Sr.
Co-Sign:
Title: Director
Title:
Date: 11/6/18
Date:

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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<th>Condition</th>
<th>Obligation</th>
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<td>Public Invited</td>
<td>General Liability Insurance</td>
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<tr>
<td>Located In Park</td>
<td>Park Permit</td>
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<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
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<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors (21-30)</td>
<td>Alcohol Permit Additional Insurance Required</td>
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<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
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<tr>
<td>Other Structures</td>
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<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
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<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
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<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<td>VIP Area</td>
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<td>Staging</td>
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<td>Amplified Sound</td>
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<td>Security</td>
<td>Professional</td>
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<td>Sanitary Facilities - Port-O-Lets</td>
<td>Showmobile</td>
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<tr>
<td>Off-site Parking / Shuttle</td>
<td>Other</td>
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<td>Event Time Frame - SPPD</td>
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<td>Disabled Units</td>
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<td>Hand Washing</td>
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</table>

Marketing: Please check all that apply.

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

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

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

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

N/A

Will you supply your own generators? □ YES □ NO

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

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: Pinellas County Urban League
Phone: 7273272081

Address (including zip): 333 31st Street North, St. Petersburg FL 33713

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

Various Genre's (R&B, Gospel, etc.) Approximately 8 groups

List Vending Products, Name & Provider.

N/A

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

N/A

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

No speeches only entertainment

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

Set up will begin at 7:30am and load out will begin at 2pm
Other Comments: Please describe your fee structure.
None

Other comments:
None

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

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

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

Name: Michael J. Boykins, Sr. Title: Director Date: 11/6/18
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>Name of the Nonprofit Corporation:</th>
<th>Pinellas County Urban League</th>
</tr>
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<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Re. Watson L. Haynes, II</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President &amp; CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>333 31st Street North</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727.327.2081 x101</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:whaynes@pcul.org">whaynes@pcul.org</a></td>
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Name of the For-profit Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number):

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
  - Contact Name: Michael J. Boykins, Sr.
  - Address: 333 31st Street North
  - City, State, Zip: St. Petersburg, FL 33712
- [ ] BY EMAIL
  - Email Address:
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

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<th>Name of Event:</th>
<th>Community Festival</th>
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**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

$(10.00)$

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

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**TOTAL ALLOCATION OF NET INCOME**

---

Prepared by: Michael J. Boykins, Sr.

Date: Nov 6, 2018
Detail by Entity Name

Florida Not For Profit Corporation
PINELLS COUNTY URBAN LEAGUE, INC.

Filing Information
Document Number 735730
FEI/EIN Number 59-1685523
Date Filed 05/04/1976
State FL
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 03/05/1980
Event Effective Date NONE

Principal Address
333 31ST STREET NORTH
ST. PETERSBURG, FL 33713

Changed: 02/18/1992

Mailing Address
333 31ST STREET NORTH
ST. PETERSBURG, FL 33713

Changed: 02/18/1992

Registered Agent Name & Address
Haynes, Watson L, II
333 31ST STREET NORTH
ST. PETERSBURG, FL 33713

Name Changed: 02/12/2013
Address Changed: 04/11/2007

Officer/Director Detail
Name & Address

Title Treasurer

Bisfora, Frank, Dr.
725 16th Avenue NE
SAINT PETERSBURG, FL 33704
Title Chairman

Smith, Erik C
7310 Dartmouth Avenue North
Saint Petersburg, FL 33701

Title President

Haynes, Watson L, II
333 31ST ST N
SAINT PETERSBURG, FL 33713

Title Asst. Secretary

Brown, Leah
5413 State Road 64E
Bradenton, FL 34208

Title Second Vice Chairperson

McMillon, Grant
3201 34th Street South
Building A, 4th Floor
St. Petersburg, FL 33711

Title First Vice Chairperson

Marcelli, Linda
5220 31st Avenue South
Gulfport, FL 33707

Title Secretary

Clark, Jessica L
4703 Horton Road
Plant City, FL 33567

Title Asst. Treasurer

Nesmith, Alvin C.
1301 34th Street North
St. Petersburg, FL 33713

Annual Reports

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Document Images

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<tr>
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<td>02/29/1996</td>
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<tr>
<td>02/15/1995</td>
<td>ANNUAL REPORT</td>
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</table>
PINELLA COUNTY URBAN LEAGUE
MICHAEL BOYKINS
333 31ST ST N
ST PETERSBURG FL 33713 USA

Contract #: 25407
Date: 06 Nov 2018
User: JSBENNIN
Status: Firm
Primary #: (727) 327-2081
Secondary #: ()
Other #: ()

Purpose of Use: COMMUNITY FESTIVAL
Expected: 500
Co-Sponsored Event
Contract Balance $60.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 13 Apr 19 06:00 am
Ending: Sat 13 Apr 19 09:00 pm

<table>
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<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>Campbell Park Park</td>
<td>Sat</td>
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<td>06:00 AM</td>
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<td></td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

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

Total: $60.00

Charges:
- Fees: $0.00
- Extra Fees: $60.00
- Tax: $0.00
- Total: $60.00
- Deposit: $0.00
- Total Applied: $0.00
- Contract Balance: $60.00
- Account Balance: $1,670.00

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) MICHAEL BOYKINS

PINELLAS COUNTY URBAN LEAGUE
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name) ________________________________
Parks and Recreation Superintendent

(Print Name) ________________________________
Parks and Recreation Department

Supervisor II / Foreman

Manager

Approved or Rejected Date: ____________________________

Approved or Rejected Date: ____________________________

Printed: 06 Nov 2018, 03:31 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: The Downtown 20K Relay Race

Entity Name: Kappa Alpha Psi Guide Right Foundation

Event Date(s): April or May 2019, June 1, 2019

Day 1 of Event: Saturday

Day 2 of Event:

Day 3 of Event:

Application Prepared by: LaShanta Keys

Title: Board Member

Address: 15826 Hampton Village Drive

City: Tampa

State: FL

Zip: 33618

Email Address: MrLKeys75@gmail.com

Additional Contact Person: Samuel Pina

Day Phone: 8134841329

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

List all 501(c)3 entities that will benefit from this event. Community EFX Scholarship Fund and Dr. Carter G. Woodson Museum

Name of the for-profit entity?

Describe your event with details.

We want the City of St. Petersburg residents to grab a group of friends and race in The Downtown 20K Relay Race in the Spring of 2019. Conceived as a relay for teams, each member takes a loop on the 5K course before handing the race off to a teammate. For runners looking forward to an individual challenge, the 20K and 10K can be run without any teammates. This will be a fun event for all ages and athletic types.

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

The event will bring in residents along with other runners from around the country. The event will bring people to the waterfront as well as shopping at eateries in Downtown St. Petersburg. In addition, this event will also allow vendors who focus on a healthy St. Petersburg to provide and/or sell products to the runners.

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

Does your group presently have liability insurance? YES NO

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

Will there be an admission / registration fee? YES NO

Advanced Fee: $25-$45 Day of: N/A

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

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

What is the estimated attendance for this event? Spectators 200 Participants 500 Last Year’s Total Attendance N/A
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [NO]
# Bleacher(s) needed. Each bleacher approx. 180 people:
Tables (6 ft) # needed: 10, Chairs # needed: 20
Public Address System [Yes]
# of portable risers needed (4 in. x 8 in. x 16 in. sections):

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

[ ] Non-City Locations
Which Location?

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

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

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

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

Name: LaShante KeysTitle: Board MemberDate: 11/1/2018
Co-Sign: Samuel PinaTitle: Fiscal AgentDate: 11/5/2018

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.

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

Marketing: Please check all that apply.

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

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

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

If YES, check all that apply. ☐ RVs ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks

Other: __________________________

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

We would like to have a DJ in the area to entertain the spectators and play music.

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: __________________________ Phone: __________________________

Address (including zip): __________________________

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

A variety of family friendly music

List Vending Products. Name & Provider.

We are working with individuals that focus on running which will include but not limited to Running shoe stores, protein shakes and health food options.

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.

The event will focus on announcing the winners of the events within the categories as well as giving our thanks for those who have made this such a great event

Discuss your load in/load out parking needs, include times and dates.
Other Comments: Please describe your fee structure.
The Downtown 20K Relay Race will have an early bird special for runners starting at $25 per runner. The regular registration will be $35 per runner. The late registration will be $45 per runner. Due to the nature of the this event and the time it will take to coordinate the teams there will not be an on-site registration.

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: LaShante Keys  Title: Board Member  Date: 11/6/2018
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.

Name of the Nonprofit Corporation: Kappa Alpha Psi Guide Right Foundation
Name of Responsible Party (President or CEO ONLY): LaShante Keys
Title of Responsible Party: Board Member
Physical Address of Responsible Party: 15825 Hampton Village Drive; Tampa, Fl 33618
Phone Number of Responsible Party: 7274591302
Email Address of Responsible Party: MrLKeys75@Gmail.com
Nonprofit (Employee Identification Number): 56-2473863

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: MrLKeys75@Gmail.com
# APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

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

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TOTAL GROSS REVENUE

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

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<td>12</td>
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TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

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<td>5</td>
<td></td>
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<tr>
<td>6</td>
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TOTAL ALLOCATION OF NET INCOME

Prepared by: 

Date: 

Submit Application by Email
Detail by Entity Name

Florida Not For Profit Corporation
KAPPA ALPHA PSI GUIDE RIGHT FOUNDATION OF ST. PETERSBURG, INC

Filing Information
Document Number: N04000005450
FEI/EIN Number: 50-2473963
Date Filed: 05/01/2004
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 04/27/2011

Principal Address
530 59TH AVENUE SOUTH
ST PETERSBURG, FL 33705 UN

Changed: 08/29/2012

Mailing Address
P.O. BOX 12066
ST PETERSBURG, FL 33733-2066

Changed: 04/27/2011

Registered Agent Name & Address
Nicholas, Andrew G
9520 Charlesberg Dr
Tampa, FL 33635

Name Changed: 02/09/2017
Address Changed: 02/09/2017

Officer/Director Detail
Name & Address

Title President
Laury, Tyrone J
1067 Demetree Lane
Lakeland, FL 33811

Title Director
KEYS, LASHANTE  
15826 HAMPTON VILLAGE DRIVE  
TAMPA, FL 33618

Title Treasurer

Nicholas, Andrew  
9520 Charlesberg Dr.  
Tampa, FL 33635

Title VP

George, Kelvin  
2519 25th St South  
ST PETERSBURG, FL 33712

Title Secretary

Montana, Charles  
1576 NURSERY ROAD  
St. Petersburg, FL 33756

**Annual Reports**

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<td>2018</td>
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**Document Images**

- 03/06/2015 -- ANNUAL REPORT
- 02/09/2017 -- ANNUAL REPORT
- 09/18/2016 -- ANNUAL REPORT
- 04/20/2015 -- ANNUAL REPORT
- 04/10/2014 -- ANNUAL REPORT
- 04/23/2013 -- ANNUAL REPORT
- 08/29/2012 -- ANNUAL REPORT
- 04/07/2011 -- REINSTATEMENT
- 09/21/2009 -- ANNUAL REPORT
- 09/01/2008 -- ANNUAL REPORT
- 10/10/2007 -- REINSTATEMENT
- 04/12/2006 -- ANNUAL REPORT
- 06/22/2006 -- ANNUAL REPORT
- 07/14/2004 -- Name Change
- 06/01/2004 -- Domestic Non-Profit
Contract/Permit

KAPPA ALPHA PSI GUIDE RIGHT FOUNDATION O
LASHANTE KEYS
15826 HAMPTON VILLAGE DR.
TAMPA FL 33618 USA

| Purpose of Use: THE DOWNTOWN 20K RELAY RACE | Expected: 500 |
| Conditions of Use: Insurance Required |
| Co-Sponsored Event |

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
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<tr>
<td>Albert Whitted Park</td>
<td>Thu</td>
<td>30 May 2019</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
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<tr>
<td>Park</td>
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<th>Additional Fees:</th>
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<tr>
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<tr>
<td>Co-Sponsored Application Fee</td>
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<td>Quantity</td>
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</table>

<table>
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<tr>
<th>Extra Fee - Bookings</th>
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<tr>
<td>Co-Sponsored Permit Fee</td>
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<tr>
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Balance of rental due and payable immediately.

Payments:

<table>
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<th>Payment Type</th>
<th>Reference</th>
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<td>$30.00</td>
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<td>Rental</td>
<td>3189271</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) LASHANTE KEYS
(Print Name) KAPPA ALPHA PSI GUIDE RIGHT FOUNDATION O
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) Parks and Recreation Superintendent
(Print Name) Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Painting in the Park 2019  
Entity Name: Museum of Fine Arts of St Petersburg Florida, Inc.  
Event Date(s): Saturday, April 27, 2019  
Location: North Straub Park/Museum Grounds  
Day 1 of Event: April 27 Time Gates Open: 11am Ending Time: 3pm  
Day 2 of Event: Time Gates Open: Ending Time:  
Day 3 of Event: Time Gates Open: Ending Time:  
Application Prepared by: JP Fataseas  
Title: Director of Operations  
Address: 255 Beach Drive NE  
City: St. Petersburg  
State: FL  
Zip: 33701

What month/year were you incorporated as nonprofit? 02/20/1961  
List all 501(c)3 entities that will benefit from this event. N/A  
Name of the for-profit entity? N/A  
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.  
This is a free outdoor activity that celebrates the creativity within us all. Art activities are designed for all ages and abilities with an emphasis on painting. Last year we brought together over 2,000 people that participated in community built murals, hands-on activities, and experimenting with different modalities of painting. Through this process we raised awareness of local cottage industries and independent businesses. The event is a metaphor for the city of St. Petersburg arts, ingenuity, collaboration, philanthropy, and business.  

Describe what economic benefit and impact this event will bring to St. Petersburg.  
The increase in pedestrian traffic to the event overflows into local businesses along Beach Drive. By collaborating with local enterprises we raise awareness of the resources in this community. Having a free arts event during the St. Anthony’s Triathlon weekend underscores the city’s image as a vibrant arts destination.  
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.  
Does your group presently have liability insurance? YES NO 
How much? 1,000,000.00 
Are there plans to sell or distribute beer/wine at your event? YES NO  
Will there be an admission / registration fee? YES NO  
Advanced Fee: Day of:  
Please provide the website address for your event. www.mfastpete.org  
Please provide a phone number that can be advertised to the public. 727-896-2667  
What is the estimated attendance for this event? Spectators Participants Last Year’s Total Attendance 2,000
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</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>North Straub Park/MFA Grounds</td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>0</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: KAShepherd  Title: Exec Dir  Date: 11/6/18
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 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 110/20 amp located in the parks? □ YES □ NO

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

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

We are still finalizing our vendors for next year. When we do, we will notify the city.

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: [Museum of Fine Arts] Phone: 727-896-2667

Address (including zip): 255 Beach Drive NE; 33701

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

Kid and family friendly pop music played by DJ

List Vending Products. Name & Provider.

We are still finalizing our vendors for next year. When we do, we will notify the city.

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

Museum of Fine Arts, 255 Beach Drive NE, St. Petersburg, FL 33701

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

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

Load in: Using the Northern most Museum ramp off of Bayshore Drive onto the northern grounds of the Museum from 10am - 12:00pm.
Other Comments: Please describe your fee structure.

Art activities are free for everyone. Vendors will have separate fee. They are informed that we advertise this event as free and to price their product accordingly.

Other comments:

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

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

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

Name: KAShepherd
Title: Exec Pr
Date: 11/6/18
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.

| Name of the Nonprofit Corporation: | Museum of Fine Arts, St. Petersburg, Florida, Inc. |
|-----------------------------------|________________________________________________|
| Name of Responsible Party (President or CEO ONLY): | Kristen A. Shepherd |
| Title of Responsible Party: | Executive Director |
| Physical Address of Responsible Party: | 255 Beach Drive NE, St. Petersburg, FL 33701 |
| Phone Number of Responsible Party: | 727-896-2667 |
| Email Address of Responsible Party: | kshepherd@mfastpete.org |
| Nonprofit (Employee Identification Number): | 59-0940278 |

<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: JP Fatseas
Address: 255 Beach Drive NE
City, State, Zip: St Petersburg, FL 33701

☐ BY EMAIL

Email Address:
### APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR’S EVENT
(Must be completed)

<table>
<thead>
<tr>
<th></th>
<th>REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Kane’s Furniture</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>2.</td>
<td>Beer Sales</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>3.</td>
<td>Sponsorships</td>
<td>$0.00</td>
</tr>
<tr>
<td>4.</td>
<td>Beverages</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></td>
<td>TOTAL GROSS REVENUE</td>
<td>$3,500.00</td>
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### II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th></th>
<th>EXPENSES (attach sheet if more space is needed)</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>City Fees (See Attached Sheet)</td>
</tr>
<tr>
<td>2.</td>
<td>Museum Security</td>
</tr>
<tr>
<td>3.</td>
<td>Performing Vendors</td>
</tr>
<tr>
<td>4.</td>
<td>Bartender</td>
</tr>
<tr>
<td>5.</td>
<td>Refreshments for Volunteers</td>
</tr>
<tr>
<td>6.</td>
<td>T-shirts for volunteers</td>
</tr>
<tr>
<td>7.</td>
<td>Printing of postcards</td>
</tr>
<tr>
<td>8.</td>
<td>Paid advertising</td>
</tr>
<tr>
<td>9.</td>
<td>Parking for volunteers and vendors</td>
</tr>
<tr>
<td>10.</td>
<td>Art supplies</td>
</tr>
<tr>
<td>11.</td>
<td>Furniture rental</td>
</tr>
<tr>
<td>12.</td>
<td>Labor</td>
</tr>
<tr>
<td></td>
<td>TOTAL OPERATING EXPENSES</td>
</tr>
<tr>
<td></td>
<td>TOTAL NET INCOME</td>
</tr>
</tbody>
</table>

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

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

Prepared by: JP Fatseas
Date: 10/5/2017
**Detail by Entity Name**

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

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

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

Changed: 05/23/2000

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

Changed: 05/23/2000

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

Name Changed: 01/06/2017

Address Changed: 06/05/2006

**Officer/Director Detail**

**Name & Address**

**Title Chairman**

Collins, Cathy, Mrs.
255 BEACH DR. NE.
ST. PETERSBURG, FL
## Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>03/04/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/06/2017</td>
</tr>
<tr>
<td>2018</td>
<td>01/15/2018</td>
</tr>
</tbody>
</table>

## Document Images

- 01/14/2016 - ANNUAL REPORT [View image in PDF format]
- 01/06/2017 - ANNUAL REPORT [View image in PDF format]
- 03/04/2016 - ANNUAL REPORT [View image in PDF format]
- 05/25/2015 - Amendment [View image in PDF format]
- 04/27/2015 - ANNUAL REPORT [View image in PDF format]
- 04/24/2014 - ANNUAL REPORT [View image in PDF format]
- 04/24/2013 - ANNUAL REPORT [View image in PDF format]
- 04/23/2012 - ANNUAL REPORT [View image in PDF format]
- 05/26/2011 - ANNUAL REPORT [View image in PDF format]
- 05/07/2010 - ANNUAL REPORT [View image in PDF format]
- 04/12/2009 - ANNUAL REPORT [View image in PDF format]
- 09/5/2008 - ANNUAL REPORT [View image in PDF format]
- 04/15/2008 - ANNUAL REPORT [View image in PDF format]
- 04/20/2007 - ANNUAL REPORT [View image in PDF format]
- 03/16/2006 - ANNUAL REPORT [View image in PDF format]
- 04/04/2005 - ANNUAL REPORT [View image in PDF format]
- 03/22/2004 - ANNUAL REPORT [View image in PDF format]
- 02/14/2003 - ANNUAL REPORT [View image in PDF format]
- 01/26/2002 - ANNUAL REPORT [View image in PDF format]
- 05/14/2001 - ANNUAL REPORT [View image in PDF format]
- 05/3/2000 - ANNUAL REPORT [View image in PDF format]
- 03/15/1999 - ANNUAL REPORT [View image in PDF format]
- 04/13/1998 - ANNUAL REPORT [View image in PDF format]
- 02/19/1997 - ANNUAL REPORT [View image in PDF format]
- 06/17/1996 - ANNUAL REPORT [View image in PDF format]
- 05/01/1995 - ANNUAL REPORT [View image in PDF format]
**Contract/Permit**

**Contract #:** 25419  
**Date:** 07 Nov 2018

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

**Purpose of Use:** PAINTING IN THE PARK  
**Expected:** 4,000  
**Co-Sponsored Event**  
**Contract Balance:** $200.00

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- **Starting:** Fri 26 Apr 19 12:00 am  
- **Ending:** Sun 28 Apr 19 11:59 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>Special Programs</td>
<td>Fri</td>
<td>26 Apr 19</td>
<td>12:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Special Event</td>
<td></td>
<td>28 Apr 19</td>
<td>11:59 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- **Extra Fee - Bookings**
  - Co-Sponsored Permit Fee:  
    - **Hours:** 71.59  
    - **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:** 12 Oct 2017  
- **Amount:** $30.00  
- **Payment Type:** Check  
- **Reference:** Rental  
- **Receipt Number:** 2911402

**Additional Notes:**

---

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

By: [Sign Name]  
**JP FATSEAS**  
MUSEUM OF FINE ARTS  
Name of User Organization, if Applicable

---

CITY OF ST. PETERSBURG, FLORIDA

By: [Sign Name]  
Parks and Recreation Superintendent:

(Print Name)  
Parks and Recreation Department

---

Printed: 07 Nov 2018, 03:07 PM  
User: jabennin
<table>
<thead>
<tr>
<th>Name</th>
<th>Approved or</th>
<th>Rejected</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor II / Foreman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td></td>
<td></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.
Event Title: 2019 St Pete Beer & Brunch Festival
Entity Name: Sideline Apparel, Inc. DBA Brewed Life
Event Date(s): 5/11/19
Day 1 of Event: 5/11/19
5/11/19
Day 2 of Event: Time Gates Open: 11am
Day 3 of Event: Ending Time: 6pm
Application Prepared by: Patrick Green
Address: 6314 98th St E
Email Address: brewedlife44@gmail.com
Title: President
City: Bradenton
List all 501(c)3 entities that will benefit from this event. Pet Pal Animal Shelter
Name of the for-profit entity? Sideline Apparel, Inc. DBA Brewed Life
What month/year were you incorporated as nonprofit?
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The St Pete Beer & Brunch Festival will feature brunch themed food, drinks and beer from food trucks/vendors and local brewers. The event allows attendees to sample beers, cocktails and to try new foods from local vendors. Also allows attendees to shop from local vendors.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Local restaurants, breweries, distilleries and other vendors will benefit from new revenue streams as well as advertising & networking.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.
Does your group presently have liability insurance? YES
Are there plans to sell or distribute beer/wine at your event? YES
Will there be an admission/registration fee? YES
Please provide the website address for your event: www.stpetebeerbrunch.com
Please provide a phone number that can be advertised to the public. 941-812-7400
What is the estimated attendance for this event? Spectators 2000 Participation 80
Last Year's Total Attendance N/A
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? _________________________________
Albert Whittled 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: Patrick Green ____________________________ Title: President ____________________________ Date: 6/21/18

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 is paid.

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

PLEASE ATTACH THE FOLLOWING

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

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

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

**Condition**

- [X] Public Invited
- [X] Located In Park
- [X] Vending Product / Merchandise Sales
- [X] Vending Food / Beverage
- [X] Vendors / Exhibitors
- [X] Vending Beer / Wine
- [X] Erecting Tents - Larger than 10ft x 12ft
- [X] Fence Installation
- [X] Other Structures
- [X] Open Flame Food Preparation
- [X] Pyrotechnics
- [ ] 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)

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

Regular Units: 30
Disabled Units: 3
Hand Washing: 4-6

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

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

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

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

If YES, check all that apply. [ ] RVS [ ] Coffee Vendors [X] Ice Bins [ ] Freezers [X] 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.

Available power at Albert Whitted should be sufficient.

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

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

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

No

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

Name: [ ] Brewed Life

Address (Including zip): 6314 98th St E Bradenton, FL 34202

Phone: 941-812-7400

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

[ ] Rock/Pop Music. One Stage. 3-4 bands

List Vending Products. Name & Provider.

[ ] Various food, beer, cocktails, wine and other items from a large amount of vendors.

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

[ ] Pet Pal Animal Shelter
405 22nd St S
St. Petersburg, FL 33712

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

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

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

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

Name: Patrick Green
Title: President
Date: 3/26/17
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>Pet Pal Animal Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>June Liggins</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>405 22nd Street South St. Pete FL 33712</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-328-7738 or 813-505-6148</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Gracie@petpalanimalshelter.com">Gracie@petpalanimalshelter.com</a></td>
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<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-2967819</td>
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<table>
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<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>Sideline Apparel Inc, DBA Brewed Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Patrick Green</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>6314 98th St E, Bradenton, FL 34202</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>941-812-7400</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:brewedlife44@gmail.com">brewedlife44@gmail.com</a></td>
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<tr>
<td>For-profit (Employee Identification Number):</td>
<td>20-3018546</td>
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Please include a copy of the the current IRS Nonprofit Affidavit / For Profit
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<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
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Prepared by: ____________________________  Date: ___________
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<th><strong>Detail by FEI/EIN Number</strong></th>
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<td><strong>Florida Not For Profit Corporation</strong></td>
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<td><strong>PET PAL RESCUE, INC.</strong></td>
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**Filing information**
- Document Number: N28933
- FEI/EIN Number: 69-2967810
- Date Filed: 10/19/1988
- State: FL
- Status: ACTIVE
- Last Event: AMENDMENT
- Event Date Filed: 07/13/2017
- Event Effective Date: NONE

**Principal Address**
- 405 22ND STREET SOUTH
  ST. PETERSBURG, FL 33712

Changed: 04/27/2006

**Mailing Address**
- 405 22ND STREET SOUTH
  ST. PETERSBURG, FL 33712

Changed: 04/27/2006

**Registered Agent Name & Address**
- DALY, SCOTT A
  405 22ND ST S.
  ST. PETE, FL 33712

Name Changed: 10/25/2013

Address Changed: 10/25/2013

**Officer/Director Detail**

**Name & Address**

Title: President
- LIGGINS, JUNE
  405 22ND STREET SOUTH
  ST. PETERSBURG, FL 33712
Title Director, Treasurer

Daly, Scott
405 22nd Street South
St. Petersburg, FL 33712

Title Director

Mead, John, DVM
405 22nd St S
St. Petersburg, FL 33712

Title Secretary

Gerson, Sharon
405 22nd Street South
St. Petersburg, FL 33712

Annual Reports

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Document Images

02/02/2015 - ANNUAL REPORT
02/13/2017 - Amendment
02/01/2017 - ANNUAL REPORT
03/12/2016 - QBI/Resignation
03/09/2016 - ANNUAL REPORT
04/29/2016 - ANNUAL REPORT
07/11/2016 - AMENDED ANNUAL REPORT
06/24/2014 - Office Reorganization
09/29/2014 - ANNUAL REPORT
10/29/2013 - Amendment
02/04/2013 - ANNUAL REPORT
09/02/2012 - ANNUAL REPORT
06/25/2012 - ANNUAL REPORT
10/08/2011 - ANNUAL REPORT
03/03/2011 - ANNUAL REPORT
09/25/2010 - ANNUAL REPORT
01/06/2010 - ANNUAL REPORT
02/24/2009 - ANNUAL REPORT
01/18/2009 - ANNUAL REPORT
01/03/2007 - ANNUAL REPORT
04/27/2006 - ANNUAL REPORT
10/07/2005 - REINSTATEMENT
03/02/2004 - ANNUAL REPORT

View Image in PDF format
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Florida Department of State, Division of Corporations
**Detail by FEI/EIN Number**

Florida Profit Corporation  
SIDELINE APPAREL, INC.

**Filing Information**
- **Document Number:** P05000086188  
- **FEI/EIN Number:** 20-3018546  
- **Date Filed:** 06/15/2005  
- **Effective Date:** 06/15/2006  
- **State:** FL  
- **Status:** ACTIVE  
- **Last Event:** REINSTATED  
- **Event Date Filed:** 12/01/2017

**Principal Address**
6314 98TH STREET EAST  
BRADENTON, FL 34202

**Mailing Address**
6314 98TH STREET EAST  
BRADENTON, FL 34202

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

Name Changed: 12/01/2017

**Officer/Director Detail**

**Name & Address**

- **Title:** PRES  
- **Name:** GREEN, PATRICK J  
- **Address:** 6314 98TH STREET EAST  
  BRADENTON, FL 34202

**Annual Reports**

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Contract/Permit

Contract #: 24332
Date: 17 Jul 2018

BREWED LIFE
PATRICK GREEN
6314 98TH ST E
BRADENTON FL 34202 USA

User: RBMCCULL
Status: Firm
Primary #: (941) 812-7400
Secondary #: (727)
Other #: ()

Purpose of Use: 2019 St. Pete Beer and Brunch Festival
Expected: 2,000
Co-Sponsored Event
Contract Balance $0.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 10 May 19 08:00 am
Ending: Sat 11 May 19 09:00 pm

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<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
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<td>$200.00</td>
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<td>11 May 2019</td>
<td>09:00 PM</td>
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Additional Fees:

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Charges:

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

Payments:

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<th>Date</th>
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<td>$230.00</td>
<td>Check</td>
<td>Rental</td>
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Additional Notes:

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

By: (Sign Name)

(Print Name) PATRICK GREEN
BREWED LIFE
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name): Parks and Recreation Department

Printed: 07 Nov 2018, 09:38 AM
User: jebennin
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 800-955-6771.
Event Title: Tampa Bay Caribbean Carnival / St Petersburg Caribbean
Entity Name: Trinidad & Tobago American Association Of Central FL, Inc.
Event Date(s): 8th & 9th
Location: Albert Whitted Park
Day 1 of Event: 8th June
Time Gates Open: 1pm
Ending Time: 10pm
Day 2 of Event: 9th June
Time Gates Open: 1pm
Ending Time: 10pm
Day 3 of Event: 
Time Gates Open: 
Ending Time: 
Application Prepared by: George Carrington
Title: President
Address: 3150 Pinellas Point Drive S
City: St Petersburg
State: FL
Zip: 33712
Email Address: carringtongeorge@hotmail.com
Additional Contact Person: Peter Prince
Day Phone: 3523489897
What month/year were you incorporated as nonprofit? 1980
List all 501(c)3 entities that will benefit from this event. Trinidad & Tobago American Association Of Central FL, Inc
Name of the for-profit entity? Na

Describe your event with details.
Tampa Bay Caribbean Carnival highlights the unique variety of culture found in the Caribbean. During the weekend of this event - June 9th and 10th - The City of St Petersburg will become the epicenter of diversified culture. Participant from Tampa, St Pete, and surrounding cities and counties, including a few from our neighboring States - Georgia and as far as New York, will descend upon St Pete to enjoy the Tampa Bay Caribbean Carnival / St Petersburg Caribbean Festivals.
The Tampa Bay Caribbean Carnival St Petersburg Caribbean Festival unifies different demographics to join as one, as they enjoy the rich and historical Caribbean event showcasing the ethnic foods, music, and colorful parades in costumes that is associated with Caribbean Culture. Local residents and visitors of St Petersburg alike will experience the rich culture of the Tampa Bay Caribbean Community.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Our guest for this event will be in need of lodging and dining opportunities, not to exclude shopping and transportation. Local businesses, will quickly benefit from the economical impact of the event.

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

Does your group presently have liability insurance? ☐ YES ☐ NO How much? $1,000,000.00

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

Will there be an admission / registration fee? ☐ YES ☐ NO Advanced Fee: $20 Day of: $25

Please provide the website address for your event. tampacarnival.com

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

What is the estimated attendance for this event? Spectators 7,000.00 Participants 1,000.00 Last Year's Total Attendance 3,000.00
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></td>
</tr>
<tr>
<td>Each bleacher approx. 180 people</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Coliseum</td>
</tr>
<tr>
<td>Chairs # needed</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>Mahaffey Theater</td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>Boyd Hill</td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>yes</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.

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Carrington</td>
<td>President</td>
<td>11/3/2018</td>
</tr>
<tr>
<td>Peter Prince</td>
<td>Vice President</td>
<td>11/3/18</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.

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<td>Park Permit</td>
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<tr>
<td>☒ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
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<tr>
<td>☒ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☒ Vendors / Exhibitors</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>☒ Vending Beer / Wine</td>
<td>Additional insurance Required</td>
</tr>
<tr>
<td>☒ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☐ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>☐ Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>☒ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☒ VIP Area</td>
<td></td>
</tr>
<tr>
<td>☒ Staging</td>
<td>☒ Professional ☐ Showmobile ☐ Other Per Formers</td>
</tr>
<tr>
<td>☒ Amplified Sound</td>
<td>☒ Daytime - Private ☒ Overnight - Private ☒ Regular Units ☐ Disabled Units ☐ Hand Washing</td>
</tr>
<tr>
<td>☒ Security</td>
<td>☐ Announcement Only</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.  □ 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.

Sound Stage
R V S

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?  na

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

no

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

Name:  Tampa Bay Caribbean Carnival / St Petersburg Caribbean Festival  Phone:  7274344282
Address (including zip):  3150 Pinellas Point Drive S, St Petersburg FL,33712

Type of music, # of stages, and # of bands.
1 Stage
Caribbean and American Music
5 Bands

List Vending Products. Name & Provider.

Authentic Caribbean / American and international Food and Drinks
Various Venders

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.

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

Wednesday 5th June 8am to 5pm, Load in
Monday 10th June 8am to 4pm
$20.00 advance
$25.00 Day of
Kids 10 and under Free

Other Comments:

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

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

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

Name: George Carrington  
Title: President  
Date: 11/3/2018
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>Trinidad And Tobago American Association Of Central Fl, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>George Carrington</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>3150 Pinellas Point Drive S, St Petersburg Fl 33712</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>7274344282</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:carringtongeorge@hotmail.com">carringtongeorge@hotmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-3363879</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the 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 current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☒ BY Mail
Contact Name: Trinidad and Tobago American Association Of Central Fl, Inc.
Address: 3150 Pinellas point Drive s,
City, State, Zip: St Peters burg Fl, 33712

☒ BY EMAIL
Email Address: carringtongeorge@hotmail.com
## 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. na</td>
<td></td>
</tr>
<tr>
<td>2. na</td>
<td></td>
</tr>
<tr>
<td>3. Vendors</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>4. Gates receipts</td>
<td>$105,000.00</td>
</tr>
<tr>
<td>5. Bar water Sodars, etc</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>$145,000.00</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

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

| 1. Park, Police, Clean up                                | $28,000.00 |
| 2. Sound and Stage                                       | $15,000.00 |
| 3. Insurance                                             | $2,700.00 |
| 4. Permits, Water License                                | $1,000.00 |
| 5. Marketing, Media, Flyers, Social Media               | $12,000.00 |
| 6. Entertainment                                          | $50,000.00 |
| 7. Artistes Accommodation and Transportation             | $5,000.00 |
| 8. Security                                              | $3,000.00 |
| 9. Miscellaneous, Meals, Phones, Radios, Gulf Carts, Etc.| $2,500.00 |
| 10. Fence                                                | $2,000.00 |
| 11. Tents                                                | $4,100.00 |
| 12. Printing                                             | $5,700.00 |

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

| 1.                                                        | $131,000.00 |
| 2.                                                        |            |
| 3.                                                        |            |
| 4.                                                        |            |
| 5.                                                        |            |
| 6.                                                        | $14,000.00 |

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: George Carrington
Date: 11/3/2018
Florida Not For Profit Corporation
TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

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

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

Changed: 05/23/2014

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

Changed: 05/23/2014

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

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

Officer/Director Detail
Name & Address

Title: T
TROTMAN, JENNIFER
CARRINGTON, GEORGE
3150 PINELLA'S PT DR
ST PETERSBURG, FL 33712

Title President

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

Title VP

Title Director

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

Title Executive Secretary

Gonzalez, Katherine
578 1st Ave North
St. Petersburg, FL 33701

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>04/29/2016</td>
</tr>
<tr>
<td>2017</td>
<td>03/30/2017</td>
</tr>
<tr>
<td>2018</td>
<td>04/14/2018</td>
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</tbody>
</table>

Document Images

- View image in PDF format
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- View image in PDF format
- View image in PDF format
Contract/Permit

Contract #: 25476
Date: 14 Nov 2018

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

Purpose of Use: CARIBBEAN CARNIVAL
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: Thu 06 Jun 19 06:00 am
Ending: Tue 11 Jun 19 09:00 pm

Facility/Equipment
Albert Whitted Park
Park
Day Date Time Fee Extra Fee Tax Total
Thu 06 Jun 2019 06:00 AM $0.00 $200.00 $0.00 $200.00
Thu 11 Jun 2019 09:00 PM

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

- Extra Fee - Bookings
  Co-Sponsored Permit Fee
  Hours: 135:00
  Quantity: 1
  Charge: $200.00
  Tax: $0.00
  Total: $200.00

Charges:
 Fees Extra Fees Tax Total
$ 0.00 $230.00 $0.00 $230.00
Deposit Total Applied Contract Balance Account Balance
$230.00 $0.00 $0.00 $230.00 $290.00

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)
GEORGE CARRINGTON
TRINIDAD & TOBAGO AMERICAN ASSOCIATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 14 Nov 2018, 09:06 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.
Event Title: Extreme Mud Wars
Entity Name: Active Endeavors Inc dba Tampa Bay Club Sport
Phone No.: 877-820-2582
Fax No.: 
Federal I.D. Number: 26-0016418

Event Date(s): 7/13/18
Location: Lake Vista Park

Day 1 of Event: 7/13/18
Time Gates Open: 8:30 AM
Ending Time: 4pm

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

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

Application Prepared by: Chris Giebner
Title: Owner
Phone: 877-820-2582, ext 2
Cell Phone: 727-420-6868

Address: 380 105th Terrace NE
City: St Pete
State: FL
Zip: 33716
Email Address: chris@tampabayclubsport.com

Additional Contact Person: Ian Elston
Day Phone: 727-804-0648

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

List all 501(c)3 entities that will benefit from this event: TASCO, Hand4Hope, Pier Aquarium

Name of the for-profit entity: Active Endeavors, Inc db/a Tampa Bay Club Sport

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

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

Bring 1000+ young professionals downtown with spending money. 2015 economic impact is estimated at $15-20K on top of team fees.

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

Does your group presently have liability insurance? YES NO
How much? $2000000

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

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

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

Please provide a phone number that can be advertised to the public: 877-820-2582 ext2

What is the estimated attendance for this event? Spectators 150 Participants 400 Last Year's Total Attendance 550
Please check the equipment and/or facilities you are requesting.

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<td>□ yes</td>
<td>□ Mahaffey Theater</td>
</tr>
<tr>
<td>□ No</td>
<td>□ Coliseum</td>
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</tbody>
</table>
# Bleacher(s) needed. Each bleacher approx. 180 people | □ Sunken Gardens |
| 1-2                  | □ Boyd Hill               |
| Tables (6 ft) # needed | □ per tasco                |
| Chairs # needed      | □ per tasco                |
| Public Address System|                          |
| # of portable risers needed (4 in. x 8 in. x 16 in. sections) |                          |

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

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<td>Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration</td>
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**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>
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<tr>
<th>Name:</th>
<th>Chris Glebner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sign:</td>
<td>(Tasco)</td>
</tr>
<tr>
<td>Title:</td>
<td>owner</td>
</tr>
<tr>
<td>Date:</td>
<td>11/6/18</td>
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**NOTE:**

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

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**PLEASE ATTACH THE FOLLOWING**

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

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

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

Marketing: Please check all that apply.

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

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

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

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

If City permits, licenses, or services are required for event, who will pay for them?
Name: Tampa Bay Club Sport or TASSCO Phone: 877-820-2582, ext 2
Address (including zip): 380 105th Terrace NE ST, Petersburg, FL 33716

Type of music, # of stages, and # of bands.
Showmobile with MC

List Vending Products. Name & Provider.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.
Secrets of the Sea (most likely)
(727) 803-9799, Ext. 202 -or- info@thesecretsofthesea.org

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

Discuss your load in/load out parking needs, include times and dates.
up to TASSCO
Other Comments: Please describe your fee structure.

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

Other comments:

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

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

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

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

Name: Tracey Giebner                  Title: President                  Date: 11/6/18
Appendix A

Co-sponsored event park fee structure.

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Tasco

Name of Responsible Party (President or CEO ONLY): Shawn Drouin

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

Nonprofit (Employee Identification Number): 

Name of the For-profit Corporation: Active Endeavors, INC d/b/a Tampa Bay Club Sport

Name of Responsible Party (President or CEO ONLY): Tracey Giebner

Title of Responsible Party: President

Physical Address of Responsible Party: 10901 Roosevelt Blvd 100D, St. Pete, FL 33716

Phone Number of Responsible Party: 877-820-2582 x2

Email Address of Responsible Party: chris@tampabayclubsport.com

For-profit (Employee Identification Number): 26-0016418

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

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

---

<table>
<thead>
<tr>
<th>Revenue Sources</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. team fees</td>
<td>$26,469.00</td>
</tr>
<tr>
<td>2. sponsors</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>
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<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**: $31,469.00

---

<table>
<thead>
<tr>
<th>Expenses (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. City fees (fire/park/rec/police)</td>
<td>$18,729.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4. Club Sport expense (staff/signage/shirts/trophies/cc fees/advertising)</td>
<td>$5,528.00</td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
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<td>8.</td>
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<td>9.</td>
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<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**: $24,257.00

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

---

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

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Club Sport</td>
<td>$3,606.00</td>
</tr>
<tr>
<td>2. TASCO donation</td>
<td>$3,606.00</td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

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

---

Prepared by: Ian Elston

Date: Nov 6, 2018
Detail by Entity Name
Florida Profit Corporation
ACTIVE ENDEAVORS, INC.

Filing Information
Document Number: P02000004011
FEI/EIN Number: 28-0016418
Date Filed: 01/11/2002
State: FL
Status: ACTIVE

Principal Address
380 105TH TERRACE NE
ST. PETERSBURG, FL 33716

Changed: 12/18/2017

Mailing Address
380 105TH TERRACE NE
ST. PETERSBURG, FL 33716

Changed: 12/18/2017

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

Address Changed: 01/12/2015

Officer/Director Detail
Name & Address

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

Title TS
GIEBNER, CHRISTOPHER S
791 Suwannee Ct NE
ST. PETERSBURG, FL 33702
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<thead>
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<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>03/01/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/09/2017</td>
</tr>
<tr>
<td>2018</td>
<td>01/10/2018</td>
</tr>
</tbody>
</table>

Document Images

- 01/10/2018 -- ANNUAL REPORT
- 01/09/2017 -- ANNUAL REPORT
- 03/12/2016 -- ANNUAL REPORT
- 01/12/2015 -- ANNUAL REPORT
- 03/12/2014 -- ANNUAL REPORT
- 01/10/2013 -- ANNUAL REPORT
- 03/11/2012 -- ANNUAL REPORT
- 01/10/2011 -- ANNUAL REPORT
- 03/03/2010 -- ANNUAL REPORT
- 04/02/2009 -- ANNUAL REPORT
- 04/28/2008 -- ANNUAL REPORT
- 06/08/2007 -- ANNUAL REPORT
- 04/11/2006 -- ANNUAL REPORT
- 01/26/2005 -- ANNUAL REPORT
- 03/12/2004 -- ANNUAL REPORT
- 03/06/2003 -- ANNUAL REPORT
- 01/11/2002 -- Domestic Profit

[Florida Department of State, Division of Corporations]
Contract #: 25479
Date: 14 Nov 2018

TAMPA BAY CLUB SPORT
CHRIS GIEBNER
380 105TH TERR NE
ST PETERSBURG FL 33716 USA

Purpose of Use: EXTREME MUD WARS

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: 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>Lake Vista Park</td>
<td>Sat</td>
<td>08 Jul 2019</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>07 Jul 2019</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Vista Park</td>
<td>Sat</td>
<td>13 Jul 2019</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 Jul 2019</td>
<td>09:00 PM</td>
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<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>
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<tr>
<td>Application Processing Fee - Parks</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Co-Sponsored Application Fee</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) 
CHIRS GIEBNER
TAMPA BAY CLUB SPORT
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name): Parks and Recreation Superintendent

(Print Name) Parks and Recreation Department

Printed: 14 Nov 2018, 09:17 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
PIER AQUARIUM, INC.

Filing Information
Document Number     N26771
FEI/EIN Number      59-2899571
Date Filed          06/03/1998
State               FL
Status              ACTIVE
Last Event          NAME CHANGE AMENDMENT
Event Date Filed    06/21/1998
Event Effective Date NONE

Principal Address
244 Second Ave N
Suite 203
ST. PETERSBURG, FL 33701

Changed: 02/25/2015

Mailing Address
244 Second Ave N
Suite 203
ST. PETERSBURG, FL 33701

Changed: 01/20/2014

Registered Agent Name & Address
LUTHER, MARK, Phd
2180 GRAND BAYOU GRANDE BLVD. NE
ST PETERSBURG, FL 33704

Name Changed: 02/22/2016

Address Changed: 02/22/2016

Officer/Director Detail
Name & Address
Title

JOHNSON, LARI

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entit... 11/14/2018
200 2ND AVE S STE 159
SAINT PETERSBURG, FL 33701

Title P

LUTHER, MARK PH.D
2180 BAYOU GRANDE NE
SAINT PETERSBURG, FL 33701

Title D

BETZER, PETER PH.D
1830 7TH ST N
SAINT PETERSBURG, FL 33704

Title VP

WALLACE, SUSAN H
343 BRIGHTWATERS BLVD NE.
ST. PETERSBURG, FL 33704

Annual Reports

Report Year Filed Date
2016 02/22/2016
2017 01/12/2017
2018 03/11/2018

Document Images

09/12/2018 — ANNUAL REPORT
View image in PDF format
01/12/2017 — ANNUAL REPORT
View image in PDF format
02/22/2016 — ANNUAL REPORT
View image in PDF format
09/25/2015 — ANNUAL REPORT
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01/20/2014 — ANNUAL REPORT
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01/16/2002 — ANNUAL REPORT
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04/03/2001 — ANNUAL REPORT
View image in PDF format
03/20/2000 — ANNUAL REPORT
View image in PDF format
04/21/1999 — ANNUAL REPORT
View image in PDF format
04/28/1998 — ANNUAL REPORT
View image in PDF format
09/14/1997 — ANNUAL REPORT
View image in PDF format
**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 19, 2019  
**Location:** South Straub Park

**Day 1 of Event:** 10/19/2019  
**Time Gates Open:** 6:00AM  
**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 as 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  
**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?** YES  
**Advanced Fee:**

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?**

<table>
<thead>
<tr>
<th>Spectators</th>
<th>Participants</th>
<th>Last Year's Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>1165</td>
<td>1200</td>
</tr>
</tbody>
</table>

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

Recreation Equipment

Showmobile (Yes/No) YES

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

Tables (6 ft) # needed 40

Chairs # needed 80

Public Address System

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

Special Events Facilities

☐ Non-City Locations

☐ Mahaffey Theater

☐ Coliseum

☐ Sunken Gardens

☐ Boyd Hill

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Tara Larsen

Co-Sign: Thuy Huyhn

Title: Central and Southern Florida

Title: Walk Chair

Date: 10/24/18

Date: 10/24/18

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>
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<td>☑ Semitruck / Tractor Trailer</td>
<td></td>
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</tbody>
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<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 [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 [ ] 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.

Coda 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 18, 2019.
We will set up at 6:00 am the morning Saturday, October 19, 2019, 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.

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: Tara Sullivan Larsen
Title: Central and Southern Florida
Date: 10/24/18
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>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>

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

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

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Walkers</td>
<td>$65,000.00</td>
</tr>
<tr>
<td>Sponsorships</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE** $70,000.00

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit</td>
<td>$1,600.00</td>
</tr>
<tr>
<td>Tents</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Stage and Sound</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Advertising</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $6,600.00

**TOTAL NET INCOME** $63,400.00

### 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>Education</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>Research</td>
<td>$13,900.00</td>
</tr>
<tr>
<td>Survivor Programs</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME** $53,900.00

Prepared by: Tara Sullivan Larsen  
Date: Oct 24, 2018
This document contains information about a foreign not-for-profit corporation named "AMERICAN FOUNDATION FOR SUICIDE PREVENTION, INC.". The filing information includes:

**Document Number**: F05000000828
**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>
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</thead>
<tbody>
<tr>
<td>2016</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/09/2017</td>
</tr>
<tr>
<td>2018</td>
<td>03/28/2018</td>
</tr>
</tbody>
</table>

Document Images

- 03/28/2018 – ANNUAL REPORT | View image in PDF format
- 01/09/2017 – ANNUAL REPORT | View image in PDF format
- 08/17/2016 – ANNUAL REPORT | View image in PDF format
- 01/12/2015 – ANNUAL REPORT | View image in PDF format
- 04/17/2014 – ANNUAL REPORT | View image in PDF format
- 09/24/2013 – ANNUAL REPORT | View image in PDF format
- 06/20/2012 – REINSTATEMENT | View image in PDF format
- 04/30/2009 – Reinstatement | View image in PDF format
- 02/03/2005 – Foreign Non-Profit | View image in PDF format

Florida Department of State, Division of Corporations
**Contract/Permit**

**Contract #:** 25381  
**Date:** 06 Nov 2018  
**User:** JSBENNIN  
**Status:** Firm

**AMERICAN FOUNDATION FOR SUICIDE PREVENT**  
**TARA LARSEN**  
**PO BOX 533754**  
**ORLANDO FL 32853 USA**

<table>
<thead>
<tr>
<th>Purpose of Use: OUT OF THE DARKNESS COMMUNITY WALK</th>
<th>Expected: 1,200</th>
<th>Co-Sponsored Event</th>
<th>Contract Balance $230.00</th>
</tr>
</thead>
</table>

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**  
**Starting:** Fri 18 Oct 19 08:00 am  
**Ending:** Sat 19 Oct 19 09:00 pm

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Straub Park</td>
<td>Fri</td>
<td>18 Oct 2019</td>
<td>08:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Park</td>
<td>19 Oct 2019</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**  
- Extra Fee  
  - Co-Sponsored Application Fee  
  - Quantity: 1  
  - Charge: $30.00  
  - Tax: $0.00  
  - Total: $30.00
  - Co-Sponsored Permit Fee  
  - Hours: 39:00  
  - 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):  
(TARA LARSEN)  
AMERICAN FOUNDATION FOR SUICIDE PREVENT

Name of User Organization, If Applicable

---

**CITY OF ST. PETERSBURG, FLORIDA**

By/(Sign Name):  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

Event Title: The Florida Orchestra Pops in the Park
Phone No.: 727.362.5466
Fax No.: 

Entity Name: The Florida Orchestra
Federal I.D. Number: 591223691

Event Date(s): 10.19.19
Location: Vinoy Park

Day 1 of Event: 10.19.19
Time Gates Open: 3:00pm
Ending Time: 9:30pm

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

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

Application Prepared by: Cori Lint
Phone: 727.362.5466

Title: Operations Manager
Cell Phone: 330.780.7668

Address: 244 2nd Ave. N. Suite 420
City: St. Petersburg
State: FL
Zip: 33701

Email Address: clint@floridaorchestra.org

Additional Contact Person: Edward Parsons
Day Phone: 727.362.5470

What month/year were you incorporated as nonprofit? 1967

List all 501(c)3 entities that will benefit from this event. Tampa Bay Harvest, Saturday Morning Market, Arts Conservatory for Teens (TBD)

Name of the for-profit entity? none

Describe your event with details.

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. 727.892.3337

What is the estimated attendance for this event? Spectators 14000 Participants 150 Last Year's Total Attendance 14000
Please check the equipment and/or facilities you are requesting.

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

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

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
Co-Sign:  
Title:  Operations Manager
Date:  11.12.18

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.

**Condition**

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

**Obligation**

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

- Professional
- ☐ Showmobile
- ☐ Other
- ☐ Performers
- ☐ Announcement Only
- ☐ Daytime - Private
- ☐ Overnight - Private
- ☐ Event Time Frame - SPPD

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

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

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

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

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

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

Power 100 amp single phase w/ camlocks

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? ☐ Union crew/city provides

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: ☐ The Florida Orchestra Phone: ☐ 727.362.5466

Address (including zip): 244 2nd Ave. N. Suite 420, St. Petersburg, FL 33701

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

Classical orchestra with 3-4 opening local groups

List Vending Products. Name & Provider.

A variety of food and non-alcoholic beverage providers arranged through partnership with Saturday Morning Market and Gulf to Bay Food Truck association

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.

Thanking sponsors, introducing orchestra and other performers

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: Cori Lint
Title: Operations Manager
Date: 11.12.18
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.

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

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

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

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

Please complete the information below for each responsible party.

| Name of the Nonprofit Corporation: | The Florida Orchestra |
| Name of Responsible Party (President or CEO ONLY): | Sherry Powell |
| Title of Responsible Party: | Interim President |
| Physical Address of Responsible Party: | 244 2nd Ave. N. Suite 420, St. Petersburg, FL 33701 |
| Phone Number of Responsible Party: | 727.362.5440 |
| Email Address of Responsible Party: | spowell@floridaorchestra.org |
| Nonprofit (Employee Identification Number): | 59-1223691 |

| 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 [ ]

- [x] BY EMAIL
  
  Email Address: clint@floridaorchestra.org
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: The Florida Orchestra Pops in the Park
Date(s) of Event: 10.19.18

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<td>See attached project income statement</td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<td>7.</td>
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<td>8.</td>
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</tr>
</tbody>
</table>

TOTAL GROSS REVENUE

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

<p>| | |</p>
<table>
<thead>
<tr>
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<td>11.</td>
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<tr>
<td>12.</td>
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</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>
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<tbody>
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<td>1.</td>
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TOTAL ALLOCATION OF NET INCOME

Prepared by: Cori Lint
Date: 11.12.18
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

# 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: Cori Lint
Co-Sign: [Signature]
Title: Operations Manager
Date: 11.12.18

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
Florida Not For Profit Corporation
THE FLORIDA ORCHESTRA, INC.

Filing Information

Document Number: 713571
FEI/EIN Number: 59-1223691
Date Filed: 11/02/1987
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 06/12/2017
Event Effective Date: NONE

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

PAROO, JANET
180 BEACH DRIVE NE  
UNIT 1501  
SAINT PETERSBURG, FL 33701

Title CEO

PASTREICH, MICHAEL  
244 2ND AVE N  
SAINT PETERSBURG, FL 33701

Title Secretary

SALAMONE, RON  
1 BEACH DRIVE SE  
#2603  
ST PETERSBURG, FL 33701

Title CFO

GARCIA, MIGUEL ANGEL, CFO  
6219 GREENWICH DRIVE  
TAMPA, FL 33647

Title Treasurer

NURSE, KARL  
176 21st AVENUE SE  
ST. PETERSBURG, FL 33705

Title VC

GREG, YADLEY  
2907 RUBIDEAUX STREET  
TAMPA, FL 33629

Annual Reports

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<tr>
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<tr>
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<tr>
<td>2018</td>
<td>04/02/2016</td>
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<td>2018</td>
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Document Images

09/01/2018 - AMENDED ANNUAL REPORT
09/01/2018 - ANNUAL REPORT
12/31/2017 - AMENDED ANNUAL REPORT
06/02/2017 - Amendment
03/12/2017 - ANNUAL REPORT
06/17/2016 - AMENDED ANNUAL REPORT
03/10/2016 - ANNUAL REPORT
09/04/2016 - AMENDED ANNUAL REPORT
01/10/2015 - ANNUAL REPORT
Contract/Permit

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

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Thu 17 Oct 19 06:00 am
Ending: Mon 21 Oct 19 11:00 pm

Facility/Equipment | Day | Date     | Time      | Fee | Extra Fee | Tax | Total    |
-------------------|-----|----------|-----------|-----|-----------|-----|----------|
Vinoy Park        | Thu | 17 Oct 19| 08:00 AM  | $0.00 | $300.00 | $0.00 | $300.00  |
Vinoy Park        |     | 21 Oct 19| 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 Permit Fee (Vinoy)
  - Hours: 113:00
  - Quantity: 1
  - Charge: $300.00
  - Tax: $0.00
  - Total: $300.00

Charges:
- Fees: $0.00
- Extra Fees: $330.00
- Tax: $0.00
- Total: $330.00
- Deposit: $0.00
- Total Applied: $0.00
- Contract Balance: $330.00
- Account Balance: $330.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Sign Name): 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
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 866-965-8771.